

VANDERBURGH COUNTY HEALTH DEPT
Telephone Fax

(812) 435-5695

(812) 435-5871

XFAX

| Establishment Name<br>Subway #23569                                     |                                     | ephone Number<br>2) 402-7821 | Date of Inspection (month, day, year |                          |
|---|-------------------------------------|------------------------------|--------------------------------------|--------------------------|
| Establishment Address (num<br>1300 E Morgan Ave<br>Evansville, IN 47714 | ber and street, city, state and ZIP | code)                        | SUMMARY OF VIOLATIONS  C 0 NC 0 R 0  |                          |
| Owner Name<br>Sub Two Inc/Ed Kucer                                      | Purpose 1<br>2 - Routine            | Purpose 2                    | Follow-Up<br>No                      | Release Date<br>01/14/16 |
| Name of Person-in-Charge Jill Chitwood                                  | Establishment ID Number<br>82-01342 | County<br>Vanderburgh        | Menu Type 2 - Limited Menu/Low Risk  |                          |
| Comments<br>No noted violations.  | United States                       |                              |                                      |                          |

| Received by (name and title printed) | Inspected by (name and title) |  |
|--------------------------------------|-------------------------------|--|
| Jill Chitwood                        | Carol Coudret                 |  |
| Received by (signature)              | CC:                           |  |
|                                      |                               |  |



| Order of Orde Neet #20  |                                  | Telephone Number<br>(812) 422-2556 | Date of Inspection (month, day, ye |                          |
|---|----------------------------------|------------------------------------|------------------------------------|--------------------------|
| Establishment Address (numb<br>2427 N Sherman Ave<br>Evansville, IN 47710 | er and street, city, state and o | ZIP code)                          | SUMMARY OF VIC                     | DLATIONS 0 R 0           |
| Owner Name Purpose 1 ORDER OF OWLS NEST #30 3 - Follow-up I               |                                  | Purpose 2<br>Insp. 0               | Follow-Up<br>No                    | Release Date<br>01/14/16 |
| Name of Person-in-Charge Establishment ID Numl Lucas Collier 82-000417    |                                  | ber County Vanderburgh             | Menu Ty<br>2 - Limited Men         |                          |
| Comments No noted violations.   |                                  |                                    |                                    |                          |

| Received by (name and title printed) | Inspected by (name and title) Carol Coudret |
|--------------------------------------|---|
| Lucas Collier                        |   |
| Received by (signature)              | CC:   |
|                                      |   |



| Establishment Name<br>Long John Silvers #14   | Telephone Nu<br>(812) 425-6545       | Pelephone Number Date of Inspection (month, day, 1812) 425-6545 1/4/2016 |                 |  |                          |
|---|--------------------------------------|--|-----------------|--|--------------------------|
| Establishment Address (number and street, city, state and ZIP c<br>2519 First Ave 0<br>Evansville, IN 47710 |                                      |  |                 | SUMMARY OF VIOL                              |                          |
| Owner Name<br>SERVUS, Inc.  | Purpose 1<br>2 - Routi               |  | rpose 2<br>0    | Follow-Up<br>No                              | Release Date<br>01/14/16 |
| Name of Person-in-Charge<br>William Hooper  | Establishment ID Number<br>82-000276 |  | nty<br>lerburgh | Menu Type 3 - Extensive Handling/Medium Risk |                          |
| Comments  |                                      |  |                 |  |                          |
|   |                                      |  |                 |  |                          |
| CODE SECTION C/NC   | R CORRECT BY                         |  |                 |  |                          |
| 430 Non-Critical Some parts of walls or trim needs reparts  | aired, replaced or repaint           | ted.   |                 | year with with                               |                          |
| 431 Non-Critical Heat lamps to keep food warm soiled.   | Replace or clean.                    |  |                 |  |                          |
| Received by (name and title printed)  |                                      |  |                 |  |                          |
| William Hooper  |                                      | Inspected by (r<br>Katie Gretler   | name and title) |  |                          |
| Received by (signature)   |                                      |  | CC:             |  |                          |



VANDERBURGH COUNTY HEALTH DEPT
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| Tooto Of China   |                                     | elephone Number<br>12) 422-1260 | Date of Inspection (month, day, year         |                                |  |
|--|-------------------------------------|---------------------------------|--|--------------------------------|--|
| Establishment Address (num.<br>4579 University Dr.<br>Evansville, IN 47712 | ber and street, city, state and Zl  | P code)                         | SUMMARY OF VI                                | MMARY OF VIOLATIONS O NC 0 R 0 |  |
| Owner NamePurpose 1Wai Tak Lam3 - Follow-up                                |                                     | Purpose 2<br>sp. 0              | Follow-Up<br>No                              | Release Date<br>01/14/16       |  |
| Name of Person-in-Charge<br>Wai Tak Lam                                    | Establishment ID Numbe<br>82-000570 | County Vanderburgh              | Menu Type 3 - Extensive Handling/Medium Risk |                                |  |
| Comments Corrected all violations from 12-22-15                            | inspection.                         |                                 |  |                                |  |

| Received by (name and title printed)  Wai Tak Lam | Inspected by (name and title)  Katie Gretler |  |  |
|---|--|--|--|
| Received by (signature)                           | CC:  |  |  |



| Establishment Name  |                 | Telep                | hone Number             | Date of Inspection (      | month, day, year)        |
|---|-----------------|----------------------|-------------------------|---------------------------|--------------------------|
| Sonic Drive-In #109   |                 | (812)                | 471-0800                | 1/4/2016                  |                          |
| Establishment Address (number<br>881 S Green River Rd<br>Evansville, IN 47714 | SUMMARY OF VIOL |                      |                         |                           |                          |
| Owner Name<br>Sonic Drive-In of Evansville Inc                                |                 | rpose 1<br>- Routine | Purpose 2<br>0          | Follow-Up<br>No           | Release Date<br>01/14/16 |
| Name of Person-in-Charge  | Establishment   | ID Number            | County                  | Menu Typ                  | e                        |
| David Parker  | 82-000507       |                      | Vanderburgh             | 3 - Extensive Handling    | g/Medium Risk            |
| CODE SECTION C/NC   | R CORRE         | СТ ВУ                |                         |                           |                          |
| 431 Non-Critical Floor of freezer has debris present.                         | 1/5/20          |                      |                         |                           |                          |
| Received by (name and title printed)  David Parker                            |                 |                      | Inspected by James Clem | y (name and title)<br>ons |                          |
| Received by (signature)   |                 |                      | CC:                     |                           |                          |



