



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 <u>RELIABLE CARE</u>		Telephone Number () Establishment <u>472-1707</u> () Owner	Date of Inspection (mm/dd/yr) <u>1-23-15</u>	ID # <u>82</u> <u>01</u>
Establishment Address (number and street, city, state, ZIP code) <u>5130 Vogel Rd.</u>		Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <u>NO</u>	Release Date <u>2-3-15</u>
Owner <u>JOE FALLEN</u>	Summary of Violations: <u>CO NCQ RO</u>			
Owner's Address	Menu Type (See back of page) <u>1 2 3 4 5</u>			
Person in Charge <u>X Joe Fallen</u>				
Responsible Person's E-mail				
Certified Food Handler <u>X [Signature] Joe Fallen</u>				

- 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
			<u>NO DISCREPANCIES</u>	

Received by (name and title printed): <u>X Joe Fallen</u>	Inspected by (name and title printed): <u>JAMES CLERSON</u>
Received by (signature): <u>X [Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:



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Establishment Name STARBUCKS		Telephone Number () Establishment (481-7271) Owner		Date of Inspection (mm/dd/yr) 1-23-15	ID # 8201
Establishment Address (number and street, city, state, ZIP code) 6401 E. Lloyd Exp		Owner STARBUCKS		Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up Release Date
Owner's Address		Person in Charge Brittany J. Freeman		Summary of Violations: C <u>0</u> NC <u>0</u> RO <u>0</u>	
Responsible Person's E-mail		Certified Food Handler Megan Kayshap		Menu Type (See back of page) 1 2 <u>3</u> 4 5	

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

Received by (name and title printed): Brittany J. Freeman	Inspected by (name and title printed): JAMES CLUMONS
Received by (signature): <i>Brittany J. Freeman</i>	Inspected by (signature): <i>James Clumons</i>
cc:	cc:



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U CHD
435-5695

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Establishment Name GOD'S KIDS PRESCHOOL		Telephone Number () Establishment 857-5735	Date of Inspection (mm/dd/yr) 1-23-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 9505 PETERSBURGH RD.		() Owner		
Owner MC GUTCHANVILLE COMMUNITY Church	Purpose: <input checked="" type="checkbox"/> 1. Routine	Follow-up NO	Release Date 8-3-15	
Owner's Address	<input type="checkbox"/> 2. Follow-up	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge Rhia Hardin	<input type="checkbox"/> 3. Complaint	Menu Type (See back of page)		
Responsible Person's E-mail	<input type="checkbox"/> 4. Pre-Operational	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5		
Certified Food Handler KENDRA RISESI	<input type="checkbox"/> 5. Temporary			
	<input type="checkbox"/> 6. HACCP			
	<input type="checkbox"/> 7. Other (list)			

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

Received by (name and title printed): Rhia Hardin	Inspected by (name and title printed): JAMES CLEMENS
Received by (signature): <i>Rhia Hardin</i>	Inspected by (signature): <i>James Clemens</i>
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
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VCHD
435-5895

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 BIG LOTS	Telephone Number () Establishment 473-9483 () Owner	Date of Inspection (mm/dd/yr) 1-23-15	ID # 82 01
Establishment Address (number and street, city, state, ZIP code) 720 S. GREEN RIVER RD.			
Owner BIG LOTS	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) opening	Follow-up NO	Release Date 2-3-15
Owner's Address		Summary of Violations: C 0 NC 0 R 0	
Person in Charge JOSH SEAYER		Menu Type (See back of page) 0 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler N/A			

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Section#	C/NC	R	Narrative	To Be Corrected By
			OK TO SELL PERISHABLE FOODS	
			NO DISCREPANCIES.	

Received by (name and title printed): JOSH SEAYER	Inspected by (name and title printed): JAMES CLUMONS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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VCHD 435-5695

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Establishment Name Xcess	Telephone Number (812) Establishment (453) Owner 812 453-0692	Date of Inspection (mm/dd/yr) 1-23-15	ID #
Establishment Address (number and street, city, state, ZIP code) 201 B. S. Fulton Ave. Evansville IN 47708		Follow-up N	Release Date 2-2-15
Owner	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 2 RO	
Owner's Address	Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___		
Person in Charge Dawn Goldsberry	Responsible Person's E-mail		
Certified Food Handler N/A			

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Section#	C/NC	R	Narrative	To Be Corrected By
171	NC		cutting drink garnishments without gloves	1-23-15
232	NC		reach-in refrigerator shelves soiled.	1-24-15

Received by (name and title printed): X Dawn Goldsberry	Inspected by (name and title printed): Katie Greller
Received by (signature): X Dawn Goldsberry	Inspected by (signature): Katie Greller
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
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VCHD 435-5295

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 Centre, Old National Events		Telephone Number () Establishment 812 435 5770 () Owner	Date of Inspection (mm/dd/yr) 1-23-15	ID #
Establishment Address (number and street, city, state, ZIP code) 715 Locust St. Evansville Plaza IN 47708		Purpose: 1. Routine <u>2. Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up N	Release Date 1-23-15
Owner	Summary of Violations: C _ NC _ R _			
Owner's Address		Menu Type (See back of page) 1 _ 2 <u>3</u> 4 _ 5 _		
Person in Charge Kelsey McCord		Responsible Person's E-mail		
Certified Food Handler Curtis Vickers				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Corrected violation from 1-13-15. Dish machine sanitizing	

Received by (name and title printed): Kelsey McCord	Inspected by (name and title printed): Katie Breiter
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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V CHD
432-5616

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Establishment Name Hardee's	Telephone Number () Establishment 476-5391 () Owner	Date of Inspection (mm/dd/yr) 1-22-15	ID # 8200
Establishment Address (number and street, city, state, ZIP code) 10215 Wembeck	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 NO
Owner Sandi's			Release Date 2-1-15
Owner's Address	Summary of Violations: C NC R		Menu Type (See back of page) 1 / 2 / 3 / 4 / 5
Person in Charge Terri Senta			
Responsible Person's E-mail			
Certified Food Handler Crystal Blackwell			

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Section#	C/NC	R	Narrative	To Be Corrected By
✓ 430	NC		Tile flooring in prep area needs repair	2-22-15
129	C		Employee not washing hands between change of duties	Corrected

Received by (name and title printed): Terri Senta	Inspected by (name and title printed): Carol Conboot
Received by (signature): Terri Senta	Inspected by (signature):
cc: 1/14/14	cc:



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Establishment Name <i>Subway</i>	Telephone Number (<i>012</i>) Establishment (<i>473 7101</i>) Owner	Date of Inspection (mm/dd/yr) <i>12215</i>	ID # <i>8202</i>
Establishment Address (number and street, city, state, ZIP code) <i>1677 Lincoln Ave</i>		Follow-up <i>NO</i>	Release Date <i>2-1-14</i>
Owner <i>Pat Finn</i>	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <i>C 1 NC 1 R</i>	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Christy Wasson</i>	3. Complaint	<i>1 2 3 4 5</i>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Tanya Brown</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
<i>123</i>	<i>C</i>		<i>Food unprotected from cross contamination</i>	<i>corrected</i>
<i>431</i>	<i>NC</i>		<i>Spill in soda storage room needs cleaning</i>	<i>corrected</i>

Received by (name and title printed): <i>Christy Wasson</i>	Inspected by (name and title printed): <i>Carol Condit</i>
Received by (signature): <i>Christy Wasson</i>	Inspected by (signature):
cc:	cc:

11/2/14



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VCHD 4355616

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Form with fields: Establishment Name (Family Dollar # 5585), Telephone Number (477 1900), Date of Inspection (1/22/15), ID # (82), Establishment Address (1 N Wembach), Owner (Family Dollar), Purpose (Routine), Follow-up, Release Date (2-1-15), Person in Charge (Sara Pace), Responsible Person's E-mail, Certified Food Handler (NA), Summary of Violations (CO, NE, R), Menu Type (1, 2, 3, 4, 5).

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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 'No Noted Violations'.

Received by (name and title printed): Sara Pace ASN
Inspected by (name and title printed): [Signature]
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: []



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Establishment Name <i>Greenwood Leadership Academy</i>		Telephone Number <i>812 435 5616</i>	Date of Inspection (mm/dd/yr) <i>1/22/15</i>	ID # <i>0202</i>
Establishment Address (number and street, city, state, ZIP code) <i>901 Sweetser</i>		() Owner		
Owner <i>EISC</i>		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) _____	Follow-up	Release Date
Owner's Address			Summary of Violations: <i>C 0 NC 0 R</i>	
Person in Charge <i>Karen Salter</i>			Menu Type (See back of page)	
Responsible Person's E-mail			<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i>	
Certified Food Handler <i>Karen Salter</i>				

