



Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
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 Milk and Sugar	Telephone Number (812-202-0136) () Owner <redacted>	Date of Inspection (mm/dd/yr) 11/12/2019	ID # 13185
Establishment Address (number and street, city, state, zip code) 2027 Suite B W Franklin St, Evansville, Indiana, 47712	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		
Owner Alisha Didia		Follow-up Yes	Release Date 11/22/2019
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler <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
342	NC		Water temperature under 100 degrees at hand sink.	11/13/2019

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 Milk and Sugar		Telephone Number (812-202-0136)	Date of Inspection (mm/dd/yr) 11/14/2019	ID # 13185
Establishment Address (number and street, city, state, zip code) 2027 Suite B W Franklin St, Evansville, Indiana, 47712		() Owner <redacted>		
Owner Alisha Didia	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 11/24/2019	
Owner's Address <redacted>		Summary of Violations: C_0 NC_0 R_0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 11-12-2019.	
			All violations were 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 Franklin Street Pizza Factory		Telephone Number (765-749-5969)		Date of Inspection (mm/dd/yr) 11/13/2019		ID # 12993	
Establishment Address (number and street, city, state, zip code) 2033 W Franklin St, Evansville, Indiana, 47712		() Owner <redacted>					
Owner James Michael Wathen		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 11/23/2019	
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							
Certified Food Handler <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"/>			

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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 DQ Grill & Chill	Telephone Number (812-401-2232)	Date of Inspection (mm/dd/yr) 11/14/2019	ID # 12344
Establishment Address (number and street, city, state, zip code) 2720 N Green River Rd, Evansville, IN, 47715	Owner (<redacted>)		
Owner Barry Nasserri & Logan Nasserri	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 11/24/2019
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>		

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violations from 11/7/2019 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 Highland Inn		Telephone Number (812-909-1500	Date of Inspection (mm/dd/yr) 11/15/2019	ID # 12126
Establishment Address (number and street, city, state, zip code) 6620 N First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Rodney & Paige Miller	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/25/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0		
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
431	NC		Hood vent in need of cleaning.	11/19/2019

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



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Establishment Name Market Street Living	Telephone Number (812-402-9955	Date of Inspection (mm/dd/yr) 11/12/2019	ID # 12062
Establishment Address (number and street, city, state, zip code) 301 NW 3rd St, Evansville, IN, 47708	() Owner <redacted>		
Owner Riverwalk Development LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up Yes	Release Date 11/22/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
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
285	NC		Dish machine not reaching a final temperature of 160 degrees for sanitation.	11/13/2019

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 Firehouse Subs		Telephone Number (812-909-4445)	Date of Inspection (mm/dd/yr) 11/11/2019	ID # 12009
Establishment Address (number and street, city, state, zip code) 1031 N Green River Rd. #102, Evansville, IN, 47715		() Owner <redacted>		
Owner Mickey McKee	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/21/2019	
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			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:	