



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCHD 435-5695

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 Major Munch	Telephone Number (812) Establishment 812-270-869- () Owner 7816	Date of Inspection (mm/dd/yr) 1-30-15	ID #
Establishment Address (number and street, city, state, ZIP code) 101 NW 1st St. Evansville IN 47708	Owner	Follow-up N	Release Date 2-9-15
Owner's Address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C - NC - R -	
Person in Charge David Siewert		Menu Type (See back of page) 1 2 3 <u>X</u> 4 5	
Responsible Person's E-mail			
Certified Food Handler David Siewert			

- 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	
			grease trap cleaned 1-21-15 less than 1gal monthly	

Received by (name and title printed): X David W Siewert	Inspected by (name and title printed): Katie Greller
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Establishment Name West Haven Chalet Inc.	Telephone Number () Establishment 812-985-7993 () Owner	Date of Inspection (mm/dd/yr) 1-30-15	ID #
Establishment Address (number and street, city, state, ZIP code) 5510 Booker Rd Evansville IN 47720	Owner	Follow-up N	Release Date 2-9-15
Owner's Address	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: CO NC0 RO	
Person in Charge Don Bolin		Menu Type (See back of page)	
Responsible Person's E-mail		1 2 3X 4 5	
Certified Food Handler Rachel Bolin			

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Section#	C/NC	R	Narrative	To Be Corrected By
			no discrepancies	
			grease trap cleaned 1-17-15 5lbs 2x a year	

Received by (name and title printed): X Donald V. Bolin Sr	Inspected by (name and title printed): Katie Greller
Received by (signature): X Donald V. Bolin Sr	Inspected by (signature): Katie Greller
cc:	cc:



**RETAIL FOOD ESTABLISHMENT
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VCHD 435-5616

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 Lincoln Gardens	Telephone Number () Establishment 471-0881	Date of Inspection (mm/dd/yr) 13015	ID # 82 02
Establishment Address (number and street, city, state, ZIP code) 2001 LINCOLN	() Owner	Follow-up Yes	Release Date 2-9-15
Owner Jenny Zhang	Purpose: <u>1. Routine</u>	Summary of Violations: C 6 NC 6 R	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Jenny Zhang	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
129	C		Food employees not washing hands	corrected
173	C		Raw chicken stored over ready to eat food	1-30-15
234	NC		Wet wiping cloths improperly stored	corrected
205	C		Scoops needed for bulk products	1-30-15
191	C		No date marking	1-30-15
295	C		Food contact surfaces of knives soiled	1-30-15
295	NC		Non food contact surfaces of equipment (crock pot) soiled	1-30-15
345				
346	NC		No soap at handsink	1-30-15
347	NC		No disposable towels at handsink	1-30-15
431	NC		Facility in need of cleaning - walls handles of walk in	1-30-15
245	NC		No sanitizer buckets set up	corrected
304	C		No grease trap maintenance log available	1-30-15

Received by (name and title printed): Julia Kitroner-TRAN	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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Establishment Name THE GARDEN SCHOOL	Telephone Number () Establishment 475-0277 Owner	Date of Inspection (mm/dd/yr) 1-29-15	ID # 82 01	
Establishment Address (number and street, city, state, ZIP code) 4910 E. RIVERSIDE	Owner LYDEN & RUSSELL	Follow-up NO	Release Date 2-	
Owner's Address	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 0 R 0		
Person in Charge X Judy Lyden		Menu Type (See back of page)		
Responsible Person's E-mail		1 2 3 4 5		
Certified Food Handler X Judy Lyden				
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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES.	
Received by (name and title printed): X Judy Lyden			Inspected by (name and title printed): JAMES CLEMONS	
Received by (signature): X Judy Lyden			Inspected by (signature): <i>[Signature]</i>	
cc:		cc:		cc:



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Establishment Name Honey Baked Ham	Telephone Number () Establishment 812 492-4567 () Owner	Date of Inspection (mm/dd/yr) 1-28-15	ID #
Establishment Address (number and street, city, state, ZIP code) 315 Main St. Evansville IN 47108	Owner	Follow-up 1 month	Release Date
Owner's Address	Purpose: <input checked="" type="checkbox"/> Opening 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP <input checked="" type="checkbox"/> Other (list) opening	Summary of Violations: C _ NC _ R _	
Person in Charge Lianne Koontz	Responsible Person's E-mail	Menu Type (See back of page) 1 _ 2 _ 3 <input checked="" type="checkbox"/> 4 _ 5 _	
Certified Food Handler Mark Hudson			

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Section#	C/NC	R	Narrative	To Be Corrected By
			approved to open.	
			- label spray bottles	
			- clean hand sink / only use for hands	
			- test kit for sanitizer	
			- post grease trap log	
			- disposable towels for hand sink.	

Received by (name and title printed): Mark Hudson	Inspected by (name and title printed): Katie Gretler
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name <i>Kitchen sink pizza's of Evansville</i>	Telephone Number <i>812-305-4412</i>	Date of Inspection <i>1-28-15</i>	ID #
Establishment Address <i>815 John St Evansville IN 47708</i>	Establishment Owner	Follow-up <i>N</i>	Release Date <i>2-7-15</i>
Owner	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: <i>C - NC - R</i>	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Tom Groves</i>	3. Complaint	1 <u> </u> 2 <input checked="" type="checkbox"/> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Tom Groves</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
			<i>no discrepancies</i>	
			<i>grease trap same as Susan Swader 6-10-14 yearly less than 1 gal</i>	

Received by (name and title printed): <i>X TOM GROVES</i>	Inspected by (name and title printed): <i>Katie Gretler</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: