









# Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)  
SDH Form 51-0001

Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>FOOL MOON BAR &amp; GRILL</b>		Telephone Number <b>(812-467-7486)</b>	Date of Inspection (mm/dd/yr) <b>10/24/2017</b>	ID # <b>12202</b>
Establishment Address (number and street, city, state, zip code) <b>5625 Pearl Dr Ste G, Evansville, IN, 47712</b>		( ) Owner		
Owner <b>Ryan Matt</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>11/03/2017</b>	
Owner's Address <b>5625 Pearl Dr Ste G, Evansville, IN, 47712</b>		Summary of Violations: <b>C 0 NC 3 R 2</b>		
Person in Charge <b>Ryan Matt</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Michael Guthrie</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Dish-washing machine lacking sanitizing solution.	10/24/2017
218	NC	R	Three compartment sink spring hose in need of repair.	10/31/2017
324	NC		Grease trap log not available.	10/24/2017

Received by (name and title printed): <b>Laura Nagle</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:







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Establishment Name <b>Bar Louie</b>		Telephone Number <b>(812-213-6838)</b>	Date of Inspection (mm/dd/yr) <b>10/23/2017</b>	ID # <b>11754</b>
Establishment Address (number and street, city, state, zip code) <b>7700 Eagle Crest Blvd, Evansville, IN, 47715</b>		Owner <b>(812-213-6838)</b>	Follow-up <b>No</b>	
Owner <b>7700 LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>11/02/2017</b>	
Owner's Address <b>5444 E Indiana St, Evansville, IN, 47715</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 3 NC 1 R 2</b>	
Person in Charge <b>7700 LLC</b>		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) <b>1 0 2 0 3 0 4 1 5 0</b>	
Certified Food Handler <b>Chase Oswald</b>		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous food products not maintained at 41 degrees Fahrenheit or less.	
			Items removed.	10/23/2017
294	C	R	Sanitizing concentration for wipe cloth buckets too weak.	Corrected
295	C	R	Can opener soiled.	Corrected
430	NC		Door to walk in freezer in need of repair.	11/25/2017

Received by (name and title printed): <b>Kosmos Konduris</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Taj Mahal</b>		Telephone Number <b>(812-476-5000)</b>	Date of Inspection (mm/dd/yr) <b>10/23/2017</b>	ID # <b>11724</b>	
Establishment Address (number and street, city, state, zip code) <b>900 E Tutor Ln, Evansville, IN, 47715</b>		Owner <b>(309-533-5322)</b>	Follow-up <b>No</b>		
Owner <b>Harjit Singh</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>11/02/2017</b>		
Owner's Address <b>3788 Trey Ct, Newburgh, IN, 47630</b>			Summary of Violations: <b>C 2 NC 0 R 2</b>		
Person in Charge <b>Harjit Singh</b>			Menu Type (See additional page) <b>1 0 2 3 4 5</b>		
Responsible Person's E-mail					
Certified Food Handler <b>Dharminder Singh</b>					

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Ready to eat food items in walk-in cooler lacking date marking.	Corrected
177	C	R	Food items in dry stock storage area not elevated at least 6 inches off of floor.	Corrected

Received by (name and title printed): <b>Harjit Singh</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:





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Establishment Name <b>Rounders Pizza Too</b>		Telephone Number <b>(812-867-7172)</b>	Date of Inspection (mm/dd/yr) <b>10/24/2017</b>	ID # <b>11631</b>
Establishment Address (number and street, city, state, zip code) <b>12731 N Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-431-0025)</b>	Follow-up <b>No</b>	
Owner <b>Joseph Sells</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>11/03/2017</b>		
Owner's Address <b>13221 Prestwick Ct, Evansville, IN, 47725</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>Joseph Sells</b>	Menu Type (See additional page) <b>1 0 2 0 3 0 4 0 5 0</b>			
Responsible Person's E-mail				
Certified Food Handler <b>Joe Sells</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Joe Sells</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> Ri Ra Irish Pub	<b>Telephone Number</b> (812) 426-0000	<b>Date of Inspection</b> (mm/dd/yr) 10/23/2017	<b>ID #</b> 11568
<b>Establishment Address</b> (number and street, city, state, zip code) 701-B NW Riverside Dr, Evansville, IN, 47708	(914) 579-2113		
<b>Owner</b> RIRA Evansville LLC	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> Yes	<b>Release Date</b> 11/02/2017
<b>Owner's Address</b> PO Box 1750, Briarcliff Manor, NY, 10541		<b>Summary of Violations:</b>	
<b>Person in Charge</b> RIRA Evansville LLC		C <u>1</u> NC <u>2</u> R <u>3</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page)	
<b>Certified Food Handler</b> Ryan Costello		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
413	NC	R	Back kitchen door to outside not properly closing and creating air gap.	10/30/2017
192	C	R	Multiple food containers in kitchen walk-in cooler exceeded throw-away date mark. Some food items in kitchen reach in coolers not date marked. Discard date-exceeded foods.	10/23/2017
430	NC	R	Some floor tiles in kitchen floor need replaced to create easily cleanable surface.	10/30/2017

<b>Received by</b> (name and title printed): Ryan Costello	<b>Inspected by</b> (name and title printed): David Horning
<b>Received by</b> (signature):	<b>Inspected by</b> (signature):
<b>cc:</b>	<b>cc:</b>



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Establishment Name <b>Stop &amp; Go</b>		Telephone Number (812-421-8190)	Date of Inspection (mm/dd/yr) 10/24/2017	ID # 11521
Establishment Address (number and street, city, state, zip code) 520 S Barker Ave, Evansville, IN, 47712		(847-909-8833)		
Owner Sumit Patel	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date 11/03/2017	
Owner's Address 670 Lincoln Ave, Evansville, IN, 47713		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>1</u>		
Person in Charge Sumit Patel		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler Fastilia Decastro				

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Section#	C/NC	R	Narrative	To Be Corrected By
199	NC		Improper thawing of raw meats.	10/24/2017
191	C		Lacking proper date marking in reach in cooler.	10/24/2017
218	NC	R	Reach in cooler seal in need of repair.	10/31/2017

Received by (name and title printed): <b>Parmod Solanki</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Hornville Tavern</b>		Telephone Number <b>(812-963-0967)</b>	Date of Inspection (mm/dd/yr) <b>10/23/2017</b>	ID # <b>11480</b>
Establishment Address (number and street, city, state, zip code) <b>2607 W Baseline Rd, Evansville, IN, 47720</b>		Owner <b>(812-963-0967)</b>	Follow-up <b>No</b>	
Owner <b>Walter &amp; Debbie Schneider</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Release Date <b>11/02/2017</b>	
Owner's Address <b>14121 Bickmeier Rd, Evansville, IN, 47725</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Walter &amp; Debbie Schneider</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Debbie Schneider</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Tammy Hodgman</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Wendy's #324</b>		Telephone Number <b>(812-425-2359)</b>	Date of Inspection (mm/dd/yr) <b>10/23/2017</b>	ID # <b>11435</b>
Establishment Address (number and street, city, state, zip code) <b>3351 First Ave, Evansville, IN, 47710</b>		(812-482-3212)		
Owner <b>SERVUS, Inc.</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>11/02/2017</b>	
Owner's Address <b>4201 Mannheim Rd Suite A, Jasper, IN, 47546</b>			Summary of Violations: <b>C 1 NC 0 R 1</b>	
Person in Charge <b>SERVUS, Inc.</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Bambi Juarez</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Chemical sanitizer concentration below required level.	Corrected

Received by (name and title printed): <b>Bambi Juarez</b>	Inspected by (name and title printed): <b>Claire Will</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>TJ's Orchard</b>		Telephone Number (812-963-6858)	Date of Inspection (mm/dd/yr) 10/25/2017	ID # 11410
Establishment Address (number and street, city, state, zip code) <b>4805 Orchard Rd., EVANSVILLE, IN, 47720</b>		(812-963-6858)		
Owner <b>TJ S ORCHARD</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>11/04/2017</b>	
Owner's Address <b>4805 Orchard Rd, Evansville, IN, 47720</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
Person in Charge <b>TJ S ORCHARD</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>n/a</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Hannah Moers</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Texas Roadhouse</b>		Telephone Number <b>(812-477-7427)</b>	Date of Inspection (mm/dd/yr) <b>10/24/2017</b>	ID # <b>11393</b>
Establishment Address (number and street, city, state, zip code) <b>7900 Eagle Crest, EVANSVILLE, IN, 47716</b>		Owner <b>(502-855-5512)</b>		
Owner <b>Texas Roadhouse</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up <b>Yes</b>	Release Date <b>11/03/2017</b>
Owner's Address <b>6040 Dutchmans Ln , LOUISVILLE, KY, 40205</b>			Summary of Violations: <b>C 2 NC 4 R 4</b>	
Person in Charge <b>Texas Roadhouse</b>			Menu Type (See additional page) <b>1 0 2 0 3 0 4 1 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Rod Patmore</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous food products not maintained at 41 degrees Fahrenheit or less. Items removed.	10/24/2017
303	C	R	Sanitizer bucket not provided for meat room.	Corrected
422	NC	R	Improper storage of personal care item.	Corrected
234	NC	R	Utensils stored in standing water not at 135 degrees Fahrenheit or greater.	Corrected
285	NC		Warewashing machine not reaching the proper sanitizing temperature of 160 degrees Fahrenheit.	11/03/2017
430	NC	R	Grouting and various tile coving in need of repair.	11/24/2017

Received by (name and title printed): <b>Chad Schenk</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Rounders Pizza</b>	Telephone Number (812-424-4960) (812-626-6640)	Date of Inspection (mm/dd/yr) 10/24/2017	ID # 11290
Establishment Address (number and street, city, state, zip code) <b>510 W Mill Rd., EVANSVILLE, IN, 47710</b>	Owner <b>David Molinet</b>	Follow-up <b>No</b>	Release Date <b>11/03/2017</b>
Owner's Address <b>6640 Copperfield Dr, Evansville, IN, 47711</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>David Molinet</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail	Certified Food Handler <b>Heather Molinet</b>		

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Heather Molinet</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
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Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name <b>River Bend Association, Inc.</b>		Telephone Number <b>(812-422-3983)</b>	Date of Inspection (mm/dd/yr) <b>10/24/2017</b>	ID # <b>11284</b>
Establishment Address (number and street, city, state, zip code) <b>2207 W Franklin St, EVANSVILLE, IN, 47712</b>		Owner <b>(812-422-3983)</b>	Follow-up <b>No</b>	
Owner <b>RIVER BEND ASSOCIATION, INC.</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Release Date <b>11/03/2017</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>
Owner's Address <b>2207 W Franklin St, Evansville, IN, 47712</b>	Person in Charge <b>RIVER BEND ASSOCIATION, INC.</b>	Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
Responsible Person's E-mail	Certified Food Handler <b>Carl Diedrich</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Sherry Page</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-5695
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.
The time limit for correction of each violation is specified in the narrative portion of this report.

Form containing establishment details: Oak Meadow Country Club, 11505 Browning Rd., Evansville, IN, 47725. Includes owner David & Karen Blankenberger, purpose (Routine), and violation summary (C1, NC1, R2).

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two entries: 191 (C, R) Some ready to eat items lacking date marking in walk-in cooler. Corrected; 245 (NC, R) Wet wiping cloths improperly stored. Corrected.

Signature section: Received by (name and title printed): mike Synowiec; Inspected by (name and title printed): Carol Coudret. Includes signature lines and cc fields.



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Fax 812-435-5871

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The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Motomart #3204
Telephone Number: (812) 963-6631
Date of Inspection: 10/26/2017
ID #: 11220
Establishment Address: Highway 65 & I64, CYNTHIANA, IN, 47612
Owner: FKG Oil Co
Purpose: Routine
Follow-up: No
Release Date: 11/05/2017
Owner's Address: 721 W Main Street PO Box 122, Belleville, IL, 62222
Person in Charge: FKG Oil Co
Responsible Person's E-mail:
Certified Food Handler: n/a
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 4 5 0

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

Received by (name and title printed): Sandra Paul
Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):
Inspected by (signature):
cc:





# Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)  
SDH Form 51-0001

Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Circle S Mart #23</b>		Telephone Number (812-422-9871)	Date of Inspection (mm/dd/yr) 10/23/2017	ID # 11159
Establishment Address (number and street, city, state, zip code) 131 S Redbank Rd., EVANSVILLE, IN, 47712		(812-547-6435)		
Owner C & S Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 11/02/2017	
Owner's Address PO Box 39, Tell City, IN, 47586		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge C & S Inc		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler n/a				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Winston Wilhite</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



