| Circle K #03   |  |                          | hone Number<br>477-1609 | Date of Inspection (month, day, yet |                          |
|--|--|--------------------------|-------------------------|-------------------------------------|--------------------------|
| Establishment Address (number and street, city, state and 300 S Green River Rd 0  Evansville, IN 47715 |  |                          | ode)                    | SUMMARY OF VIOLATIONS C 0 NC 0 R 0  |                          |
|  |  | Purpose 1<br>2 - Routine | Purpose 2               | Follow-Up<br>No                     | Release Date<br>01/14/16 |
| Name of Person-in-Charge Establishment ID Num John Garrett 82-000287                                   |  |                          | County<br>Vanderburgh   | Menu Type 1 - Pre-Packaged/Low-Risk |                          |

| Received by (name and title printed)  John Garrett | Inspected by (name and title)  James Clemons |  |
|--|--|--|
| Received by (signature)                            | CC:  |  |



VANDERBURGH COUNTY HEALTH DEPT
Telephone Fax
(812) 435-5695 (812) 435-5871

| Establishment Name   |                             | Telephor       | ne Number                   | Date of Inspection (month, day, year) |                          |
|--|-----------------------------|----------------|-----------------------------|---------------------------------------|--------------------------|
| Cleavers   |                             | (812) 473-0001 |                             | 1/4/2016                              |                          |
| Establishment Address (number and street, city, state and ZIP code) 5501 E Indiana St 0 Evansville, IN 47715 |                             |                |                             | SUMMARY OF VIOL                       |                          |
| Owner Name     Purpose 1       Richard Flores     2 - Routing  |                             |                | Purpose 2                   | Follow-Up<br>No                       | Release Date<br>01/14/16 |
| Name of Person-in-Charge   | Establishment ID Num        | nber           | County                      | Menu Type                             | •                        |
| Dogobiev   | 82-01153                    |                | Vanderburgh                 | 4 - Extensive Handlin                 | g/Higher Risk            |
| CODE SECTION C / NC  187 Critical  | R CORRECT BY                |                |                             |                                       |                          |
| 187 Critical Food (gyros) not maintained at 135 de   | Corrected grees F or above. |                |                             |                                       |                          |
| Received by (name and title printed)  Dogobiev   |                             |                | Inspected by<br>James Cleme | y (name and title)<br>ons             |                          |
| Received by (signature)  |                             |                | CC:                         |                                       |                          |



| Establishment Name<br>Rally's #162   |   | (812) 475 0450          |  | Date of Inspection ( | month, day, year)  |                          |
|--|---|-------------------------|--|----------------------|--|--------------------------|
| Establishment Address (number and street, city, state and ZII 4720 E Morgan Ave 0 Evansville, IN 47715 |   |                         |  |                      | SUMMARY OF VIOLATIONS           C         0         NC         1         R         0 |                          |
| Owner Name<br>RALJOE LLC   |   | Purpose 1<br>2 - Routin |  | Purpose 2<br>0       | Follow-Up<br>No  | Release Date<br>01/14/16 |
| Name of Person-in-Charge<br>Shelly Terhune   |   | hment ID Num<br>000857  |  | unty<br>nderburgh    | Menu Typ<br>3 - Extensive Handlin  |                          |
| Comments   |   |                         |  |                      |  |                          |
| CODE SECTION C / NC  431 Non-Critical Floor of walk-in has debris present.                             | R | 1/5/2016                |  |                      |  |                          |
| Received by (name and title printed) Shelly Terhune  |   |                         |  | Inspected b          | y (name and title)<br>ons  |                          |
| Received by (signature)  |   |                         |  | CC:                  |  |                          |



| Autumn Pern Ferne   |   |                        | lephone Number<br> 2) 550-1085 | Date of Inspection (month, day, year)  1/4/2016  SUMMARY OF VIOLATIONS  C 0 NC 0 R 0 |                          |
|---|---|------------------------|--------------------------------|--|--------------------------|
| Establishment Address (i<br>1442 N Green River Rd<br>Evansville, IN 47715 | (************************************** |                        |                                |  |                          |
| Owner Name<br>Christopher Wintner   |   | Purpose 1<br>7 - Other | Purpose 2<br>0                 | Follow-Up<br>No  | Release Date<br>01/14/16 |
| Name of Person-in-Charge<br>Chris Wintner                                 | Establishment ID Number                 |                        | County  Vanderburgh            | Menu T<br>2 - Limited Me   |                          |
| Comments No discrepancies. OK to open.                                    |   |                        |                                |  |                          |

| Received by (name and title printed)  Chris Wintner | Inspected by (name and title)  James Clemons |  |  |  |
|---|--|--|--|--|
| Received by (signature)                             | CC:  |  |  |  |



| Establishment Name  |                                |                | one Number                   | lumber Date of Inspection (month, da   |                          |
|---|--------------------------------|----------------|------------------------------|--|--------------------------|
| Talk of the Town Pizza Bar  |                                | (812) 4        | 02-8696                      | 1/5/2016                               |                          |
| Establishment Address (number a<br>1200 Edgar<br>Evansville, IN 47710 | and street, city, state a<br>0 | nd ZIP co      | de)                          | SUMMARY OF VIOL                        |                          |
| Owner Name Jason English  | Purpos<br>2 - Ro               | se 1<br>outine | Purpose 2                    | Follow-Up<br>No                        | Release Date<br>01/15/16 |
| Name of Person-in-Charge<br>Kimberly Tornatore                        |                                |                | County<br>Vanderburgh        | Menu Type<br>2 - Limited Menu/Low Risk |                          |
| Comments  |                                |                |                              |  |                          |
| CODE SECTION C/NC   | R CORRECT                      | BY             |                              |  |                          |
| 324 Non-Critical Grease trap maintenance log not curre                | Corrected                      |                |                              |  |                          |
| 431 Non-Critical Floors near mixer need cleaning.                     |                                |                |                              |  |                          |
| Received by (name and title printed)  Kimberly Tornatore              |                                |                | Inspected by<br>Carol Coudre | y (name and title)<br>et               |                          |
| Received by (signature)   |                                |                | CC:                          |  |                          |



| Dearlie of Cidovalle Cof-   |                                       | Telephone Numl<br>(812) 425-2515 | ber        | Date of Inspection (month, day, year |                          |
|---|---------------------------------------|----------------------------------|------------|--------------------------------------|--------------------------|
| Establishment Address<br>222 E Columbia St.<br>Evansville, IN 47711 | (number and street, city, state and 0 | ZIP code)                        |            | SUMMARY OF VIC                       | DLATIONS  0 R 0          |
| Owner Name<br>Charles Johnson Jr                                    | Purpose 2 - Routi                     |                                  | ose 2<br>0 | Follow-Up<br>No                      | Release Date<br>01/15/16 |
| Name of Person-in-Charge Dennis Helfert                             | Establishment ID Nur<br>82-00080      | mber County<br>Vander            |            | Menu Ty<br>2 - Limited Men           |                          |
| Comments No noted violations.                                       |                                       |                                  |            |                                      |                          |

| Received by (name and title printed)  Dennis Helfert | Inspected by (name and title) Carol Coudret |
|--|---|
| Received by (signature)                              | CC:   |



| Establishment Name                                  |                                 | Telepi    | none Number                  | Date of Inspection (          | month, day, year)        |
|---|---------------------------------|-----------|------------------------------|-------------------------------|--------------------------|
| Wesselmans Weinbach                                 |                                 |           | 174-8289                     | 1/5/2016                      |                          |
| 1 N Weinbach Ave.<br>Evansville, IN 47711           | and street, city, state a       | nd ZIP co | de)                          | SUMMARY OF VIOL               |                          |
| Owner Name<br>WINKLER INC                           | Purpos<br>2 - Ro                |           | Purpose 2<br>0               | Follow-Up<br>No               | Release Date<br>01/15/16 |
| Name of Person-in-Charge Charles Slaten             | Establishment ID N<br>82-000621 | umber     | County<br>Vanderburgh        | Menu Type<br>2 - Limited Menu |                          |
| CODE SECTION C/NC                                   | R CORRECT E                     | BY        |                              |                               |                          |
| 418 Non-Critical Employee food in prep area.        | Corrected                       |           |                              |                               |                          |
| Received by (name and title printed) Charles Slaten |                                 |           | Inspected by<br>Carol Coudre | y (name and title)<br>et      |                          |
| Received by (signature)                             |                                 |           | CC:                          |                               |                          |



**Establishment Name** 

Received by (signature)

**Donut Bank** 

 VANDERBURGH COUNTY HEALTH DEPT

 Telephone
 Fax

 (812) 435-5695
 (812) 435-5871

(month, day, year)

Date of Inspection

1/5/2016

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

**Telephone Number** 

(812) 401-4111

| Establishment Address (number and street, city, state and ZIP code)  1200 Lincoln Ave 0  Evansville, IN 47711 |                                   |              | SUMMARY OF VIOLATIONS     C   |                              |  |
|---|-----------------------------------|--------------|-------------------------------|------------------------------|--|
| Owner Name<br>CHRIS KEMPF   | Purpose 1 Purpose 2 2 - Routine 0 |              | Follow-Up<br>No               | <b>Release Date</b> 01/15/16 |  |
| Name of Person-in-Charge<br>Marissa Scheller  |                                   |              | Menu T<br>2 - Limited Me      |                              |  |
| Comments No noted violations.   |                                   |              |                               |                              |  |
| KS Inc Koomaphia  |                                   |              |                               |                              |  |
| Received by (name and title printed)  |                                   |              | Inspected by (name and title) |                              |  |
| Marissa Scheller  |                                   | Carol Coudre | t .                           |                              |  |

CC:



| Stans Original Una Pizza  | 16                                  |                    | Date of Inspection (month, day, yea          |                          |
|---|-------------------------------------|--------------------|--|--------------------------|
| Establishment Address (numb<br>1101 Harmony Way<br>Evansville, IN 47720 | Harmony Way 0                       |                    |  | OLATIONS  0 R 0          |
| Owner Name<br>Judy Roach  | Purpose 1<br>2 - Routine            | Purpose 2          | Follow-Up<br>No                              | Release Date<br>01/15/16 |
| Name of Person-in-Charge<br>Judy Roach                                  | Establishment ID Numbe<br>82-000525 | County Vanderburgh | Menu Type 3 - Extensive Handling/Medium Risk |                          |
| Comments No discrepancies.  |                                     |                    |  |                          |
| Colean Fosiac   |                                     | The same           |  |                          |
| Received by (name and title printed)                                    |                                     | Inspected by       | y (name and title)                           |                          |

| Received by (name and title printed)  Judy Roach | Inspected by (name and title) Katie Gretler |
|--|---|
| Received by (signature)                          | CC:   |



VANDERBURGH COUNTY HEALTH DEPT
Telephone Fax
(812) 435-5695 (812) 435-5871

| Walmart #1341  |                                  | elephone Number<br>312) 424-5475 | 1/5/2016   |              |  |
|--|----------------------------------|----------------------------------|--|--------------|--|
| Establishment Address (numb<br>335 S Red Bank Rd<br>Evansville, IN 47712 | er and street, city, state and Z | IP code)                         | SUMMARY OF VIOLATIONS           C         0         NC         0         R         0 |              |  |
| Owner Name   | Purpose 1                        | Purpose 2                        | Follow-Up  | Release Date |  |
| Wal-mart Stores East, LP   | 2 - Routine                      | 0                                | No   | 01/15/16     |  |
| Name of Person-in-Charge Establishment ID  Don Finch 82-000610           |                                  | er County<br>Vanderburgh         | Menu Type 3 - Extensive Handling/Medium Risk   |              |  |
| Comments<br>No discrepancies.  |                                  |                                  |  |              |  |
|  |                                  |                                  |  |              |  |

| Received by (name and title printed)  Don Finch | inspected by (name and title)  Katie Gretler |
|---|--|
| Received by (signature)                         | CC:  |



| Establishment Name<br>Vanderburgh Coliseum   |                     | Telephone Number<br>(812) 422-2457 |                        | Date of Inspection (month, day, year) 1/5/2016 |                                  |                             |  |
|--|---------------------|------------------------------------|------------------------|--|----------------------------------|-----------------------------|--|
| Establishment Address (number and street, city, state and Z<br>300 Court St. 0<br>EVANSVILLE, IN 47708 |                     |                                    | ZIP code)              |  | SUMMARY OF VIOLATIONS C 0 NC 2 R |                             |  |
| Owner Name Purpose 1  VANDERBURGH COLISEUM 2 - Routin  |                     |                                    |                        | Purpose 2<br>0                                 | Follow-Up<br>No                  | Release Date<br>01/15/16    |  |
| Name of Person-in-Ch<br>Andrea Stafford/Shelia   | narge               |                                    | hment ID Nun<br>000601 |  | County<br>Vanderburgh            | Menu Typ<br>2 - Limited Men |  |
| Comments   |                     |                                    |                        |  |                                  |                             |  |
| CONTRACTOR   |                     |                                    |                        |  |                                  |                             |  |
| CODE SECTION   | C/NC                | R                                  | CORRECT BY             |  |                                  |                             |  |
| 218<br>Ice machine lacking o   | Non-Critical cover. |                                    | 1/10/2016              |  |                                  |                             |  |
| 307<br>Hood vent does not e  | Non-Critical        | ✓ cooking s                        | 3/5/2016               |  |                                  |                             |  |
| 11000 vent does not e  | Atena o past tile   | cooking s                          | urrace.                |  |                                  |                             |  |
| Received by (name and  | d title printed)    |                                    |                        |  | Inspected b                      | y (name and title)          |  |
| Received by (signature)  |                     |                                    |                        | CC:  |                                  |                             |  |



**Establishment Name** 

The Pacetre

 VANDERBURGH COUNTY HEALTH DEPT

 Telephone
 Fax

 (812) 435-5695
 (812) 435-5871

(month, day, year)

Date of Inspection

1/5/2016

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

**Telephone Number** 

(812) 402-6005

| Establishment Address<br>2734 Mt Vernon Ave<br>Evansville, IN 47712 | (number and street, city, s | state and ZIP co         | de)                           | SUMMARY OF VIC             | OLATIONS  OR O           |
|---|-----------------------------|--------------------------|-------------------------------|----------------------------|--------------------------|
| Owner Name The Pacetre LLC  | F                           | Purpose 1<br>2 - Routine | Purpose 2<br>0                | Follow-Up<br>No            | Release Date<br>01/15/16 |
| Name of Person-in-Charge<br>Tracy Pace                              | Establishmer<br>82-0116     | t ID Number              | County<br>Vanderburgh         | Menu Ty<br>2 - Limited Men |                          |
| Comments No discrepancies.  |                             |                          |                               |                            |                          |
| Section and sent  |                             |                          |                               |                            |                          |
| Received by (name and title property Pace                           | rinted)                     |                          | Inspected by<br>Katie Gretler | (name and title)           |                          |
| Pageined by (eigneture)   |                             |                          | 00.                           |                            | ***                      |



| Establishment Name Tee Time Golf                                   | Telephone Number<br>(812) 473-7010  |                        | Date of Inspection (month, day, year) 1/5/2016 |                                     |                          |
|--|-------------------------------------|------------------------|--|-------------------------------------|--------------------------|
| Establishment Address (number 7800 Morgan Ave Evansville, IN 47715 | er and street, city, state and<br>0 |                        |  | SUMMARY OF V                        | O R 0                    |
| Owner Name<br>Sterling Properties                                  | Purpose 2 - Rout                    |                        | ose 2<br>0                                     | Follow-Up<br>No                     | Release Date<br>01/15/16 |
| Name of Person-in-Charge<br>Seth Ferguson                          | Establishment ID Nur<br>82-01135    | mber County<br>Vanderb | urgh   | Menu Type 2 - Limited Menu/Low Risk |                          |
| Comments<br>No discrepancies.                                      |                                     |                        |  |                                     |                          |

| Received by (name and title printed)  Seth Ferguson | Inspected by (name and title) James Clemons |
|---|---|
| Received by (signature)                             | CC:   |



|   |                                      |                          | elephone Number<br>12) 473-0048 | Date of Inspection (month, day, year) 1/5/2016 |                          |  |
|---|--------------------------------------|--------------------------|---------------------------------|--|--------------------------|--|
| Establishment Address (number and street, city, state and ZIP code) 6225 Vogel Rd. 0 EVANSVILLE, IN 47715 |                                      |                          | SUMMARY OF VI                   | OLATIONS  0 R 0                                |                          |  |
| Owner Name Purpose 1 STEPHEN LIBS FINER CHOCOLATES Inc 2 - Routing  |                                      | Purpose 1<br>2 - Routine | Purpose 2                       | Follow-Up<br>No                                | Release Date<br>01/15/16 |  |
| Name of Person-in-Charge<br>Tom Libs  | Establishment ID Number<br>82-000532 |                          | County Vanderburgh              | Menu T<br>3 - Extensive Hand                   |                          |  |
| Comments<br>No discrepancies.   |                                      |                          |                                 |  |                          |  |

| Received by (name and title printed)  Tom Libs | Inspected by (name and title)  James Clemons |
|--|--|
| Received by (signature)                        | CC:  |



| Establishment Name<br>La Campirana  |                                  | Telephone Number<br>(270) 724-2172 |                                  | Date of Inspection (month, day, year) 1/5/2016 |                          |
|---|----------------------------------|------------------------------------|----------------------------------|--|--------------------------|
| Establishment Address (number and<br>1212 Washington Sq<br>Evansville, IN 47715 | street, city, state and<br>0     | ZIP code)                          |                                  | SUMMARY OF VIOL                                |                          |
| Owner Name<br>J Abraham Brown   | Purpose 1<br>2 - Routi           |                                    | rpose 2<br>0                     | Follow-Up<br>No                                | Release Date<br>01/15/16 |
| Name of Person-in-Charge  Ezequiel Compos                                       | Establishment ID Num<br>82-01508 |                                    | nty<br>erburgh                   | Menu Typ<br>3 - Extensive Handlin              |                          |
| CODE SECTION C/NC   |                                  |                                    |                                  |  |                          |
| CODE SECTION C / NC  187 Critical [ Some hot foods not at 135 degrees F.        | R CORRECT BY  Corrected          |                                    |                                  |  |                          |
| Received by (name and title printed)  Ezeguiel Campos                           |                                  |                                    | Inspected by (r<br>James Clemons |  |                          |
| Received by (signature)   |                                  |                                    | CC:                              |  |                          |



| Establishment Name<br>Great Steak & Potato                                 | Telephone Number (812) 474-0811      |                |                       | Date of Inspection<br>1/5/2016               | (month, day, year)       |
|--|--------------------------------------|----------------|-----------------------|--|--------------------------|
| Establishment Address (nu.<br>800 N Green River Rd<br>Evansville, IN 47715 | mber and street, city, state a<br>0  | and ZIP co     | ode)                  | SUMMARY OF VIO                               | OLATIONS  O R O          |
| Owner Name Derek Ungethiem   | Purpos<br>2 - Ro                     | se 1<br>outine | Purpose 2<br>0        | Follow-Up<br>No                              | Release Date<br>01/15/16 |
| Name of Person-in-Charge<br>Jami Salazar                                   | Establishment ID Number<br>82-000177 |                | County<br>Vanderburgh | Menu Type 3 - Extensive Handling/Medium Risk |                          |
| Comments<br>No discrepancies.  |                                      |                |                       |  |                          |

| Received by (name and title printed)  Jami Salazar | Inspected by (name and title)  James Clemons |
|--|--|
| Received by (signature)                            | CC:  |
|  |  |



| Establishment Name<br>Randall's Pizzeria                                   |                                    |           | none Number<br>477-7171 | Date of Inspection<br>1/5/2016  | (month, day, year)       |
|--|------------------------------------|-----------|-------------------------|---------------------------------|--------------------------|
| Establishment Address (num<br>800 N Green River Rd<br>Evansville, IN 47714 | ber and street, city, state a<br>0 | nd ZIP co | de)                     | SUMMARY OF VIC                  | DLATIONS  0 R 0          |
| Owner Name<br>Randall Hadley   | Purpos<br>2 - Ro                   |           | Purpose 2<br>0          | Follow-Up<br>No                 | Release Date<br>01/15/16 |
| Name of Person-in-Charge<br>Randall Hadley                                 | Establishment ID Numbe             |           | County<br>Vanderburgh   | Menu Ty<br>3 - Extensive Handli |                          |
| Comments No discrepancies.   |                                    |           |                         |                                 |                          |

| Received by (name and title printed)  Randall Hadley | Inspected by (name and title) James Clemons |  |
|--|---|--|
| Received by (signature)                              | CC:   |  |



| Establishment Name  Bourbon Street Grill  Establishment Address (number and street sits, etchoord |   | (812) 475-1688 1/5/20 |                 | Date of Inspection (1                        |                          |  |
|---|---|-----------------------|-----------------|--|--------------------------|--|
| 800 N Green River Rd Evansville, IN 47715   | and street, city, state and<br>0                | ZIP code)             |                 | SUMMARY OF VIOL                              |                          |  |
| Owner Name<br>Indiana New Bourbon Street, LLC   | Purpose 1<br>2 - Routi                          |                       | urpose 2        | Follow-Up<br>No                              | Release Date<br>01/15/16 |  |
| Name of Person-in-Charge<br>Tony  | -in-Charge Establishment ID Number<br>82-000056 |                       | nty<br>derburgh | Menu Type 3 - Extensive Handling/Medium Risk |                          |  |
| Comments  |   |                       |                 |  |                          |  |
| CODE SECTION C / NC  187 Critical   | R CORRECT BY                                    |                       |                 |  |                          |  |
| Some hot food not at 135 degrees F.   | Corrected Heat adjusted.                        |                       |                 |  |                          |  |
| 245 Non-Critical Wipe cloths not stored in sanitizer wh   | Corrected en not in use.                        |                       |                 |  |                          |  |
| Received by (name and title printed)  |   |                       | Inspected by    | (name and title)                             |                          |  |
| Tony  |   |                       | James Clemo     | ns   |                          |  |
| Received by (signature)   |   |                       | CC:             |  |                          |  |



| Cuburu #7020  |  |                          | hone Number<br>473-5075 | Date of Inspection (month, day, year 1/5/2016 |                          |
|---|--|--------------------------|-------------------------|---|--------------------------|
| Establishment Address (number and street, city, state and 800 N Green River Rd 0 Evansville, IN 47715 |  |                          | ode)                    | SUMMARY OF VIOLATIONS                         |                          |
| Owner Name Jeffrey S Troxel/Troxel Subs Inc   |  | Purpose 1<br>2 - Routine | Purpose 2<br>0          | Follow-Up<br>No                               | Release Date<br>01/15/16 |
| Name of Person-in-Charge Tiffany Morgan   |  |                          | County<br>Vanderburgh   | Menu Ty<br>3 - Extensive Handl                |                          |
| Comments<br>No discrepancies.   |  |                          |                         |   |                          |

| Received by (name and title printed) Tiffany Morgan | Inspected by (name and title)  James Clemons |
|---|--|
| Received by (signature)                             | CC:  |



|  |                   |                        | Telephone Number Date of Inspection (month, day, (812) 471-0024 1/5/2016 |  | month, day, year) |                          |
|--|-------------------|------------------------|--|--|-------------------|--------------------------|
| Establishment Address (number and street, city, state and ZIP code)  1400 N Green River Rd  Evansville, IN 47715 |                   |                        |  | SUMMARY OF VIOL                              |                   |                          |
| Owner Name<br>Raffertys Inc/Dan Davis  |                   | Purpose 1<br>2 - Routi |  | Purpose 2<br>0                               | Follow-Up<br>No   | Release Date<br>01/15/16 |
| Name of Person-in-Charge Establishment ID Num  Drew Russell 82-000453  |                   |                        | unty<br>nderburgh  | Menu Type 3 - Extensive Handling/Medium Risk |                   |                          |
| Comments   |                   |                        |  |  |                   |                          |
| CODE SECTION C/N   | C R               | CORRECT BY             |  |  |                   |                          |
| 295 Crit   | tical<br>vashing. | Corrected              |  |  |                   |                          |
| Non-C<br>Some wipe cloths not stored in  | Critical          | Corrected not in use.  |  |  |                   |                          |
| 430 Non-O<br>Some floor tile missing.  | Critical          | 1/30/2016              |  |  |                   |                          |
| Received by (name and title printed)  Drew Russell   |                   |                        | Inspected<br>James Cler  | by (name and title)                          |                   |                          |
| Received by (signature)  |                   |                        |  | CC:  | Thermal da luc    | VI TIO                   |



|  |  |                                 | Date of Inspection (month, day, year) |  |
|--|--|---------------------------------|---------------------------------------|--|
| Establishment Address (number and street, city, state and 7900 Eagle Crest 0  EVANSVILLE, IN 47716 | SUMMARY OF VIOLATIONS           C         0         NC         0         R         0 |                                 |                                       |  |
| Owner Name Purpose TEXAS ROADHOUSE HOLDINGS LLC 2 - Rot  |  | Follow-Up<br>No                 | Release Date<br>01/17/16              |  |
| Name of Person-in-Charge Establishment ID No<br>Rod Patmore 82-000573                              | umber County Vanderburgh   | Menu Ty<br>3 - Extensive Handli |                                       |  |

| Received by (name and title printed)  Rod Patmore | Inspected by (name and title) James Clemons |
|---|---|
| Received by (signature)                           | CC:   |



VANDERBURGH COUNTY HEALTH DEPT
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(812) 435-5695 (812) 435-5871

| CA Manaria Cita Channa  |                                      |                          | hone Number<br>485-4269            | Date of Inspection (month, day, year) 1/6/2016 |                          |
|---|--------------------------------------|--------------------------|------------------------------------|--|--------------------------|
| stablishment Address (number and street, city, state and ZIP code) 700 Washington Ave 0 vansville, IN 47750 |                                      |                          | SUMMARY OF VIOLATIONS C 0 NC 0 R 0 |  |                          |
| Owner Name<br>St Mary's Auxiliary   |                                      | Purpose 1<br>2 - Routine | Purpose 2<br>0                     | Follow-Up<br>No                                | Release Date<br>01/16/16 |
| Name of Person-in-Charge<br>Ronda Ritz  | Establishment ID Number<br>82-000878 |                          | County<br>Vanderburgh              | Menu Ty<br>1 - Pre-Packag                      |                          |
| Comments<br>No discrepancies.   |                                      |                          |                                    |  |                          |

| Received by (name and title printed)  Ronda Ritz | Inspected by (name and title)  James Clemons |
|--|--|
| Received by (signature)                          | CC:  |



VANDERBURGH COUNTY HEALTH DEPT
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(812) 435-5695 (812) 435-5871

| Deuter Clementon, Octobril & C   |                                      |  | phone Number<br>) 469-5081 | Date of Inspection (month, day, year) 1/6/2016 |                          |
|--|--------------------------------------|--|----------------------------|--|--------------------------|
| Establishment Address (number and street, city, state and ZIP code) 951 Dexter Ave. 0 EVANSVILLE, IN 47714 |                                      |  | code)                      | SUMMARY OF VIOLATIONS                          |                          |
| Owner Name Evansville Vanderburgh School Corp.   | Purpose 1<br>2 - Routine             |  | Purpose 2                  | Follow-Up<br>No                                | Release Date<br>01/16/16 |
| Name of Person-in-Charge<br>Annie Page   | Establishment ID Number<br>82-000086 |  | County<br>Vanderburgh      | Menu T<br>3 - Extensive Hand                   |                          |
| Comments<br>No discrepancies.  |                                      |  |                            |  |                          |

| Received by (name and title printed)  Annie Page | Inspected by (name and title) James Clemons |
|--|---|
| Received by (signature)                          | CC:   |



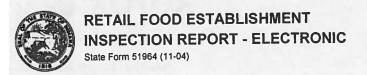
|   |                                    | elephone Number<br>12) 402-6313 | Date of Inspection (month, day, year)  1/6/2016  SUMMARY OF VIOLATIONS  C 0 NC 0 R 0 |                          |
|---|------------------------------------|---------------------------------|--|--------------------------|
| Establishment Address (numl<br>801 St Mary's Dr<br>Evansville, IN 47714 | per and street, city, state and Zi |                                 |  |                          |
| Owner Name MARY JO BRUGMANN   | Purpose 1<br>2 - Routine           | Purpose 2                       | Follow-Up<br>No  | Release Date<br>01/16/16 |
| Name of Person-in-Charge<br>Mary Jo Brugmann                            | Establishment ID Numbe<br>82-01094 | County Vanderburgh              | Menu Ty<br>3 - Extensive Handl   |                          |

| Received by (name and title printed)  Mary Jo Brugmann | Inspected by (name and title) James Clemons |  |
|--|---|--|
| Received by (signature)                                | CC:   |  |



|  |                                      | Felephone Number<br>812) 476-1792 | Date of Inspection | (month, day, year)              |                          |
|--|--------------------------------------|-----------------------------------|--------------------|---------------------------------|--------------------------|
| Establishment Address (1<br>3101 Bayard Park Dr.<br>EVANSVILLE, IN 47714 | number and street, c                 | ity, state and Z                  | ZIP code)          | SUMMARY OF VIC                  | DLATIONS  0 R 0          |
| Owner Name<br>CHRIST THE KING  |                                      | Purpose 1<br>2 - Routine          | Purpose 2          | Follow-Up<br>No                 | Release Date<br>01/16/16 |
| Name of Person-in-Charge<br>Katie Blair                                  | Establishment ID Number<br>82-000332 |                                   | County Vanderburgh | Menu Ty<br>3 - Extensive Handli |                          |
| Comments No discrepancies.   | E Williams                           | mark                              |                    |                                 |                          |

| Received by (name and title printed)  Katie Blair | Inspected by (name and title)  James Ciemons |
|---|--|
| Received by (signature)                           | CC:  |



| Establishment Name  Xpress Pantry                                      |                                | Telephone Number Date of Inspection (month, d<br>(812) 437-5700 1/6/2016 |                       | nonth, day, year)                               |  |
|--|--------------------------------|--|-----------------------|---|--|
| Establishment Address (number at 221 N Fulton Ave Evansville, IN 47710 | nd street, city, state a<br>0  | nd ZIP co  | de)                   | SUMMARY OF VIOL C _3 NC _4                      | ATIONS R 0   |
| Owner Name<br>Amrinder J Kaur  | Purpos<br>2 - Ro               |  | Purpose 2<br>0        | Follow-Up<br>Yes 01/11/16                       | Release Date<br>01/16/16   |
| Name of Person-in-Charge  Jtender Singh                                | Establishment ID N<br>82-01293 | lumber   | County<br>Vanderburgh | Menu Type gh 3 - Extensive Handling/Medium Risk |  |
| Comments   |                                |  |                       |   |  |
|  |                                |  |                       |   |  |
| CODE SECTION C/NC  | R CORRECT                      | BY   |                       |   | and the second s |
| 187 Critical Chicken measured 105-122 degrees an                       | nd not 135 degrees or          | greater.   | Discard after 4 hours |   |  |
| 204 Critical Raw chicken bagged in three compart                       | Corrected                      |  | ing. Do not store chi | cken in sink.                                   |  |
| 345 Critical Hand sink used to store unused fry ba                     | Corrected                      |  | nly.                  |   |  |
| 291 Non-Critical Lacking chlorine test kit for sanitizer.              | 1/9/2016                       |  |                       |   |  |
| 324 Non-Critical Leak under soda machine causing mo                    | ☐ 1/9/2016<br>ld growth.       |  |                       |   |  |
| 399 Non-Critical<br>Seal unfinished wood shelving.                     | 1/16/2016                      |  |                       |   |  |
| 426 Non-Critical Trash building up behind door to back                 | ☐<br>c of building.            |  |                       |   |  |

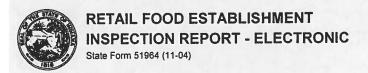
| Received by (name and title printed) | Inspected by (name and title) |  |  |  |
|--------------------------------------|-------------------------------|--|--|--|
| Raman Singh                          | James Clemons                 |  |  |  |
| Received by (signature)              | CC:                           |  |  |  |
|                                      |                               |  |  |  |

Inspection Date:

1/6/2016

**Establishment Name:** 

**Xpress Pantry** 



| Establishment Name<br>Harmes Una Pizza                                      |   | lephone Number<br>12) 426-2600 | Date of Inspection (month, day, year)  1/6/2016 |                          |
|---|---|--------------------------------|---|--------------------------|
| Establishment Address (number<br>967 S Kentucky Ave<br>EVANSVILLE, IN 47714 | er and street, city, state and ZIF<br>0 | P code)                        | SUMMARY OF VIO                                  |                          |
| Owner Name<br>Wayne Harmes  | Purpose 1<br>2 - Routine                | Purpose 2<br>0                 | Follow-Up<br>No                                 | Release Date<br>01/16/16 |
| Name of Person-in-Charge  | Establishment ID Number 82-000194       | r County<br>Vanderburgh        | Menu Type 2 - Limited Menu/Low Risk             |                          |
| Comments No noted violations.   |   |                                |   |                          |

| Received by (name and title printed) Pam Harmes | Inspected by (name and title) Carol Coudret |  |  |
|---|---|--|--|
| Received by (signature)                         | CC:   |  |  |
|   |   |  |  |



VANDERBURGH COUNTY HEALTH DEPT
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| Establishment Name<br>Mama Roma's Pizza                                    |                                      |                             | hone Number<br>422-1212      | Date of Inspection (month, day, year) 1/6/2016 |                          |
|--|--------------------------------------|-----------------------------|------------------------------|--|--------------------------|
| Establishment Address (number<br>2008 E Morgan Ave<br>Evansville, IN 47711 | and street, city, state<br>0         | e and ZIP co                | ode)                         | SUMMARY OF VIOL                                |                          |
| Owner Name  Baker and Baker LLC  |                                      | Pose 1<br>Routine           | Purpose 2                    | Follow-Up<br>No                                | Release Date<br>01/16/16 |
| Name of Person-in-Charge<br>Debra Baker                                    | Establishment ID Number<br>82-000688 |                             | County<br>Vanderburgh        | Menu Type 2 - Limited Menu/Low Risk            |                          |
| CODE SECTION C/NC  |                                      |                             |                              |  |                          |
| 118 Critical No certified food safety employee.                            | R CORREC                             |                             |                              |  |                          |
| Received by (name and title printed)  Debra Baker                          |                                      | mile access<br>Iventa at to | Inspected by<br>Carol Coudre | t (name and title)                             |                          |
| Received by (signature)  |                                      |                             | CC:                          |  |                          |



