

SDH Form 51-0001

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

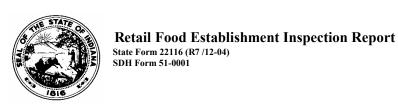
| Establishm | | . | otouront | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
|--|------------|----------|--|--|--------------------------|--------------|---------------|
| | | | staurant | 812-459-1761 | 04/04 | /2019 | 12345 |
| | | | mber and street, city, state, zip code) , Evansville, IN, 47713 | ' <redacted></redacted> | | | |
| Owner | , | _ | | Purpose: | Follow-uj | | se Date |
| | | R | est LLC | ✓ Routine | Yes | 04/ | 14/2019 |
| Owner's Ad | | | | Follow-up | _ | of Violation | |
| Person in C | | | | Complaint | _ 1 | NC_ |) <u> </u> |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td>- R_</td></reda<> | | | | Pre-Operational | C | NC | - R_ |
| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | \bigcirc G | |
| Certified Food Handler Other (list) 1 2 (| | | | | | | <u>)4</u> 050 |
| • CRITICAL | ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEI | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| 294 | С | | Chemical dish machine n | ot sanitizing. | | 04/0 | 04/2019 |
| 291 | NC | | Sanitizer test kit to available to monito | r chemical concentr | ations. | 04/0 | 05/2019 |
| 257 | NC | | Lacking thermometers for pizza, salad and | d front line three door | cooler. | 04/0 | 05/2019 |
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| Received by | | | | Inspected by (name and title possible < redacted > | rinted): | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



SDH Form 51-0001

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

| | own ent Addres Gree at IN L dress cted> charge cted> | n F | | (8) (V) (Pur (V) | ephone Number 12-473-3800 Predacted> Prose: Routine Follow-up Complaint Pre-Operational | c_ 0 | Release 04/ | |
|--------------|--|--------------|---|---|---|--------------|-------------|-------------|
| Certified Fo | ood Handle | | • | \vdash | HACCP Other (list) | 1 <u>0</u> 2 | 3 | <u>4</u> _5 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | | | | | |
| | ON(S) REPE | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMAI | RY OF VIOLATIONS" AN | D IN THE N. | | |
| Section# | C/NC | R | Narrative All violations from inspection or | n 3 ₋ 1 | 10-10 corrected | | 10 Ве С | orrected By |
| | | | All violations from inspection of | 1 0-1 | 13-13 COITCCICG | • | | |
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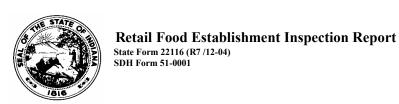
| Establishme | ent Address CA Idress harge cted> | ss (nu | owers Apartments The street of the street o | 0 | Telephone Number (812-424-3507 () Owner Purpose: Routine Follow-up Complaint Pre-Operational Temporary | Follow-u No Summary | P Release 04/ | _ |
|--|-----------------------------------|---------|--|------|---|---------------------------|---------------|--------------|
| Certified Fo | ted> | | NATIONAL DE CHECKE LOT AND VANDATIVE COLUM | NGMA | Other (list) | 1 | <u></u> |)4050 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | | D IN THE N | IARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | J 1. (1112) | | orrected By |
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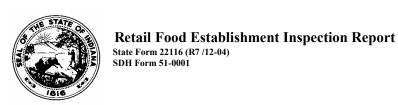
SDH Form 51-0001

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

| Wenc | | ‡32 | 26 | | | Telephone Number (812-477-4522 | Date of Insp (mm/dd/yr) | | ID# 11437 |
|--|-------------|-------|-----------------------------------|------------------------|-------|---|----------------------------|-----------|--------------------------------|
| | | | mber and street, city, state, zip | o code) | | | 04/01/ | 2019 | |
| 4610 l | _incol | n A | Ave., Evansville | e, IN, 47714 | | ' <redacted></redacted> | | | |
| Owner SERV | | | · | • | | Purpose: | Follow-up No | | se Date 11/2019 |
| Owner's Ad | | | | | - | = | | | |
| <reda< td=""><td></td><td></td><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary o</td><td></td><td></td></reda<> | | | | | | Follow-up Complaint | Summary o | | |
| Person in C | | | | | | Pre-Operational | CU | NC | $I_{R} 0$ |
| <reda< td=""><td>cted></td><td></td><td></td><td></td><td></td><td>=</td><td>C</td><td>NC</td><td></td></reda<> | cted> | | | | | = | C | NC | |
| Responsible | e Person's | E-ma | il | | | Temporary | Menu Type | (See addi | tional page) |
| | | | | | | НАССР | | | |
| Certified Fo | | er | | | | Other (list) | 1 <u>0</u> 2 | <u>3</u> | <u>)</u> 4 <u>U</u> 5 <u>U</u> |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST | AND NARRATIVE COLUMN | NS MA | ARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIO | ONS ARE DENOTED IN THE | "SUM | IMARY OF VIOLATIONS" AN | D IN THE NA | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | | Narrative | | | | To Be Co | orrected By |
| 402 | NC | | Tile | floor grout in ne | ed | of repair. | | | |
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| Received by | (signature) |): | | |] | Inspected by (signature): | | | |
| cc: | | | | cc: | | | cc: | | |



| Establishme | nwan ent Addres Gree an Li dress cted> harge cted> Person's | s (nui N F | estaurant mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | Pu Pu | lephone Number 12-479-7600 Tedacted Prose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | e) 2/2019 p Releas | <u>1</u> R |
|-------------|---|---------------|--|---|---|---------------------------|--------------------------|--------------|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM | | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | 1 | | orrected By |
| | NC | R | Walk in freezer floor | | ilod | | |)4/2019 |
| 431 | NC | ĸ | | | | | 04/0 | 14/2019 |
| | | | Corrected all other violations from | n 3 | /26/19 inspection | n | | |
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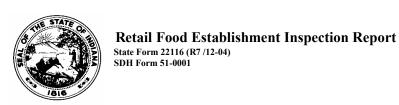
| Establishme 713 Sc Owner | ent Address Harge Cted> Person's | NY | Soup Kitchen nber and street, city, state, zip code) ve., EVANSVILLE, S SOUP KITCHE | Telephone Number () Establishment () Owner Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-up NO Summary | Release 04/ | _ | |
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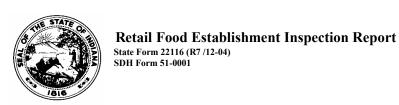
Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

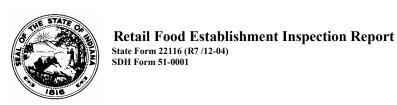
| 3700 F Owner Schnu Owner's Ac <redac <redac="" c="" certified="" fo<="" in="" person="" responsible="" th=""><th>icks Natures cted> charge cted> e Person's</th><th>AVE</th><th>nber and street, city, state, zip code) e, EVANSVILLE, IN kets Inc</th><th></th><th>(8) (V</th><th>lephone Number 12-464-3920 Compose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary</th><th>2/2019 Releas</th><th>12/2019 R1</th></redac> | icks Natures cted> charge cted> e Person's | AVE | nber and street, city, state, zip code) e, EVANSVILLE, IN kets Inc | | (8) (V | lephone Number 12-464-3920 Compose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary | 2/2019 Releas | 12/2019 R1 |
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| <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MA</redacted> | | | | | | ED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS AR | | | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | | Narrative | | | | To Be Co | rrected By |
| 336 | С | R | Backsiphonage device nee | ded on mop sink h | ose | for continuous pres | sure & | | 2/2019 |
| | | | fau | cet in need of r | ера | air. | | | |
| 431 | NC | | Outer surface of trash receptacles in need of cleaning. | | | | | | rrected |
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| Received by | (signature) |): | | | Insp | ected by (signature): | | | |
| cc: | | | cc: | | | | cc: | | |



| Reitz High School Establishment Address (number and street, city, state, zip code) 350 Dreier Blvd., EVANSVILLE, IN, 47712 Owner Evansville Vanderburgh School Corp. Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S</redacted></redacted></redacted> | | | | | | lephone Number 312-435-8208 < redacted> redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | P Release 04/ | |
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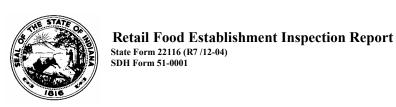
| Establishmed 4701 L | ent Addres Lincol Enter Idress Cted> Charge Cted> Person's | rpri | Lincoln Ave The mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47715 Ses LLC | Pul | lephone Number 12-477-7041 Aredacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | r) 1/2019 p Releas | <u>2</u> |
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| Section# | | | | VIIVIA | RY OF VIOLATIONS AND | DINTHE | | |
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| 294 | C | | Chemical sanitizer concentration be | | • | ıgın. | | 01/2019 |
| 324 | NC | R | Dish sprayer in need | ot r | epair. | | 04/1 | 19/2019 |
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Vanderburgh County Department of Health
Telephone 812-435-5695

Fax 812-435-5871

| Long John Silver's Establishment Address (number and street, city, state, zip code) 2350 Morgan Ave, Evansville, IN, 47711 Owner LJS OPCO ONE, LLC Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS</redacted></redacted></redacted> | | | | | | lephone Number 12-476-2982 redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary C Menu Ty | 2/2019 Releas | 12/2019 Is: R O Gional page) |
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| Section# | C/NC | R | | Narrative | | | | To Be Co | rrected By |
| 345 | С | | Hand | washing sink in nee | d o | f cleaning. | <u>'</u> | |)2/2019 |
| 234 | NC | | | ndles needed for dis | | | ems. | 04/0 | 04/2019 |
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| Lee's Famous Recipe Establishment Address (number and street, city, state, zip code) 411 N St.Joseph Ave, Evansville, IN, 47712 Owner De-Max-Bill Wathen Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S</redacted></redacted></redacted> | | | | | | lephone Number 312-422-3904 <redacted> redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-up NO Summary C Menu Typ | Release 04/ | 11/2019 D R O tional page) |
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| | | | INU | noted violation | 0115 |) . | | | |
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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

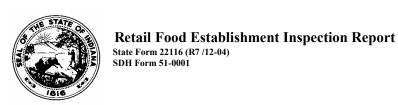
| 1201 (| #C11 | s (nui | 002 mber and street, city, state, zip code) Lve, Evansville, IN, 47714 | Telephone Number (812-477-4711 (<redacted></redacted> | | ·) -/2019 | 11069 |
|--|-------------|--------|--|--|--------------|--------------|----------------|
| Owner Bell In | diana | a Ll | _C | Purpose: Routine | Follow-up No | | e Date 14/2019 |
| Owner's Ad | | | | Follow-up | - | of Violation | |
| Person in C | | | | Complaint | 1 1 | <i>-</i> | $\frac{3}{R}$ |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R</td></reda<> | | | | Pre-Operational | C | NC_ | R |
| Responsible | | | il | Temporary | Menu Typ | oe (See addi | tional page) |
| | | | | HACCP | | ()3(• | |
| Certified Food Handler Other (list) 1 | | | | | | | <u>)4050</u> |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| 324 | С | R | Hand sink plumbing in n | eed of repair. | | 04/ | 12/2019 |
| 347 | NC | | Hand drying provisions not pro | Corrected | | | |
| 346 | NC | | Hand soap not provided | 04/0 | 04/2019 | | |
| 297 | NC | | Drink dispenser nozzles in r | 04/0 | 04/2019 | | |
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| Received by | * | _ * | printed): | Inspected by (name and title properties) | rinted): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



SDH Form 51-0001

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

| Establishm | ent Name | | | Telephone Number | Date of Insp | | ID# |
|---|------------|-------|---|---|--------------|-------------------------|-----------------------------|
| KFC #C119004 | | | | 812-476-6192 | (mm/dd/yr) | | 11068 |
| | | | mber and street, city, state, zip code) | | 04/03/ | 2019 | |
| 900 S | Gree | n F | River Rd, Évansville, IN, 47715 | <pre></pre> <pre><</pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Bell In | idiana | L | _C | ✓ Routine | No | 04/ | 13/2019 |
| Owner's Ac | | | | Follow-up | Summary o | of Violation | ns: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td>1</td></reda<> | | | | Complaint | | | 1 |
| Person in C | | | | Pre-Operational | $_{\rm C}$ | NC | $R_{\rm R}$ |
| <reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>М Т</td><td></td><td>tional page)</td></reda<> | | | 2 | Temporary | М Т | | tional page) |
| Responsible | e Person's | L-ma | II. | НАССР | Menu Type | e (see aaai | nonai page) |
| Certified Fo | ood Handle | er | | Other (list) | 100_{2} | \bigcirc 3(\bullet | $)_{4}\bigcirc_{5}\bigcirc$ |
| <redag< td=""><td></td><td>-</td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redag<> | | - | | | | <u></u> | <u> </u> |
| | | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | • | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | | D IN THE NA | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| 218 | NC | | Walk in freezer in nee | d of renair | | | 12/2019 |
| 210 | 110 | | vvaik iii ii oozoi iii iioo | и отторин. | | 0-17 | 12/2010 |
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| Received by | | | printed): | Inspected by (name and title p | rinted): | | |
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| Received by | (signature |): | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |
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| Establishme Ricks | | rt I | Bar & Family Room | Telephone Number (812-477-4088 | Date of Ins (mm/dd/yr) | | то# 10998 |
|---|-------------|--------------|--|----------------------------------|---------------------------|--------------|------------------|
| | | | | 04/04 | /2019 | 10990 | |
| | | | River Rd, Evansville, IN, 47715 | <pre><redacted></redacted></pre> | | | |
| Owner Ricks | Sport | В | ar & Family Room Inc | Purpose: Routine | Follow-up NO | | se Date 14/2019 |
| Owner's Ac | ddress | | • | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td></td></reda<> | cted> | | | Complaint | 1 | | |
| Person in C | | | | Pre-Operational | $_{\rm C}$ | NC | l _R l |
| <reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td>·</td><td></td><td></td></reda<> | cted> | | | Temporary | · | | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | e (See addi | tional page) |
| | | | | | | | |
| Certified Fo | | er | | Other (list) | 1 2 | | <u> 1405</u> |
| • CRITICAL | . ITEMS AR | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| 295 | NC | R | Ice guard soiled in ice | e machine. | | 04/0 | 04/2019 |
| 438 | С | | Chemical bottles no | | | 04/0 | 04/2019 |
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| Received by | (signature) |): | | Inspected by (signature): | | | |
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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

| Establishm | | _ | | Telephone Number | Date of Ins | | ID# | |
|---|-------------|--------|---|---|-------------|--------------|--------------------------------|--|
| Lake' | | | | 812-431-3931 | 04/05 | • | 13861 | |
| | | | mber and street, city, state, zip code) | ' <redacted></redacted> | 04/00 | 72010 | | |
| Owner | Green | ΙΓ | iver Rd Ste A, Evansville, IN, 47715 | Purpose: | Follow-u | Palan | se Date | |
| Lake F | Russe | ell | | Routine | No | | 15/2019 | |
| Owner's Ac | | | | Follow-up | Summary | of Violation | ns: | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>2</td><td>(</td><td>) (</td></reda<> | | | | Complaint | 2 | (|) (| |
| Person in C | | | | Pre-Operational | c_ _ | NC_ | 0_{R} | |
| Responsible | | | ;i | Гетрогагу | | | tional page) | |
| Responsible | c i cison s | L-1114 | | НАССР | | | | |
| Certified Fo | | er | | Other (list) | 1 2 | <u></u> | <u>)</u> 4 <u>0</u> 5 <u>0</u> | |
| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU! | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| 191 | С | | Ready to eat food lacking | date marking. | | 04/05/2019 | | |
| 438 | С | | Chemical bottles not | labeled. | | 04/05/2019 | | |
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| Received by | • | _ ^ | | Inspected by (name and title properties) <pre> redacted></pre> | rinted): | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |



SDH Form 51-0001

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

| Establishment Address (number and street, city, state, zip code) 956 Parrett St Suite B, Evansville, IN, 47713 Owner Fidels LLC Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler</redacted></redacted> | | | | | lephone Number 12-459-1761 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP | Follow-up NO Summary of Menu Type | Release 04/ | |
|--|-------------|------------------------|--|--|---|-----------------------------------|---------------------|--------------|
| Certified Fo | | er | | | Other (list) | 1 <u></u> 2 <u>1</u> | <u>•</u> 3 <u> </u> | <u> 1405</u> |
| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | 1ARK | ED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA | RY OF VIOLATIONS" AN | D IN THE NA | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By |
| | | | No discrepancies observed d | lurir | ng inspection. | | | |
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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|---|--------------|--------|---|--|--------------------------|---------------------|----------------------|--|
| Establishm | | 24. | .ff | Telephone Number | Date of Ins (mm/dd/yr | | ID# | |
| Spud | | | | 812-402-7783 | 04/02 | 2/2019 | 13878 | |
| | | | mber and street, city, state, zip code) Iton Ave, Evansville, IN, 47714 | ' <redacted></redacted> | | | | |
| Owner | D: 1 | | | Purpose: | Follow-u | | se Date | |
| Jason | | en | | Routine | Yes | 04/ | 12/2019 | |
| Owner's Ad | | | | Follow-up | - | of Violation | | |
| Person in C | | | | Complaint | 2 | | $\frac{3}{R}$ | |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u> </u></td></reda<> | | | | Pre-Operational | C | NC_ | <u> </u> | |
| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | oe (See addi | tional page) | |
| | | | | HACCP | | | | |
| Certified For | | er | | Other (list) | 1 <u>U</u> 2 | <u>U</u> 3 <u>U</u> | <u>/4</u> 05 <u></u> | |
| • CRITICAL | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| | | | Follow up inspection o | n 3-26-19 | | | | |
| | | | | | | | | |
| 303 | С | R | Dishes not being sanitized at 3 | compartment sink | • | 04/02/2019 | | |
| 291 | NC | R | No chemical sanitizing | No chemical sanitizing test strips. | | | | |
| 245 | NC | R | Wet wiping cloths improp | perly stored. | | 04/02/2019 | | |
| 295 | С | | Food contact surfaces not being s | sanitized as require | ed. | 04/0 | 02/2019 | |
| 119 | NC | R | Insufficient training | | | 04/0 | 02/2019 | |
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| Received by | | | | Inspected by (signature): | | | | |
| | , (=-0-1414) | ,- | | -r) (2.8). | | | | |
| cc: | | | сс: | | cc: | | | |
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

| Establishment Name Keylee's Pizza & Creamery Establishment Address (number and street, city, state, zip code) 10 NW 6th St., Evansville, IN, 47708 Owner Kerry Draper Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail</redacted></redacted> | | | | | (8) (V) Pu | lephone Number 12-449-3013 | Follow-up NO Summary | /2019 Release | |
|--|-------------|------------------------|------------------------|-----------------------------|---|-------------------------------------|-----------------------|---------------|--------------|
| Responsible Certified Fo | | | il | | | HACCP Other (list) | Menu Typ | tional page) | |
| | | | | T AND NARRATIVE COLUMNS M | | | D IN THE N | A DD A TIVE | DELOW AS "D" |
| | C/NC | | FROM PREVIOUS INSPECTI | ONS ARE DENOTED IN THE "SUI | VIIVIA | RY OF VIOLATIONS" AN | DINTHEN | | |
| Section# | CINC | R | | Narrative | 200 | | | 10 Be C | orrected By |
| | | | | No noted violation | JHS | • | | | |
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SDH Form 51-0001

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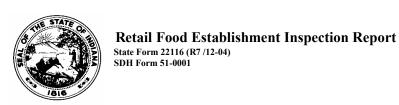
| 421 R | Stre | s (nu | BBQ mber and street, city, state, zip code) Evansville, IN, 47710 | (812-303-6397 (<redacted></redacted> | Date of Ins (mm/dd/yr 04/05 | /2019 | 13995 | |
|---|-------------|--------------|---|--|-----------------------------------|--------------|--------------------------------|--|
| Owner Tim M | lills | | | Purpose: | Follow-up | | te Date 15/2019 | |
| Owner's Address | | | | Follow-up | | of Violation | | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<> | | | | Complaint | - | | | |
| Person in C | | | | Pre-Operational | $_{\rm C}$ $_{\rm U}$ | NC_ | $\frac{2}{R}$ | |
| <reda< td=""><td></td><td></td><td>:1</td><td>Temporary</td><td></td><td></td><td>tional page)</td></reda<> | | | :1 | Temporary | | | tional page) | |
| Kesponsible | e reison s | E-ma | ш | НАССР | wienu Typ | c (see aaai | nonui puge) | |
| Certified Fo | ood Handle | er | | Other (list) | 1 2 | <u>3</u> | <u>)</u> 4 <u>O</u> 5 <u>O</u> | |
| • CRITICAL | ITEMS AR | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| 146 | NC | | Grab & go items not prop | perly labeled. | | 04/05/2019 | | |
| 431 | NC | | Floor in smoke room in need | of clean/sealed. | | 05/0 | 06/2019 | |
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SDH Form 51-0001

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

| Establishme Parlo | r Dou | | | Telephone Number (812-480-4598 | Date of Ins (mm/dd/yr) |) | 14011 | |
|----------------------|-------------|---------------|--|--------------------------------|--|-------------|--------------------------|--------------------------------|
| | | | mber and street, city, state, zip code) Evansville, IN, 47708 | | <pre><redacted></redacted></pre> | 04/04 | 72019 | |
| Owner | | | | | Purpose: Routine | Follow-up | | ne Date 14/2019 |
| Owner's Ad | ldress | | | | Follow-up | | of Violation | _ |
| Person in C | | | | | Complaint Pre-Operational | $^{\rm c}$ | NC_ | $\frac{2}{R}$ |
| Responsible | | | il | | Temporary HACCP | Menu Typ | e (See addii | tional page) |
| Certified Fo | | er | | | Other (list) | 102 | <u></u> | <u>0</u> 4 <u>0</u> 5 <u>0</u> |
| • CRITICAL | ITEMS AR | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU | MNS I | MARKED "C" | | | |
| | . , | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | UMMARY OF VIOLATIONS" AN | D IN THE N. | | |
| Section# | C/NC | R | Narrativ | | | | | orrected By |
| 257 | NC | | Lacking thermometers for | | | , | 04/04/2019 05/06/2019 | |
| 430 | NC | | Doughnut production room brick walls to be rese | aled | or provided sealed washable | surrace | 05/0 | 16/2019 |
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| Received by | acte | <u> t</u> | | | Inspected by (name and title properties) <redacted></redacted> | inted): | | |
| Received by | (signature) |): | | | Inspected by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



| Mrs Pickleback's Eats and Sweets Establishment Address (number and street, city, state, zip code) 43123 E Morgan Ave Suite H, Evansville, IN, 47710 Owner | | | | | Felephone Number 812-453-0145 <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted> | Follow-up Yes Summary | P Release 04/ | |
|---|-------------|--------------|---|------|---|-----------------------|---------------|------------------------------------|
| Certified Fo | od Handle | | | | HACCP Other (list) | 1 2 | <u>3</u> |) ₄ <u>0</u> 5 <u>0</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN | | | D. D. THE S | | DEL ON 10 (DE |
| • VIOLATIO Section# | C/NC | ATED R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Narrative | | MARY OF VIOLATIONS" AN | DINTHEN | | orrected By |
| Section# | C/NC | K | Approved for o | | tion | | 10 Ве С | Trected by |
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