



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 Spec 4		Telephone Number (812-319-4256 (<u>redacted</u>) Owner)	Date of Inspection (mm/dd/yr) 06/20/2019	ID # 13032
Establishment Address (number and street, city, state, zip code) 121 Walnut St, Evansville, Indiana, 47713				
Owner Robert Bailey	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 06/30/2019	
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				
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):		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name J's Sportsbar & Grill		Telephone Number (812-401-2268	Date of Inspection (mm/dd/yr) 06/21/2019	ID # 12281	
Establishment Address (number and street, city, state, zip code) 1602 S Vann Ave, Evansville, IN, 47714		() Owner <redacted>			
Owner John Higgins	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 07/01/2019		
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 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 Dream Center	Telephone Number (812-401-5558 <small>(Establishment)</small> <small>(Owner)</small> (<redacted>)	Date of Inspection (mm/dd/yr) 06/19/2019	ID # 12085																		
Establishment Address (number and street, city, state, zip code) 16 W Morgan Ave, Evansville, IN, 47710		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose:</td> <td style="width:50%;">Follow-up</td> <td style="width:50%;">Release Date</td> </tr> <tr> <td><input checked="" type="checkbox"/> Routine</td> <td>No</td> <td>06/29/2019</td> </tr> <tr> <td><input type="checkbox"/> Follow-up</td> <td colspan="2" rowspan="2"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td><input type="checkbox"/> Complaint</td> </tr> <tr> <td><input type="checkbox"/> Pre-Operational</td> <td colspan="2" rowspan="3"> 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> <tr> <td><input type="checkbox"/> Temporary</td> </tr> <tr> <td><input type="checkbox"/> HACCP</td> </tr> <tr> <td><input type="checkbox"/> Other (list)</td> <td colspan="2"></td> </tr> </table>		Purpose:	Follow-up	Release Date	<input checked="" type="checkbox"/> Routine	No	06/29/2019	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Operational	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"/>		<input type="checkbox"/> Temporary	<input type="checkbox"/> HACCP	<input type="checkbox"/> Other (list)		
Purpose:	Follow-up			Release Date																	
<input checked="" type="checkbox"/> Routine	No			06/29/2019																	
<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>																				
<input type="checkbox"/> Complaint																					
<input type="checkbox"/> Pre-Operational	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"/>																				
<input type="checkbox"/> Temporary																					
<input type="checkbox"/> HACCP																					
<input type="checkbox"/> Other (list)																					
Owner Bill Scruggs																					
Owner's Address <redacted>																					
Person in Charge <redacted>																					
Responsible Person's E-mail <redacted>																					
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 Washington Food Mart	Telephone Number (812-402-2101) (<redacted>)	Date of Inspection (mm/dd/yr) 06/20/2019	ID # 11999
Establishment Address (number and street, city, state, zip code) 1000 Washington Ave, Evansville, IN, 47714	Owner (<redacted>)	Follow-up No	Release Date 06/30/2019
Owner Amit Arora	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>	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 6/11/2019 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 Los Portales Grill, Inc.		Telephone Number (812-475-0566)	Date of Inspection (mm/dd/yr) 06/21/2019	ID # 11961
Establishment Address (number and street, city, state, zip code) 3339 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Mario Jacobo	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 07/01/2019	
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) 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
345	C		Hand sinks being used for purpose other than hand washing.	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 St Pauls United Church of Christ	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 06/19/2019	ID # 11785
Establishment Address (number and street, city, state, zip code) 8701 Big Cynthiana Rd, Evansville, IN, 47720		Follow-up No	Release Date 06/29/2019
Owner St Pauls United Church of Christ	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:	
Owner's Address <redacted>		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):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name Gas & Food Mart	Telephone Number (812-477-2920)	Date of Inspection (mm/dd/yr) 06/20/2019	ID # 11692
Establishment Address (number and street, city, state, zip code) 2912 Lincoln Ave, Evansville, IN, 47715		Owner () Owner	
Owner Shiva Hari Khatri	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 06/30/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>1</u> NC <u>1</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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
415	C		Pest activity at bulk powder dispenser.	06/20/2019
431	NC		Ceiling tiles need replaced.	06/27/2019

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 Frontier Restaurant and Bar		Telephone Number (812-867-6786	Date of Inspection (mm/dd/yr) 06/21/2019	ID # 11665
Establishment Address (number and street, city, state, zip code) 12945 Highway 57, Evansville, IN, 47720		(_____) Owner <redacted>		
Owner John Backes	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 07/01/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 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
138	NC		Employee lacking proper hair restraint.	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 Super 8 Motel			Telephone Number (812-476-4008	Date of Inspection (mm/dd/yr) 06/20/2019	ID # 11562	
Establishment Address (number and street, city, state, zip code) 4600 E Morgan Ave, Evansville, IN, 47715			(^{Establishment} Owner) <redacted>			
Owner JATIN PATEL			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) _____	Follow-up No	Release Date 06/30/2019	
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 <redacted>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>						
<ul style="list-style-type: none"> • 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):			
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Establishment Name KC's Corner Pocket	Telephone Number (812-428-2255 (<redacted>)	Date of Inspection (mm/dd/yr) 06/17/2019	ID # 11507
Establishment Address (number and street, city, state, zip code) 1819 N Fulton 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) _____	Follow-up No	Release Date 06/27/2019
Owner Kerry Chesser Jr		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 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>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name TACO BELL #28898	Telephone Number (812-475-1895) (<redacted>)	Date of Inspection (mm/dd/yr) 06/20/2019	ID # 11383
Establishment Address (number and street, city, state, zip code) 1580 Vann Ave., Evansville, IN, 47714			
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 Yes	Release Date 06/30/2019
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) 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
324	C		Establishment lacking grease trap log.	06/20/2019

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Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Sam's Pizzeria		Telephone Number (812-423-3160)	Date of Inspection (mm/dd/yr) 06/19/2019	ID # 11295
Establishment Address (number and street, city, state, zip code) 2011 Delaware St, EVANSVILLE, IN, 47712		<redacted>		
Owner David Frank	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 06/29/2019	
Owner's Address <redacted>		Summary of Violations: C 0 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				
Certified Food Handler <redacted>				

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			No noted violations.	

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Establishment Name Red Lobster # 0058	Telephone Number (812-477-9227)	Date of Inspection (mm/dd/yr) 06/21/2019	ID # 11278
Establishment Address (number and street, city, state, zip code) 4605 Bellemeade Ave., Evansville, IN, 47714	() Owner <redacted>		
Owner Red Lobster Restaurants, 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 07/01/2019
Owner's Address <redacted>	Summary of Violations: C <u> 1 </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
173	C		Improper storage of raw shrimp.	Corrected

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 Corner Bar & Grill	Telephone Number (812-425-5059 <small>(Establishment)</small> (<redacted>) <small>Owner</small>	Date of Inspection (mm/dd/yr) 06/18/2019	ID # 11171
Establishment Address (number and street, city, state, zip code) 2668 Mt. Vernon Ave., Evansville, IN, 47712			
Owner Thomas A Diehl	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 06/28/2019
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>0</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>			

- 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:	cc:
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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

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Establishment Name Chopstick House	Telephone Number (812-473-5551 <small>(Establishment)</small> (<redacted> <small>(Owner)</small>	Date of Inspection (mm/dd/yr) 06/21/2019	ID # 11151				
Establishment Address (number and street, city, state, zip code) 5412 E Indiana St, Evansville, IN, 47715	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) _____						
Owner Eddie & Karen Kung							
Owner's Address <redacted>							
Person in Charge <redacted>							
Responsible Person's E-mail 							
Certified Food Handler <redacted>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Follow-up No</td> <td style="width: 50%;">Release Date</td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">07/01/2019</td> </tr> </table>			Follow-up No	Release Date	No	07/01/2019
Follow-up No	Release Date						
No	07/01/2019						
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 type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>							

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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
			Follow-up from inspection on 3/29/19. All violations 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 Express		Telephone Number (812-428-3838)	Date of Inspection (mm/dd/yr) 06/18/2019	ID # 11145
Establishment Address (number and street, city, state, zip code) 1505 S Governor St., Evansville, IN, 47713		(Establishment) Owner <redacted>		
Owner Quan Tran	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 06/28/2019	
Owner's Address <redacted>	Summary of Violations: C 0 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				
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
			Corrected all violation from 5/9/19	

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 Camp Reveal		Telephone Number (812)4235244	Date of Inspection (mm/dd/yr) 06/19/2019	ID # 11125
Establishment Address (number and street, city, state, zip code) 1040 W Boon-New Harmony, Evansville, IN, 47725		() Owner		
Owner Camp Reveal		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 06/29/2019
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 checked="" type="radio"/> 3 <input 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 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 Long John Silver's		Telephone Number (812-476-3662)	Date of Inspection (mm/dd/yr) 06/17/2019	ID # 11095
Establishment Address (number and street, city, state, zip code) 1015 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner LJS OPCO ONE, 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 06/27/2019	
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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- 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:



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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 Lamasco Bar & Grill	Telephone Number (812-437-0171)	Date of Inspection (mm/dd/yr) 06/20/2019	ID # 11076
Establishment Address (number and street, city, state, zip code) 1331 W Franklin St, Evansville, IN, 47710	() Owner <redacted>		
Owner Amy Word	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 06/30/2019
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 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 Quick Mart	Telephone Number (812-477-7588)	Date of Inspection (mm/dd/yr) 06/20/2019	ID # 11048
Establishment Address (number and street, city, state, zip code) 2508 Washington Ave., Evansville, IN, 47714		Owner <redacted>	
Owner Divyal Patel	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 06/30/2019
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 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>			

- 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
345	C		Hand washing sink being used for purpose other than hand washing.	Corrected
177	C		Food for self service not properly wrapped.	06/20/2019

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 Fazoli's #1632		Telephone Number (812-474-9167) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 06/18/2019	ID # 10964
Establishment Address (number and street, city, state, zip code) 899 N Green River Rd, Evansville, IN, 47715		<redacted> <small>(Owner)</small>		
Owner FAZOLI'S JOINT VENTURE, LTD		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 06/28/2019
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 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:	cc:	



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Establishment Name Trailer Treats	Telephone Number (812) 486-7765	Date of Inspection (mm/dd/yr) 06/19/2019	ID # 13936
Establishment Address (number and street, city, state, zip code) 8144 East 440 North, Montgomery, IN, 47558		Owner () Owner	
Owner Albert Knepp, Jr.	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 06/29/2019
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) 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>			

- 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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Establishment Name Sunshine Juice Co		Telephone Number (812-549-6192)	Date of Inspection (mm/dd/yr) 06/18/2019	ID # 14067
Establishment Address (number and street, city, state, zip code) 2017 W Franklin St, Evansville, IN, 47712		(<small>Business</small>) <redacted>		
Owner Erin Collier	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 06/28/2019	
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>				

• 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>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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