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

Received by (name and title printed):		Inspected by (name and title printed): <i>Carol Stouder</i>	
Received by (signature): <i>Karen Salter</i>		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <i>THE INFATABLE FUN FACTORY</i>		Telephone Number () Establishment <i>477-5867</i> () Owner	Date of Inspection (mm/dd/yr) <i>1-22-15</i>	ID # <i>82</i>
Establishment Address (number and street, city, state, ZIP code) <i>1424 N. GREEN RIVER RD.</i>				
Owner <i>TOMMY HALL</i>	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)	Follow-up <i>NO</i>	Release Date <i>2-2-15</i>	
Owner's Address		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R <u>0</u></i>		
Person in Charge <i>Jennifer Vaughn</i>		Menu Type (See back of page) <i>1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u></i>		
Responsible Person's E-mail				
Certified Food Handler <i>DANA L. HALL</i>				

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

Received by (name and title printed): <i>Jennifer Vaughn (Operation Mgr.)</i>	Inspected by (name and title printed): <i>TOMAS CLEMENS</i>
Received by (signature): <i>Jennifer Vaughn</i>	Inspected by (signature): <i>James Clemens</i>
cc:	cc:



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U C H P
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Establishment Name DENNYS	Telephone Number () Establishment (477) 1063	Date of Inspection (mm/dd/yr) 1-22-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 351 N. GREEN RIVER RD.	Owner BOB RUTREIGEL	Follow-up NO	Release Date 2-2-15
Owner BOB RUTREIGEL	Owner's Address	Summary of Violations: C @ NC @ R @	
Person in Charge X Kevin Morton	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)	Menu Type (See back of page) 1 2 @ 4 5	
Responsible Person's E-mail	Certified Food Handler STEVEN R GROVE		

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

Received by (name and title printed): Kevin Morton	Inspected by (name and title printed): JAMES CLEMENS
Received by (signature): <i>Kevin Morton</i>	Inspected by (signature): <i>James Clemens</i>
cc:	cc:



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Establishment Name <u>Bob EVANS</u>	Telephone Number () Establishment <u>473-9092</u>	Date of Inspection (mm/dd/yr) <u>1-22-15</u>	ID # <u>82</u> <u>01</u>
Establishment Address (number and street, city, state, ZIP code) <u>1125 N. GREEN RIVER RD.</u>		Owner <u>Bob EVANS</u>	
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) _____	Follow-up <u>NO</u> Release Date <u>2-2-15</u>
Person in Charge <u>M SHANE KESSLER</u>		Summary of Violations: <u>C O NC O R O</u>	
Responsible Person's E-mail 			
Certified Food Handler <u>M SHANE KESSLER</u>		Menu Type (See back of page) 1 ___ 2 <input checked="" type="radio"/> 4 ___ 5 ___	

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

Received by (name and title printed): <u>M SHANE KESSLER</u>	Inspected by (name and title printed): <u>JAMES CLEMONS</u>
Received by (signature): <u>M Shane Kessler</u>	Inspected by (signature):
cc:	cc:



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Establishment Name <u>TRI STATE ATHLETIC CLUB</u>		Telephone Number () Establishment (<u>430</u>) <u>3111</u>	Date of Inspection (mm/dd/yr) <u>1-22-15</u>	ID # <u>82 01</u>
Establishment Address (number and street, city, state, ZIP code) <u>555 TENNIS LANE</u>			Follow-up <u>NO</u>	Release Date <u>2-2-15</u>
Owner <u>TRI STATE ATHLETIC CLUB</u>	Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: <u>C O NC O R O</u>	
Owner's Address	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____			
Person in Charge <u>T Tyler Hodges</u>	Responsible Person's E-mail		Menu Type (See back of page)	
Certified Food Handler <u>N/A</u>			1 <u>6</u> 3 4 5	

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

Received by (name and title printed): <u>T Tyler Hodges</u>	Inspected by (name and title printed): <u>JAMES CLEMONS</u>
Received by (signature): <u>T Tyler Hodges</u>	Inspected by (signature): <u>James Clemmons</u>
cc:	cc:



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Establishment Name <i>Kwik Stop</i>		Telephone Number () Establishment <i>(478) vncr 7008</i>		Date of Inspection (mm/dd/yr) <i>1-22-15</i>	ID # <i>82</i>
Establishment Address (number and street, city, state, ZIP code) <i>4301 POLLACK AVE</i>				<i>01</i>	
Owner <i>Dhanj PATEL</i>		Purpose: <input checked="" type="radio"/> Routine		Follow-up <i>NO</i>	Release Date <i>2-2-15</i>
Owner's Address		2. Follow-up		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Person in Charge <i>X Vishal Patel</i>		3. Complaint			
Responsible Person's E-mail		4. Pre-Operational			
Certified Food Handler <i>N/A</i>		5. Temporary		Menu Type (See back of page) <i>1 0 3 4 5</i>	
		6. HACCP			
		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>X Vishal Patel</i>		Inspected by (name and title printed): <i>JAMES CLEMON</i>	
Received by (signature): <i>V. Patel</i>		Inspected by (signature): <i>James Clemon</i>	
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 KFC/Taco Bell		Telephone Number (812) Establishment 422-2153 () Owner	Date of Inspection (mm/dd/yr) 1-22-15	ID #
Establishment Address (number and street, city, state, ZIP code) 422 W. Lloyd Expressway Evansville IN 47712		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 1 week	Release Date 2-1-15
Owner's Address			Summary of Violations: C 1 NC 0 R 0	
Person in Charge Mehmet Ozaltan			Menu Type (See back of page) 1 2 3 <u>X</u> 4 5	
Responsible Person's E-mail		Certified Food Handler Mehmet Ozaltan		

• 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
415	C		some gnats present by storage area and soft drink machine	2-1-15
			grease trap cleaned 12/23/14 quarterly 1500 gal	

Received by (name and title printed): x Mehmet Ozaltan	Inspected by (name and title printed): Katie Bretter
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 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 Subway Berry Plastic Ste	Telephone Number () Establishment 812-260-3782 () Owner	Date of Inspection (mm/dd/yr) 1-22-15	ID #
Establishment Address (number and street, city, state, ZIP code) 101 Oakley St. Evansville IN 47710	Owner	Follow-up N	Release Date 2-1-15
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 0 NC 0 R 0	
Person in Charge Melissa Stinson		Menu Type (See back of page) 1 2 3 <u>X</u> 4 5	
Responsible Person's E-mail			
Certified Food Handler Melissa Stinson			

- 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 10-20-14 1 gal quarterly	

Received by (name and title printed): X Melissa Stinson / Manager	Inspected by (name and title printed): Katie Greffler
Received by (signature): X Melissa Stinson	Inspected by (signature): Katie Greffler
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VC# 435-5666

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 <u>Phannies Secret Homemade Desserts</u>		Telephone Number (<u>435-5757</u>) Establishment () Owner	Date of Inspection (mm/dd/yr) <u>1-21-15</u>	ID # <u>82</u> <u>02</u>
Establishment Address (number and street, city, state, ZIP code) <u>1701 # Oakhill Rd</u>		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>1-31-15</u>
Owner <u>Bobbie Weatherford</u>			Summary of Violations: <u>C 0 NC 0 R</u>	
Owner's Address		Menu Type (See back of page) <u>1 2 3 4 5</u>		
Person in Charge <u>Bobbie Weatherford</u>				
Responsible Person's E-mail				
Certified Food Handler <u>Bobbie Weatherford</u>				

- 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): <u>Bobbie Weatherford</u>	Inspected by (name and title printed): <u>Carol Caudret</u>
Received by (signature):	Inspected by (signature):
cc:	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: Holy Spirit School; Telephone Number: () Establishment; Date of Inspection: 1-21-15; ID #: 82 02; Establishment Address: 1730 Hedge; Owner: Holy Spirit; Owner's Address; Person in Charge: Beth Wolf; Responsible Person's E-mail; Certified Food Handler: Beth Wolf; Purpose: 1. Routine; Follow-up: No; Release Date: 1-26-14; Summary of Violations: C 0 NC 0 R; 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):; Inspected by (name and title printed):; Received by (signature):; Inspected by (signature):

cc:; cc:; cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 435-58616

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 Burger King	Telephone Number Establishment: 812 Owner: (477) 5968	Date of Inspection (mm/dd/yr) 1-21-15	ID # 02
Establishment Address (number and street, city, state, ZIP code) 1301 Covert	Owner Carol's	Follow-up NO	Release Date 1-31-15
Owner's Address	Purpose: 1. Routine 2. Follow-up 3. <u>Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 1 R	
Person in Charge Michelle Williams	Responsible Person's E-mail	Menu Type (See back of page) 1 2 X 3 4 5	
Certified Food Handler Michelle Williams			

• 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
430	NC		Flooring needs repair	2-21-15

Received by (name and title printed): Michelle Williams	Inspected by (name and title printed): Carol Cordet
Received by (signature):	Inspected by (signature):
cc:	cc: 1230 H



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCH
4353664

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>Washington School</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>1-21-15</i>	ID# <i>82</i> <i>02</i>
Establishment Address (number and street, city, state, ZIP code) <i>1801 Washington Ave</i>	Owner <i>EJSC</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NB</i> Release Date <i>1-31-14</i>
Owner's Address	Person in Charge <i>Brenda Manis</i>	Summary of Violations: <i>C 0 NC 0 R</i>	
Responsible Person's E-mail	Certified Food Handler <i>Brenda Manis</i>	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

- 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 Noted Violations!</i>	

Received by (name and title printed): <i>Brenda Manis</i>	Inspected by (name and title printed): <i>Cheryl</i>	
Received by (signature):	Inspected by (signature):	
cc:	cc:	cc:



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

VC HD
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>THAI CUISINE</i>		Telephone Number () Establishment <i>477-8424</i>	Date of Inspection (mm/dd/yr) <i>1-21-15</i>	ID # <i>82</i> <i>01</i>
Establishment Address (number and street, city, state, ZIP code) <i>1434 INTER LANE</i>		Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>JOE POTCHANANT</i>	Summary of Violations: <i>C0 NC0 R0</i>			
Owner's Address	Menu Type (See back of page) <i>1 2 3 4 5</i>			
Person in Charge <i>X CHIRADAT POTCHANANT</i>				
Responsible Person's E-mail				
Certified Food Handler <i>X NICHOLAS POTCHANANT</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>X CHIRADAT POTCHANANT</i>	Inspected by (name and title printed): <i>JAMES CLEMONS</i>
Received by (signature): <i>X [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
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>THORNTONS</i>		Telephone Number () Establishment <i>(427-4886)</i> () Owner		Date of Inspection (mm/dd/yr) <i>1-21-15</i>	ID # <i>8201</i>	
Establishment Address (number and street, city, state, ZIP code) <i>6300 E-MORGAN AVE.</i>		Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Follow-up	Release Date	
Owner <i>THORNTONS</i>				Summary of Violations: <i>C 0 NC 0 R 2</i>		
Owner's Address				Menu Type (See back of page) <i>1 2 3 4 5</i>		
Person in Charge <i>Michele Morris</i>				Responsible Person's E-mail		
Certified Food Handler <i>Michele Morris</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>X Michele Morris</i>	Inspected by (name and title printed): <i>JAMES CLEMONS</i>
Received by (signature): <i>X Michele Morris</i>	Inspected by (signature): <i>James Clemons</i>
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

✓ CND
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 <u>LIC'S ICE CREAM</u>	Telephone Number () Establishment <u>477 3131</u> () Owner	Date of Inspection (mm/dd/yr) <u>1-21-15</u>	ID # <u>82</u> <u>01</u>
Establishment Address (number and street, city, state, ZIP code) <u>4501 LINCOLN AVE.</u>	Owner <u>DON SMITH</u>	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 <u>ND</u> Release Date <u>2-1-15</u>
Owner's Address	Person in Charge <u>Martha Duvall</u>	Summary of Violations: <u>C O N C O R O</u>	
Responsible Person's E-mail	Certified Food Handler <u>JAMIA L. BROWN</u>	Menu Type (See back of page) <u>1 2 3 4 5</u>	

- 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
			<u>NO DISCREPANCIES</u>	

Received by (name and title printed): <u>Martha Duvall</u>	Inspected by (name and title printed): <u>JAMES CLEMENS</u>
Received by (signature): <u>Martha Duvall</u>	Inspected by (signature): <u>James Clemens</u>
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 <i>WOK N. ROLL</i>	Telephone Number () Establishment <i>479-3128</i> () Owner	Date of Inspection (mm/dd/yr) <i>1-21-15</i>	ID # <i>82</i>
Establishment Address (number and street, city, state, ZIP code) <i>311 S. GREEN RIVER RD.</i>			<i>01</i>
Owner <i>CHRIS CABBAN</i>	Purpose: <input checked="" type="radio"/> Routine	Follow-up <i>NO</i>	Release Date <i>2-1-15</i>
Owner's Address	2. Follow-up	Summary of Violations: <i>C / NC / RD</i>	
Person in Charge <i>Grace Muensterman</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Jane Tang</i>	5. Temporary	<i>1 2 <input checked="" type="radio"/> 4 5</i>	
	6. HACCP		
	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>234</i>	<i>NC</i>		<i>UTENSILS STORED IN STANDING WATER</i>	<i>1-21</i>
<i>344</i>	<i>C</i>		<i>HAND SINK INACCESSIBLE - BEING USED AS VEGETABLE SINK</i>	<i>CORRECTED</i>

Received by (name and title printed): <i>Grace Muensterman</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:



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.

Form with fields: Establishment Name (BARNES & NOBLE), Telephone Number (475-1054), Date of Inspection (1-21-15), ID # (8201), Owner (BARNES & NOBLE), Purpose (Routine), Person in Charge (Kelly Tyner), Certified Food Handler (Kelly Tyner), Follow-up (NO), Release Date (2-1-15), Summary of Violations (C NC 1 RO), 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. Row 1: 295, NC, BOTTOM SHELF OF DISPLAY CASE SOILED, 1-21.

Received by (name and title printed): Kelly Tyner; Inspected by (name and title printed): JAMES CLEMENS. Includes signature lines and cc fields.



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 <u>11th Frame Lounge</u>	Telephone Number (812) Establishment <u>423-5355</u> () Owner	Date of Inspection (mm/dd/yr) <u>1-21-15</u>	ID #
Establishment Address (number and street, city, state, ZIP code) <u>1801 W. Franklin St. Evansville IN 47712</u>	Purpose: 1. Routine 	Follow-up <u>2 days</u>	Release Date <u>1-31-15</u>
Owner <u>Colleen Foster</u>	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <u>C 1 NC 0 R 0</u>	
Owner's Address		Menu Type (See back of page) <u>1 2 3 4 5</u>	
Person in Charge <u>Colleen Foster</u>			
Responsible Person's E-mail			
Certified Food Handler <u>Colleen Foster</u>			

- 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
<u>294</u>	<u>C</u>		<u>baa dish machine not sanitizing. Have unit serviced</u>	<u>1-22-15</u>

Received by (name and title printed): <u>X Colleen Foster</u>	Inspected by (name and title printed): <u>Katie Grotter</u>
Received by (signature): <u>X Colleen Foster</u>	Inspected by (signature): <u>Katie Grotter</u>
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.

Form with fields: Establishment Name (Ron's Catering), Telephone Number (812 300-5726), Date of Inspection (1-21-15), ID #, Establishment Address (719 N. 3rd Ave. Evansville IN 47708), Owner, Purpose (Routine), Follow-up (N), Release Date (1-31-15), Person in Charge (Ron Lee), Responsible Person's E-mail, Certified Food Handler (Ron Lee), Summary of Violations (C0 NC2 R0), Menu Type (1 2 X 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains entries for sink leak and ceiling damage.

grease trap cleaned 1-3-15 monthly 4gal

Received by (name and title printed): Ron Lee, Inspected by (name and title printed): Katie Grotter, Received by (signature): Ron Lee, Inspected by (signature): Katie Grotter, cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 435-5785

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>Kelly's Food Mart</i>	Telephone Number <i>(812) 922-1861</i>	Date of Inspection <i>1-21-15</i>	ID #
Establishment Address <i>324 E Riverside Dr.</i>	Owner	Follow-up <i>1 month</i>	Release Date <i>1-21-15</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP <i>7. Other (list) opening</i>	Summary of Violations: <i>C - NC - R -</i>	
Owner's Address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in Charge <i>Mahmoud Bayer</i>			
Responsible Person's E-mail			
Certified Food Handler			

- 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>approved to open</i>	

Received by (name and title printed): <i>X MAHMOUD BAYER</i>	Inspected by (name and title printed): <i>Katie Greller</i>
Received by (signature): <i>X Mahmoud Bayer</i>	Inspected by (signature): <i>Katie Greller</i>
cc:	cc:



**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 Chinon Garden	Telephone Number () Establishment 432-6199	Date of Inspection (mm/dd/yr) 1-20-15	ID# 82
Establishment Address (number and street, city, state, ZIP code) 501 Main	Owner Yim Wan Lee	Follow-up 3/20/15	Release Date 1/30/15
Owner's Address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: 60 NC 3 R 9	
Person in Charge Ling Zheng		Menu Type (See back of page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Yim Wan Lee			

• 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
234	NC	1	Improper storage of knives	Corrected
205	C	1	Scoops needed for bulk products	1-20-15
270	NC	1	Improper usage of 3 compartment sink	Corrected
177	C		Food containers stored on floor	1-20-15
191	C	1	No date marking for food held more than 24 hrs	1-20-15
345	C	1	Handwashing sink obstructed	Corrected
232	NC		Non food contact surfaces soiled	1-20-15
203	NC	1	Food prep unprotected from cross contamination	1-20-15
231	NC		Can opener pitted & uncleanable	1-20-15
245	NC	1	Improper storage of wiping cloths	Corrected
304	NC	1	Equipment & utensils not being sanitized	1-20-15
304	C		Grease trap maintenance log not current	1-20-15
443	C	1	Sanitizer above required level	Corrected
119	NC		Person in charge not knowledgeable	1-20-15

Received by (name and title printed): Ling Zheng	Inspected by (name and title printed): Carol Condit
Received by (signature): Ling Zheng	Inspected by (signature):
cc: Ling Zheng	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R/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 <u>MA T888 CHINA BISTRO</u>	Telephone Number () Establishment <u>473-2888</u>	Date of Inspection (mm/dd/yr) <u>1-20-15</u>	ID # <u>82</u>
Establishment Address (number and street, city, state, ZIP code) <u>5636 Vogel Rd.</u>			<u>01</u>
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) _____	Follow-up <u>NO</u>	Release Date <u>1-30-15</u>
Owner's Address		Summary of Violations: <u>C 0 NC 2 RD</u>	
Person in Charge <u>X TIAN, Z MA</u>		Menu Type (See back of page)	
Responsible Person's E-mail		<u>1</u> <u>2</u> <input checked="" type="radio"/> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler <u>X LIU, K MA</u>			

• 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
<u>245</u>	<u>NC</u>		<u>WIPER CLOTHS NOT STORED IN SANITIZER WHEN NOT IN USE.</u>	<u>CORRECTED</u>
<u>234</u>	<u>NC</u>		<u>UTENSILS STORE IN STANDING WATER</u>	<u>1-20</u>

Received by (name and title printed): <u>X TIAN, Z MA</u>	Inspected by (name and title printed): <u>JAMES CLEMONS</u>
Received by (signature): 	Inspected by (signature):
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VGHD
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 Big Lots	Telephone Number 812-393-3135	Date of Inspection (mm/dd/yr) 1-20-15	ID # 82 02
Establishment Address (number and street, city, state, ZIP code) H/10 E Diamond	() Owner	Follow-up 60 DAYS	Release Date 1-30-15
Owner Big Lots	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Final	Summary of Violations: C 0 NC 0 R 0	
Owner's Address		Menu Type (See back of page) 1 X 2 3 4 5	
Person in Charge Lataja Copeland			
Responsible Person's E-mail			
Certified Food Handler N/A			

- 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
			OK for Operation	

Received by (name and title printed): Lataja Copeland Store Manager	Inspected by (name and title printed): Carol J. Couderc
Received by (signature): <i>Lataja Copeland</i>	Inspected by (signature): <i>Carol J. Couderc</i>
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 <i>Drone's Convenience</i>	Telephone Number (<i>812</i>) Establishment <i>429-1137</i> () Owner	Date of Inspection (mm/dd/yr) <i>1-20-15</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>410 Tekoppel Ave. Evansville IN 47712</i>	Owner <i>47712</i>	Purpose: 1. Routine <u> </u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>N</i> Release Date <i>1-30-15</i>
Owner's Address	Person in Charge <i>Karen Kulenkamp</i>	Summary of Violations: <i>C _ NC _ R _</i>	
Responsible Person's E-mail	Certified Food Handler <i>Chris Wildeman</i>	Menu Type (See back of page) <i>1 _ 2 <u>X</u> 3 _ 4 _ 5 _</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>	
			<i>no grease trap</i>	

Received by (name and title printed): <i>Karen Kulenkamp</i>	Inspected by (name and title printed): <i>Katie Greller</i>
Received by (signature): <i>X Karen Kulenkamp</i>	Inspected by (signature): <i>Katie Greller</i>
cc:	cc: