



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 Walton's Restaurant		Telephone Number (812-459-1761 (<u><redacted></u>) Owner	Date of Inspection (mm/dd/yr) 04/04/2019	ID # 12345
Establishment Address (number and street, city, state, zip code) 956 Parrett St, Evansville, IN, 47713				
Owner Goosetown Rest LLC	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 Yes	Release Date 04/14/2019	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>0</u>		
Person in Charge <redacted>		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 <redacted>				

- 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
294	C		Chemical dish machine not sanitizing.	04/04/2019
291	NC		Sanitizer test kit to available to monitor chemical concentrations.	04/05/2019
257	NC		Lacking thermometers for pizza, salad and front line three door cooler.	04/05/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Gattitown	Telephone Number (812-473-3800) <small>(Establishment) Owner</small>	Date of Inspection (mm/dd/yr) 04/02/2019	ID # 11653
Establishment Address (number and street, city, state, zip code) 316 N Green River Rd, Evansville, IN, 47715			
Owner Advent IN LLC	Purpose: <input type="checkbox"/> Routine <input checked="" 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 04/12/2019
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>		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 <redacted>			
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from inspection on 3-19-19 corrected.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
--	---

Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name Grandview Towers Apartments		Telephone Number (812) 424-3507	Date of Inspection (mm/dd/yr) 04/02/2019	ID # 11567
Establishment Address (number and street, city, state, zip code) 1000 Fulton Parkway, Evansville, IN, 47710		() Owner		
Owner SWIRCA	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 04/12/2019	
Owner's Address		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name: Wendy's #326
Telephone Number: (812) 477-4522
Date of Inspection: 04/01/2019
ID #: 11437
Establishment Address: 4610 Lincoln Ave., Evansville, IN, 47714
Owner: SERVUS, Inc.
Purpose: Routine
Follow-up: No
Release Date: 04/11/2019
Summary of Violations: C 0 NC 1 R 0
Menu Type: 1 2 3 4 5

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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: 402, NC, Tile floor grout in need of repair.

Received by (name and title printed): <redacted>
Inspected by (name and title printed): <redacted>
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name Szechwan Restaurant		Telephone Number (812-479-7600)	Date of Inspection (mm/dd/yr) 04/02/2019	ID # 11379
Establishment Address (number and street, city, state, zip code) 669 N Green River Rd, Evansville, IN, 47715		Owner <redacted>	Follow-up No	
Owner Jingyan Li	Purpose: <input type="checkbox"/> Routine <input checked="" 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 04/12/2019		Summary of Violations: C 0 NC 1 R 1
Owner's Address <redacted>	Person in Charge <redacted>	Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail	Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Walk in freezer floor soiled.	04/04/2019
			Corrected all other violations from 3/26/19 inspection	

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name St Anthony's Soup Kitchen		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 04/03/2019	ID # 11334
Establishment Address (number and street, city, state, zip code) 713 Second Ave., EVANSVILLE, IN, 47710		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) _____		
Owner ST ANTHONY S SOUP KITCHEN	Owner's Address	Follow-up No No	Release Date 04/13/2019	
Person in Charge <redacted>	Responsible Person's E-mail	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Certified Food Handler		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"/>		

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

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Schnucks #704	Telephone Number (812-464-3920 (<redacted>))	Date of Inspection (mm/dd/yr) 04/02/2019	ID # 11305
Establishment Address (number and street, city, state, zip code) 3700 First Ave, EVANSVILLE, IN, 47710		Follow-up No	Release Date 04/12/2019
Owner Schnucks Markets 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)	Summary of Violations: C 1 NC 1 R 1	
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		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 <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
336	C	R	Backsiphonage device needed on mop sink hose for continuous pressure & faucet in need of repair.	04/12/2019
431	NC		Outer surface of trash receptacles in need of cleaning.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Reitz High School	Telephone Number (812-435-8208 <small>(Establishment)</small> (<redacted> <small>(Owner)</small>)	Date of Inspection <small>(mm/dd/yr)</small> 04/04/2019	ID # 11279													
Establishment Address (number and street, city, state, zip code) 350 Dreier Blvd., EVANSVILLE, IN, 47712		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 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) _____ </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Follow-up No </td> <td style="width: 50%; padding: 5px;"> Release Date 04/14/2019 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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"/> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> Owner Evansville Vanderburgh School Corp. </td> </tr> <tr> <td style="padding: 5px;"> Owner's Address <redacted> </td> </tr> <tr> <td style="padding: 5px;"> Person in Charge <redacted> </td> </tr> <tr> <td style="padding: 5px;"> Responsible Person's E-mail _____ </td> </tr> <tr> <td style="padding: 5px;"> Certified Food Handler <redacted> </td> </tr> </table>		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) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Follow-up No </td> <td style="width: 50%; padding: 5px;"> Release Date 04/14/2019 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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"/> </td> </tr> </table>	Follow-up No	Release Date 04/14/2019	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		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"/>		Owner Evansville Vanderburgh School Corp.	Owner's Address <redacted>	Person in Charge <redacted>	Responsible Person's E-mail _____	Certified Food Handler <redacted>
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) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Follow-up No </td> <td style="width: 50%; padding: 5px;"> Release Date 04/14/2019 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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"/> </td> </tr> </table>			Follow-up No	Release Date 04/14/2019	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		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"/>								
Follow-up No	Release Date 04/14/2019															
Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>																
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"/>																
Owner Evansville Vanderburgh School Corp.																
Owner's Address <redacted>																
Person in Charge <redacted>																
Responsible Person's E-mail _____																
Certified Food Handler <redacted>																

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

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature): _____	Inspected by (signature): _____
cc: _____	cc: _____



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Establishment Name McDonalds-Lincoln Ave		Telephone Number (812-477-7041)	Date of Inspection (mm/dd/yr) 04/01/2019	ID # 11205
Establishment Address (number and street, city, state, zip code) 4701 Lincoln Ave., EVANSVILLE, IN, 47715		Owner <redacted>	Follow-up No	
Owner Mann Enterprises LLC		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 04/11/2019	
Owner's Address <redacted>			Summary of Violations: C 1 NC 1 R 2	
Person in Charge <redacted>			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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Chemical sanitizer concentration below required strength.	04/01/2019
324	NC	R	Dish sprayer in need of repair.	04/19/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Long John Silver's	Telephone Number (812-476-2982 (^{Establishment} <redacted>) (^{Owner} <redacted>)	Date of Inspection (mm/dd/yr) 04/02/2019	ID # 11097
Establishment Address (number and street, city, state, zip code) 2350 Morgan Ave, Evansville, IN, 47711		Follow-up No	
Owner LJS OPCO ONE, LLC		Release Date 04/12/2019	
Owner's Address <redacted>	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>1</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>			
Responsible Person's E-mail _____		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"/>	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand washing sink in need of cleaning.	04/02/2019
234	NC		Scoops with handles needed for dispensing of bulk items.	04/04/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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cc: _____	cc: _____



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Establishment Name Lee's Famous Recipe		Telephone Number (812-422-3904 (Establishment) Owner <redacted>		Date of Inspection (mm/dd/yr) 04/01/2019		ID # 11078	
Establishment Address (number and street, city, state, zip code) 411 N St. Joseph Ave, Evansville, IN, 47712				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	
Owner De-Max-Bill Wathen		Release Date 04/11/2019					
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		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"/>			
Person in Charge <redacted>							
Responsible Person's E-mail 							
Certified Food Handler <redacted>							

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

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	cc:



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Establishment Name KFC #C119002	Telephone Number (812-477-4711)	Date of Inspection (mm/dd/yr) 04/04/2019	ID # 11069
Establishment Address (number and street, city, state, zip code) 1201 Covert Ave, Evansville, IN, 47714	Owner Bell Indiana LLC		
Owner's Address <redacted>	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) _____		
Person in Charge <redacted>			
Responsible Person's E-mail _____			
Certified Food Handler <redacted>			
Follow-up No Release Date 04/14/2019 Summary of Violations: C <u>1</u> NC <u>3</u> R <u>1</u>			
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"/>			

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Section#	C/NC	R	Narrative	To Be Corrected By
324	C	R	Hand sink plumbing in need of repair.	04/12/2019
347	NC		Hand drying provisions not provided at hand sink.	Corrected
346	NC		Hand soap not provided at hand sink.	04/04/2019
297	NC		Drink dispenser nozzles in need of cleaning.	04/04/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature): _____	Inspected by (signature): _____
cc: _____	cc: _____



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Establishment Name KFC #C119004	Telephone Number (812-476-6192)	Date of Inspection (mm/dd/yr) 04/03/2019	ID # 11068
Establishment Address (number and street, city, state, zip code) 900 S Green River Rd, Evansville, IN, 47715		Owner <redacted>	
Owner Bell Indiana LLC	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 No	Release Date 04/13/2019
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>		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 <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Walk in freezer in need of repair.	04/12/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-5695
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Establishment Name Ricks Sport Bar & Family Room		Telephone Number (812-477-4088)	Date of Inspection (mm/dd/yr) 04/04/2019	ID # 10998
Establishment Address (number and street, city, state, zip code) 1531 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Ricks Sport Bar & Family Room 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 04/14/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 1 R 1	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler <redacted>				
Responsible Person's E-mail				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC	R	Ice guard soiled in ice machine.	04/04/2019
438	C		Chemical bottles not labeled.	04/04/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Lake's Metro Deli		Telephone Number (812-431-3931 (<redacted>))	Date of Inspection (mm/dd/yr) 04/05/2019	ID # 13861
Establishment Address (number and street, city, state, zip code) 2121 N Green River Rd Ste A, Evansville, IN, 47715				
Owner Lake Russell	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 04/15/2019	
Owner's Address <redacted>		Summary of Violations: C 2 NC 0 R 0		
Person in Charge <redacted>		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 <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Ready to eat food lacking date marking.	04/05/2019
438	C		Chemical bottles not labeled.	04/05/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Fidels		Telephone Number (812-459-1761)	Date of Inspection (mm/dd/yr) 04/04/2019	ID # 13852
Establishment Address (number and street, city, state, zip code) 956 Parrett St Suite B, Evansville, IN, 47713		(<small>Establishment</small>) <redacted>		
Owner Fidels LLC	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 04/14/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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- 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 discrepancies observed during inspection.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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Establishment Name Spudz-N-Stuff		Telephone Number (812-402-7783)	Date of Inspection (mm/dd/yr) 04/02/2019	ID # 13878
Establishment Address (number and street, city, state, zip code) 2403 Washington Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jason Dicken	Purpose: <input type="checkbox"/> Routine <input checked="" 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 Yes	Release Date 04/12/2019	
Owner's Address <redacted>		Summary of Violations: C 2 NC 3 R 4		
Person in Charge <redacted>		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 <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up inspection on 3-26-19	
303	C	R	Dishes not being sanitized at 3 compartment sink.	04/02/2019
291	NC	R	No chemical sanitizing test strips.	04/02/2019
245	NC	R	Wet wiping cloths improperly stored.	04/02/2019
295	C		Food contact surfaces not being sanitized as required.	04/02/2019
119	NC	R	Insufficient training of staff.	04/02/2019

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Keylee's Pizza & Creamery	Telephone Number (812-449-3013 (Establishment) Owner <redacted>	Date of Inspection (mm/dd/yr) 04/04/2019	ID # 13986
Establishment Address (number and street, city, state, zip code) 10 NW 6th St., Evansville, IN, 47708		Follow-up No	Release Date 04/14/2019
Owner Kerry Draper	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>	
Owner's Address <redacted>		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"/>	
Person in Charge <redacted>			
Responsible Person's E-mail			
Certified Food Handler			

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

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Read Street BBQ	Telephone Number (812-303-6397 (<u>redacted</u>) Owner)	Date of Inspection (mm/dd/yr) 04/05/2019	ID # 13995
Establishment Address (number and street, city, state, zip code) 421 Read St., Evansville, IN, 47710	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 04/15/2019
Owner Tim Mills		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		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			

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC		Grab & go items not properly labeled.	04/05/2019
431	NC		Floor in smoke room in need of clean/sealed.	05/06/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Parlor Doughnuts		Telephone Number (812-480-4598)	Date of Inspection (mm/dd/yr) 04/04/2019	ID # 14011
Establishment Address (number and street, city, state, zip code) 12 N.W. 3rd, Evansville, IN, 47708		(<redacted>) Owner		
Owner	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 04/14/2019	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>		
Person in Charge <redacted>		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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
257	NC		Lacking thermometers for two milk coolers.	04/04/2019
430	NC		Doughnut production room brick walls to be resealed or provided sealed washable surface	05/06/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Mrs Pickleback's Eats and Sweets		Telephone Number (812-453-0145)	Date of Inspection (mm/dd/yr) 04/03/2019	ID # 14039
Establishment Address (number and street, city, state, zip code) 43123 E Morgan Ave Suite H, Evansville, IN, 47710		() Owner <redacted>		
Owner Jennifer Dillback	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 Yes	Release Date 04/13/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Approved for operation	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc: