



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 4355695

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 <b>Hornville Tavern</b>	Telephone Number (812) Establishment <b>963-0967</b>	Date of Inspection (mm/dd/yr) <b>2-9-15</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>2607 W. Baseline Rd. Evansville IN 47720</b>	( ) Owner	Follow-up <b>1 week</b>	Release Date <b>2-19-15</b>
Owner	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: <b>C 2 NC 2 R</b>	
Owner's Address		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>Kate Schneider</b>			
Responsible Person's E-mail			
Certified Food Handler <b>Debbie Schneider</b>			

- 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
290	NC		dish machine soiled clean & delime	2-15-15
295	C		walk-in behind bar soiled walls and ceiling. clean	2-15-15
177	NC		foods in walk-ins not covered with lids or plastic wrap.	2-9-15
294	C		wet wiping clothes not stored in chemical sanitizer	2-9-15
			no grease trap on septic	

Received by (name and title printed): <b>Kate Schneider</b>	Inspected by (name and title printed): <b>Katie Greffler</b>
Received by (signature): <i>Kate Schneider</i>	Inspected by (signature): <i>Katie Greffler</i>
cc:	cc:



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 48669 (R2/2-05)  
SDH Form 51-0001

VCHD  
4355616

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 <i>Edwards School</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>2/11/15</i>	ID # <i>8202</i>
Establishment Address (number and street, city, state, ZIP code) <i>837 Tulip School</i>		Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>
Owner <i>EVSC</i>	Owner's Address	Release Date <i>2/21/15</i>	Summary of Violations:  <i>C O N C O R</i>
Person in Charge <i>Teresa Thomas</i>	Responsible Person's E-mail	Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler <i>Teresa Thomas</i>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No Noted Violations!</i>	

Received by (name and title printed): <i>Teresa Thomas</i>	Inspected by (name and title printed): <i>Coral Condit</i>
Received by (signature): <i>Teresa Thomas</i>	Inspected by (signature): <i>Coral Condit</i>
cc:	cc:



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)  
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V C H D  
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 <b>TOKYO JAPAN</b>		Telephone Number ( ) Establishment <b>(404) 1020</b>		Date of Inspection (mm/dd/yr) <b>2-11-15</b>	ID # <b>82</b>
Establishment Address (number and street, city, state, ZIP code) <b>3000 N GREEN RIVER RD</b>					<b>01</b>
Owner <b>MING TAO</b>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)		Follow-up <b>NO</b>	Release Date <b>2-21-15</b>	
Owner's Address				Summary of Violations: <b>C 2 NC 1 R 0</b>	
Person in Charge <b>[Signature]</b>				Menu Type (See back of page)	
Responsible Person's E-mail				<b>1 2 3 4 5</b>	
Certified Food Handler <b>X WEI LIANG</b>					

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Section#	C/NC	R	Narrative	To Be Corrected By
303	C		NO SANITIZING CONTAINERS	CORRECTED
296	C		WRAPS ON SUSHI BAMBOO NOT CHANGED EVERY 4 HRS WHEN IN USE.	CORRECTED
234	NC		UTENSILS STORED IN STANDING WATER	CORRECTED

Received by (name and title printed): <b>[Signature]</b>	Inspected by (name and title printed): <b>JAMES CLEMONS</b>
Received by (signature): <b>[Signature]</b>	Inspected by (signature): <b>[Signature]</b>
cc:	cc:



# 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.

<b>Establishment Name</b> HILTON GARDEN	<b>Telephone Number</b> ( ) Establishment 476-4180 Owner	<b>Date of Inspection</b> (mm/dd/yr) 2-11-15	<b>ID #</b> 82 01
<b>Establishment Address</b> (number and street, city, state, ZIP code) 220 EAGLE CREST DR.	<b>Purpose:</b> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	<b>Follow-up</b> NO	<b>Release Date</b> 2-21-15
<b>Owner</b> DANN GP.		<b>Summary of Violations:</b> CONCORD	
<b>Owner's Address</b>	<b>Menu Type</b> (See back of page) 1 2 3 4 5	<b>Person in Charge</b> X Rodney Robertson	
<b>Responsible Person's E-mail</b>		<b>Responsible Person's E-mail</b>	
<b>Certified Food Handler</b> X Eve Rakestraw		<b>Certified Food Handler</b>	

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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES	

<b>Received by (name and title printed):</b> X Rodney Robertson	<b>Inspected by (name and title printed):</b> JAMES CLEMMENS
<b>Received by (signature):</b> X Rodney Robertson	<b>Inspected by (signature):</b> James Clemens
cc:	cc:



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)  
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UCFD  
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 <b>HAMPTON INN</b>	Telephone Number ( ) Establishment <b>(473-5000)</b>	Date of Inspection (mm/dd/yr) <b>2-11-15</b>	ID # <b>82</b>
Establishment Address (number and street, city, state, ZIP code) <b>8000 EAGLE CREST BLVD</b>	( ) Owner		<b>01</b>
Owner <b>ASHFORD</b>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>2-21-15</b>
Owner's Address		Summary of Violations: <b>C 0 NC 2 R 0</b>	
Person in Charge <b>MARY UKPONNA</b>		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>SUE RUCKARD</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			<b>NO DISCREPANCIES.</b>	

Received by (name and title printed): <b>Mary Ukponna</b>	Inspected by (name and title printed): <b>JAMES CLEMANIS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name <b>CITY TACO</b>	Telephone Number ( ) Establishment <b>(477-1965)</b>	Date of Inspection (mm/dd/yr) <b>2-11-15</b>	ID # <b>82</b>
Establishment Address (number and street, city, state, ZIP code) <b>2403 WASHINGTON AVE</b>	( ) Owner <b>(477-1965)</b>	<b>01</b>	
Owner <b>JASON MANOR</b>	Purpose: <input checked="" type="radio"/> Routine	Follow-up <b>NO</b>	Release Date <b>2-21-15</b>
Owner's Address	2. Follow-up	Summary of Violations:  <b>C <u>0</u> NC <u>2</u> R <u>0</u></b>	
Person in Charge <b>X Betty</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)  <b>1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u></b>	
Certified Food Handler <b>X Betty</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
			<b>NO DISCREPANCIES.</b>	

Received by (name and title printed): <b>X Betty Shuler</b>	Inspected by (name and title printed): <b>JAMES CLEMENS</b>
Received by (signature): <b>X Betty</b>	Inspected by (signature): <b>James Clemens</b>
cc:	cc:



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Establishment Name <b>HORNETS NEST</b>	Telephone Number ( ) Establishment <b>(867-2386)</b>	Date of Inspection (mm/dd/yr) <b>2-11-15</b>	ID # <b>82</b>
Establishment Address (number and street, city, state, ZIP code) <b>11845 PETERSBURGH Rd</b>			<b>01</b>
Owner <b>DERRICK WRIGHT</b>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>2-21-15</b>
Owner's Address		Summary of Violations: <b>C / NC 3 R</b>	
Person in Charge <b>X Rebecca Smith</b>		Menu Type (See back of page)	
Responsible Person's E-mail		<b>1 2 (3) 4 5</b>	
Certified Food Handler <b>X Rebecca Smith</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		SOME ITEMS IN WALKIN NOT DATE MARKED	2-11
431	NC		WALL UNDER AND BEHIND DISHWASHER SOILED	2-15
430	NC		WALL BY SWAPPLE MACHINE NOT FINISHED	2-28
295	NC		LARGE POTS HEAVILY ENCRUSTED WITH GREASE	2-12

Received by (name and title printed): <b>X Rebecca Smith</b>	Inspected by (name and title printed): <b>JAMES CLEMENS</b>
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 <i>Evansville Country Club</i>	Telephone Number ( ) Establishment <i>812 425-2243</i> ( ) Owner	Date of Inspection (mm/dd/yr) <i>2-11-15</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>3810 Stringtown Rd. Evansville, IN 47710</i>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>N</i>	Release Date <i>2-15-15</i>
Owner <i>Gary Shetler</i>	Owner's Address	Summary of Violations: <i>C ___ NC ___ R ___</i>	
Person in Charge <i>Gary Shetler</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 ___ 2 ___ 3 <del>4</del> 5 ___</i>	
Certified Food Handler <i>Bake Kalka</i>			

- 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
			<i>Corrected all violations from 2-5-15 inspection</i>	

Received by (name and title printed): <i>* Gary Shetler</i>	Inspected by (name and title printed): <i>Katie Greller</i>
Received by (signature): <i>* Gary Shetler</i>	Inspected by (signature): <i>Katie Greller</i>
cc:	cc:





# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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SDH Form 51-0001

VCH10 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 <b>Nisbet Inn</b>	Telephone Number ( ) Establishment <b>812 963-9305</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>2-11-15</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>6701 Nisbet Rd. Haubstadt IN 47639</b>	Owner	Follow-up <b>N</b>	Release Date <b>2-21-15</b>
Owner's Address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C - NC - R -</b>	
Person in Charge <b>Becky Haul</b>		Menu Type (See back of page) <b>1 2 3 <u>K</u> 4 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>Becky Haul</b>			

- 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 discrepancies	
			no grease trap on septic	

Received by (name and title printed): <b>* REBECCA HARK</b>	Inspected by (name and title printed): <b>Katie Greller</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD  
812-485-5695

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 <i>Tropicana</i>	Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr) <i>2/10/15</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>700 NW Riverside</i>	( ) Owner	Follow-up <i>NO</i>	Release Date <i>2/20/15</i>
Owner <i>Tropicana</i>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: C ___ NC <u>3</u> R ___	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Rachel Cartwright</i>	3. Complaint	1 ___ 2 ___ 3 <u>4</u> 5 ___	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Rachel Cartwright</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
<i>430</i>	<i>NC</i>		<i>prep room soiled wall &amp; ceiling at oven.</i>	
<i>430</i>			<i>Main kitchen air vents soiled</i>	
<i>435</i>	<i>NC</i>		<i>Upstairs kitchen mop sink, improper storage of mops.</i>	
<i>436</i>	<i>NC</i>		<i>Upstairs kitchen gloves improperly stored at dish machine &amp; prep shelving</i>	

Received by (name and title printed): <i>Rachel Cartwright</i>	Inspected by (name and title printed): <i>Christian Borowiecki EHS</i>
Received by (signature): <i>Rachel Cartwright</i>	Inspected by (signature): <i>Christian Borowiecki EHS</i>
cc: <i>Meghan Smith RN</i>	cc:

















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VCHP  
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 <i>SWONDER ICE ARUBA</i>		Telephone Number ( ) Establishment ( ) Owner <i>305-1177</i>	Date of Inspection (mm/dd/yr) <i>2-13-15</i>	ID # <i>8201</i>
Establishment Address (number and street, city, state, ZIP code) <i>209 N. BOKE</i>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>2-23-15</i>
Owner <i>KASSY LAUER</i>			Summary of Violations: <i>C 0 NC 12 R 0</i>	
Owner's Address		Menu Type (See back of page) <i>1 2 3 4 5</i>		
Person in Charge <i>HILLARY LUENY</i>				
Responsible Person's E-mail		Certified Food Handler <i>KASSY LAUER</i>		

• 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
			<i>NO DISCREPANCIES.</i>	

Received by (name and title printed): <i>HILLARY LUENY</i>	Inspected by (name and title printed): <i>JAMES CLEMONS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name <i>Dimitrios Best Waffle</i>	Telephone Number ( ) Establishment <i>473-7944</i> ( ) Owner	Date of Inspection (mm/dd/yr) <i>2-13-15</i>	ID # <i>82</i>
Establishment Address (number and street, city, state, ZIP code) <i>4819 Tecumseh Lane</i>	Owner <i>Shiv Vandan LLC</i>	Follow-up <i>NO</i>	Release Date <i>2-23-15</i>
Owner's Address	Person in Charge <i>Dan Patel</i>	Summary of Violations: <i>C O N C O R D</i>	
Responsible Person's E-mail	Certified Food Handler <i>N/A</i>	Menu Type (See back of page) <i>3 4 5</i>	
Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)			

- 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
			<i>NO DISCREPANCIES.</i>	

Received by (name and title printed): <i>Dan Patel</i>	Inspected by (name and title printed): <i>James Clements</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**RETAIL FOOD ESTABLISHMENT  
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Establishment Name <b>Flamas Grill</b>		Telephone Number ( ) Establishment <b>(812) 766-5138</b>		Date of Inspection (mm/dd/yr) <b>2-13-15</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>103 S. Weinbach Ave. Evansville IN 47714</b>		Owner <b>John Johnson</b>		Follow-up <b>N</b>	Release Date <b>2-23-15</b>
Owner's Address		Purpose: 1. Routine <u>2. Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Summary of Violations: <b>C ___ NC ___ R ___</b>	
Person in Charge <b>John Johnson</b>		Responsible Person's E-mail		Menu Type (See back of page) <b>1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___</b>	
Certified Food Handler <b>John Johnson</b>					

• 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
			from 1-27-15 inspection	
			corrected - items now date marked in reach-ins.	
			corrected: hood vent covers in place	
			corrected: 3 compartment sink leak.	

Received by (name and title printed): <b>X JOHN JOHNSON</b>		Inspected by (name and title printed): <b>Katie Bretter</b>	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	cc:



# 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 <b>Piston's</b>	Telephone Number (812) Establishment <b>453-0192</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>2-13-15</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>2131 W. Franklin St. Evansville IN 47712</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>N</b>	Release Date <b>2-23-15</b>
Owner's Address		Summary of Violations: <b>C 0 NC 1 R 0</b>	
Person in Charge <b>Jason English</b>		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>Dante / Randy Dunn</b>			

- 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
426	NC		remove outdoor cooking equipment from property	
			new grease trap not cleaned yet	

Received by (name and title printed): <b>JASON ENGLISH</b>	Inspected by (name and title printed): <b>Katie Gretter</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 4355095

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 <b>Old Mill</b>	Telephone Number ( <b>812</b> ) Establishment ( <b>9636000</b> ) Owner	Date of Inspection (mm/dd/yr) <b>2-13-15</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>5031 New Harmony Rd. Evansville IN 47720</b>	Purpose: <b>1. Routine</b>	Follow-up <b>N</b>	Release Date <b>2-23-15</b>
Owner's Address	2. Follow-up	Summary of Violations: <b>C</b> <input type="checkbox"/> <b>NC</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/>	
Person in Charge <b>Sandy Mazzier</b>	3. Complaint	Menu Type (See back of page) <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input checked="" type="checkbox"/> <b>5</b> <input type="checkbox"/>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Sandy Mazzier</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			corrected: now date marking items in reach-ins, removed moldy bags used for food storage, beer reach-in has been defrosted and shelving unit / soda storage cleaned	

Received by (name and title printed): <b>X Sandra Mazzier</b>	Inspected by (name and title printed): <b>Katie Oretter</b>
Received by (signature): <b>X SANDRA MAZZIER</b>	Inspected by (signature): <b>Katie Oretter</b>
cc:	cc:



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCITD  
4365616

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.

<b>Establishment Name</b> <i>Showplace Cinemas</i>	<b>Telephone Number</b> <i>4251386</i>	<b>Date of Inspection (mm/dd/yr)</b> <i>2.13.15</i>	<b>ID #</b> <i>02 02</i>
<b>Establishment Address (number and street, city, state, ZIP code)</b> <i>4200 Third</i>	<b>Owner</b> <i>North Park Cinemas</i>	<b>Follow-up</b> <i>NO</i>	
<b>Owner's Address</b>	<b>Release Date</b> <i>2.23.15</i>		
<b>Person in Charge</b> <i>Sara Kartzel</i>	<b>Purpose:</b> <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) _____	<b>Summary of Violations:</b>  <i>C 0 NC 2 R</i>	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b>			
<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>			

Section#	C/NC	R	Narrative	To Be Corrected By
<i>295</i>	<i>NC</i>		<i>Non food contact surfaces of lid &amp; napkin holder</i>	<i>2-13-15</i>
<i>431</i>	<i>NC</i>		<i>Cabinets need repair</i>	<i>need clearing 3-13-15</i>

<b>Received by (name and title printed):</b> <i>Sara Kartzel</i>	<b>Inspected by (name and title printed):</b> <i>Carol Goudreau</i>
<b>Received by (signature):</b> 	<b>Inspected by (signature):</b> 
<b>cc:</b>	<b>cc:</b>



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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 <b>Chavas Mexican Grill</b>	Telephone Number ( <b>401 1977</b> ) Establishment	Date of Inspection (mm/dd/yr) <b>2 13 15</b>	ID # <b>82</b>
Establishment Address (number and street, city, state, ZIP code) <b>4202 A First Ave</b>	( ) Owner	Follow-up <b>Yes</b>	Release Date <b>2 23 15</b>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (use)	Summary of Violations: <b>C 0 NC 0 R</b>	
Owner's Address <b>Mario Brothers</b>		Menu Type (See back of page) <b>1 2 / 3 4 5</b>	
Person in Charge			
Responsible Person's E-mail			
Certified Food Handler <b>Maria Leon</b>	<b>FACT</b>		

- 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
			<b>OK to Open</b>	

Received by (name and title printed): <b>Alliana Y Leon</b>	Inspected by (name and title printed): <b>Carol Condrast</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 4355616

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: Skyway Shale; Telephone Number: (473) 291-5; Date of Inspection: 2/13/15; ID #: 8202; Purpose: 1. Routine; Follow-up: 60; Release Date: 2/23/15; Summary of Violations: C 0 NC 0 R 0; Menu Type: 1/2/3/4/5

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No Noted Violations!'

Received by (name and title printed): Kaye Durbin; Inspected by (name and title printed): Chad G...; Received by (signature): Kaye Durbin; Inspected by (signature): Chad G...; cc: