



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: MJ's Café
Telephone Number: (812) 402-6313
Date of Inspection: 05/30/2019
ID #: 11902
Establishment Address: 801 St Mary's Dr, Evansville, IN, 47714
Owner: MARY JO BRUGMANN
Purpose: Routine
Follow-up: No
Release Date: 06/09/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 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 violations.

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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SDH Form 51-0001

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Telephone 812-435-5695
Fax 812-435-5871

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Establishment Name Manna Mediterranean Grill	Telephone Number (812) 473-7005	Date of Inspection (mm/dd/yr) 05/28/2019	ID # 11749
Establishment Address (number and street, city, state, zip code) 2913 Lincoln Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Amjad Manna/Kristi Manna	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 06/07/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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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 St. Vincent Evansville Auxiliary Gift Shoppe		Telephone Number (812) 485-4269	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 11700
Establishment Address (number and street, city, state, zip code) 3700 Washington Ave, Evansville, IN, 47750		() Owner		
Owner St. Vincent Evansville Auxiliary Gift Shoppe		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 06/09/2019
Owner's Address <redacted>			Summary of Violations:	
Person in Charge <redacted>			C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail			Menu Type (See additional page)	
Certified Food Handler <redacted>			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 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 Rounders Pizza Too	Telephone Number (812) 867-7172	Date of Inspection (mm/dd/yr) 05/28/2019	ID # 11631																
Establishment Address (number and street, city, state, zip code) 12731 N Green River Rd, Evansville, IN, 47715	() Owner <redacted>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Follow-up No</td> <td style="width: 50%; text-align: center;">Release Date 06/07/2019</td> </tr> <tr> <td colspan="2" style="text-align: center;">Summary of Violations:</td> </tr> <tr> <td style="text-align: center;">C <u>0</u></td> <td style="text-align: center;">NC <u>0</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">R <u>0</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">Menu Type (See additional page)</td> </tr> <tr> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">3 <input checked="" type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">5 <input type="radio"/></td> <td></td> </tr> </table>		Follow-up No	Release Date 06/07/2019	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 type="radio"/>	3 <input checked="" type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
Follow-up No	Release Date 06/07/2019																		
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 type="radio"/>																		
3 <input checked="" type="radio"/>	4 <input type="radio"/>																		
5 <input type="radio"/>																			
Owner Joseph Sells	Purpose: <input checked="" type="checkbox"/> Routine																		
Owner's Address <redacted>	<input type="checkbox"/> Follow-up																		
Person in Charge <redacted>	<input type="checkbox"/> Complaint																		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational																		
Certified Food Handler <redacted>	<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
			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 (CEK ENTERPRISES LLC)
Telephone Number: (812)-471-3015
Date of Inspection: 05/28/2019
ID #: 11591
Establishment Address: 3350 N Green River Rd, Evansville, IN, 47715
Owner: JOSEPH & KATHERINE KENWORTHY
Purpose: Routine (checked)
Follow-up No: 2, NC: 0, R: 2
Menu Type: 3 selected

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 2 rows of violations: 129 (Employees not washing hands) and 294 (Sanitizer concentration too weak).

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



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Establishment Name Wendy's #325		Telephone Number (812-424-8737)	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 11436
Establishment Address (number and street, city, state, zip code) 410 N St. Joseph Ave, Evansville, IN, 47712		() Owner <redacted>		
Owner SERVUS, 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 06/09/2019	
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
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Wassmer Golf Shop Inc/McDonalds Golf Course		Telephone Number (812-475-2578)	Date of Inspection (mm/dd/yr) 05/31/2019	ID # 11433
Establishment Address (number and street, city, state, zip code) 2905 E Morgan Ave., Evansville, IN, 47711		() Owner <redacted>		
Owner Michael Wassmer	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 06/10/2019	
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 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
			Violation from 05/24/2019 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 VFW Post 1114		Telephone Number (812-422-5831)	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 11423
Establishment Address (number and street, city, state, zip code) 110 Wabash Ave., Evansville, IN, 47712		() Owner		
Owner VFW POST 1114		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 06/09/2019
Owner's Address <redacted>			Summary of Violations: C_0 NC_0 R_0	
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
			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 Variety Village II	Telephone Number (812-423-4869)	Date of Inspection (mm/dd/yr) 05/29/2019	ID # 11422
Establishment Address (number and street, city, state, zip code) 600 E Columbia St., Evansville, IN, 47711	() Owner <redacted>		
Owner RHONDA F ROSS	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 06/08/2019
Owner's Address <redacted>		Summary of Violations: C <u>1</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 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
191	C		Ready to eat foods dated beyond 7 day period.	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 Subway #12341		Telephone Number (812-471-5804)	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 11363
Establishment Address (number and street, city, state, zip code) 4313 E Morgan Ave., Evansville, IN, 47715		() Owner <redacted>		
Owner RT WOLF 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 06/09/2019	
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 0 3 1 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 noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Sonic Drive-In #105		Telephone Number (812) 421-1700 () Owner <redacted>		Date of Inspection (mm/dd/yr) 05/29/2019	ID # 11329
Establishment Address (number and street, city, state, zip code) 4920 W Lloyd Expressway, Evansville, IN, 47712				Follow-up No	Release Date 06/08/2019
Owner Sonic Drive-In of Evansville Inc		Purpose: <input checked="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>1</u> R <u>0</u>	
Owner's Address <redacted>					
Person in Charge <redacted>					
Responsible Person's E-mail					
Certified Food Handler <redacted>				Menu Type (See additional page) 1 ○ 2 ○ 3 ● 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
310	NC		Hood vents are soiled.	05/30/2019

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 Rafferty's		Telephone Number (812-471-0024	Date of Inspection (mm/dd/yr) 05/31/2019	ID # 11273
Establishment Address (number and street, city, state, zip code) 1400 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Raffertys Inc/Dan Davis		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	Release Date 06/10/2019
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
			Violations from 05/24/2019 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 China Lu Market		Telephone Number (812-471-9999)	Date of Inspection (mm/dd/yr) 05/29/2019	ID # 11148
Establishment Address (number and street, city, state, zip code) 4604 Vogel Rd., Evansville, IN, 47715		() Owner <redacted>		
Owner Yue Ying Yang		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 06/08/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 2 R 2	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC	R	Further labeling for bulk frozen fish needed.	06/13/2019
413	NC	R	Back door further repair needed.	06/13/2019
			Corrected all other violations from 5/9/19 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 Jimmy's Una Pizza		Telephone Number (812-459-0333)	Date of Inspection (mm/dd/yr) 05/28/2019	ID # 11059
Establishment Address (number and street, city, state, zip code) 4711 Pollack Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Jim & Tonya Huff		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 06/07/2019
Owner's Address <redacted>			Summary of Violations: C_0 NC_0 R_0	
Person in Charge <redacted>			Menu Type (<i>See additional page</i>)	
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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- 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 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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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 Hardees		Telephone Number (812-477-6743)	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 11008
Establishment Address (number and street, city, state, zip code) 1501 N Boeke Rd., Evansville, IN, 47711		() Owner <redacted>		
Owner Sandy's Associates 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 06/09/2019	
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 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
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
			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:



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

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Establishment Name Dilegge's Restaurant		Telephone Number (812-428-3004)		Date of Inspection (mm/dd/yr) 05/29/2019		ID # 10909	
Establishment Address (number and street, city, state, zip code) 607 N Main St, Evansville, IN, 47711				Owner <redacted>		Follow-up No	
Owner Daniel F Dilegge		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 06/08/2019		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <redacted>				Menu Type (<i>See additional page</i>) 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:	



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Establishment Name Price Less Foods #430		Telephone Number (812-426-7080)	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 10885
Establishment Address (number and street, city, state, zip code) 4851 W Pennsylvania St., Evansville, IN, 47712		() Owner <redacted>		
Owner Houchens North Foods 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 06/09/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 1	
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	R	Ice accumulation in bakery freezer.	05/31/2019

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 Buehlers IGA #452	Telephone Number (812-475-6730)	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 10882
Establishment Address (number and street, city, state, zip code) 2220 E Morgan Ave., Evansville, IN, 47711	() Owner <redacted>		
Owner Houchens North Foods 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 06/09/2019
Owner's Address <redacted>	Summary of Violations: C <u>2</u> NC <u>1</u> R <u>2</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			
Certified Food Handler <redacted>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Hot food not being held at the required temperature of 135 degrees.	Corrected
410	NC		Light bulbs for hot holding not shatter proof.	Corrected
139	C	R	Baby formula on shelf past the use by date.	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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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 Evansville Association for the Blind		Telephone Number (812-422-1181	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 10868
Establishment Address (number and street, city, state, zip code) 502 Second Ave., EVANSVILLE, IN, 47710		() Owner <redacted>		
Owner EVANSVILLE ASSOCIATION FOR THE BLIND		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 06/09/2019
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>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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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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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 Acropolis Express Mobile Unit		Telephone Number (812-475-9320)	Date of Inspection (mm/dd/yr) 06/02/2019	ID # 13729
Establishment Address (number and street, city, state, zip code) 501 N. Green River Rd., Evansville, IN, 47715		() Owner <redacted>		
Owner Doros Hadjisavva	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	Release Date 06/12/2019	
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)	
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
			No discrepancies	

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



Retail Food Establishment Inspection Report

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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 The Kitchen	Telephone Number (812-455-2400 (<u> </u>) Owner <redacted>	Date of Inspection (mm/dd/yr) 06/02/2019	ID # 13858
Establishment Address (number and street, city, state, zip code) 7721 Newburgh Rd, Evansville, IN, 47715	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 06/12/2019
Owner Chubby Chow Factory, LLC		Summary of Violations:	
Owner's Address <redacted>		C <u> 0 </u> NC <u> 0 </u> R <u> 0 </u>	
Person in Charge <redacted>		Menu Type (<i>See additional page</i>)	
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
			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:



Retail Food Establishment Inspection Report

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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 Evansville Seafood LLC	Telephone Number (812-401-2220)	Date of Inspection (mm/dd/yr) 05/30/2019	ID # 13992
Establishment Address (number and street, city, state, zip code) 420 S Green River Rd, Evansville, IN, 47715	() Owner <redacted>	Follow-up No 06/09/2019	
Owner Tracy Elbahga	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) _____	Summary of Violations: C <u>0</u> NC <u>0</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 <redacted>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 05-09-19 inspection corrected.	

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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Establishment Name The Rolling Taco @ Bosse Field		Telephone Number (812) 705-1549		Date of Inspection (mm/dd/yr) 06/02/2019	ID # 14092	
Establishment Address (number and street, city, state, zip code) 6002 Haas Chapel Rd, Depauw, IN, 47115		() Owner <redacted>				
Owner Kimberly Sanders		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 06/12/2019	
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)			
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						

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Section#	C/NC	R	Narrative	To Be Corrected By
			No discrepancies	

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