| Establishment Name By the Slice   |                         | 100             | phone Number<br>402-8518  | Date of Inspection (month, day, year) 1/7/2016 |                          |
|---|-------------------------|-----------------|---------------------------|--|--------------------------|
| Establishment Address (number<br>2011 Lincoln Ave<br>Evansville, IN 47714 | and street, city, s     | state and ZIP c | ode)                      | SUMMARY OF VIOL                                |                          |
| Owner Name<br>Eric Weber  | Purpose 1<br>2 - Routin |                 | Purpose 2<br>0            | Follow-Up<br>No                                | Release Date<br>01/17/16 |
| Name of Person-in-Charge Jane Scarlett                                    |                         |                 | County<br>Vanderburgh     | Menu Type 2 - Limited Menu/Low Risk            |                          |
| Comments  |                         |                 |                           |  |                          |
| 430 Non-Critical Floors behind new counters need rep                      | 3/1/2                   | 2016            |                           |  |                          |
| Received by (name and title printed)  Jane Scarlett                       |                         |                 | Inspected by Carol Coudre | y (name and title)<br>et                       |                          |
| Received by (signature)   |                         |                 | CC:                       |  |                          |



| Establishment Name  |                                   | Telephone Numb         | er Date of I                               | Date of Inspection (month, day, year)           |                          |
|---|-----------------------------------|------------------------|--|---|--------------------------|
| Wolfe's Auto Auction Inc  | (812) 425-4576                    | when drell at a work   | 1/7/2016                                   |   |                          |
| Establishment Address (number a. 2229 S Kentucky Ave EVANSVILLE, IN 47714 | nd street, city, state and<br>0   | ZIP code)              | SUM<br>C 0                                 | NC 1  |                          |
| Owner Name<br>Jeff Wolfe  | Purpose 1<br>2 - Routi            |                        | 1 0110                                     | ow-Up<br>No                                     | Release Date<br>01/17/16 |
| Name of Person-in-Charge Joan English                                     | Establishment ID Nur<br>82-000635 | nber County<br>Vanderb | urgh 3 - Ex                                | Menu Type<br>3 - Extensive Handling/Medium Risk |                          |
| Comments  |                                   |                        |  |   |                          |
| CODE SECTION C/NC   | R CORRECT BY                      |                        |  |   |                          |
| 324 Non-Critical Grease log not up to date.                               |                                   |                        |  |   |                          |
| Received by (name and title printed)  Joan English                        |                                   | 5-50 115 134 337 50    | nspected by (name and titi<br>atie Gretler | le)   |                          |
| Received by (signature)   |                                   |                        | C:   | 43.44   |                          |



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Based on an inspection this day, the item(s) noted below identify violation(s) 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.

January 8, 2016

| Establishment Name<br>Hacienda #16   |                                |                        | Telepho<br>(812) 42 | one Number<br>22-2055   | Date of Inspection (                           | month, day, year)        |
|--|--------------------------------|------------------------|---------------------|---|--|--------------------------|
| Establishment Address (number and street, city, state and ZIP 5440 Pearl Dr 0 Evansville, IN 47712 |                                |                        |                     | (e)   | SUMMARY OF VIOLATIONS  C 0 NC 1 R 0            |                          |
| Owner Name HMR Acquisition Com   | g, taking payme<br>.onl ,ynaqı | Purpose 1<br>2 - Routi | 100                 | Purpose 2   | Follow-Up                                      | Release Date<br>01/17/16 |
| Name of Person-in-Charge Establishment ID Number Joy Johnson 82-000179                             |                                |                        | pber W              | County y tent all state Vanderburgh   | Menu Typ<br>3 - Extensive Handlin              |                          |
| Comments   |                                | ed by another departer | e need              | ies you have that ar  | Bescribe any eur administration)               |                          |
| 216  | Non-Critical                   | 2/17/2016              | AL DERIN            |   | st other departments is scribe any other ideas |                          |
| Received by (name as   |                                |                        |                     | CONTRACTOR OF THE PARTY OF THE | name and title)                                | 5. A                     |
| Received by (signatu   | ure)                           |                        |                     | CC:   |  |                          |



| Establishment Name American Legion Post #354                          |                            |                          | lephone Number<br>12) 423-0962 | Date of Inspection              | (month, day, year)           |
|---|----------------------------|--------------------------|--------------------------------|---------------------------------|------------------------------|
| Establishment Address (1<br>1127 Chestnut St.<br>EVANSVILLE, IN 47713 | number and street, ci<br>0 | ity, state and ZIF       | code)                          | SUMMARY OF VIC                  | DLATIONS  0 R 0              |
| Owner Name<br>American Legion # 354                                   |                            | Purpose 1<br>2 - Routine | Purpose 2<br>0                 | Follow-Up<br>No                 | <b>Release Date</b> 01/17/16 |
| Name of Person-in-Charge<br>Dytana Wilson                             | Establishment ID Numb      |                          | r County<br>Vanderburgh        | Menu Ty<br>3 - Extensive Handli |                              |
| Comments<br>No discrepancies.   |                            |                          |                                |                                 |                              |

| Received by (name and title printed) | Inspected by (name and title) |  |
|--------------------------------------|-------------------------------|--|
| Dytana Wilson                        | Katie Gretler                 |  |
| Received by (signature)              | CC:                           |  |
|                                      |                               |  |



| Establishment Name El Sabroso  |                          | Telepl           | hone Number |                  | month, day, year) |
|--|--------------------------|------------------|-------------|------------------|-------------------|
|  |                          |                  |             | 1/7/2016         |                   |
| Establishment Address (nu<br>3012 Covert Ave<br>Evansville, IN 47714 | mber and street, city, 0 | state and ZIP co | ode)        | SUMMARY OF VIOL  |                   |
| Owner Name   |                          | Purpose 1        | Purpose 2   | Follow-Up        | Release Date      |
| Xiomara V Pareja Villatoro   |                          | 2 - Routine      | 0           | No               | 01/17/16          |
| Name of Person-in-Charge   | Establishme              | nt ID Number     | County      | Menu Type        | 9                 |
| Xiomara Villatoro  | 82-0152                  | 0                | Vanderburgh | 1 - Pre-Packaged | /Low-Risk         |
| Comments No discrepancies.   |                          |                  |             |                  |                   |
|  |                          |                  |             |                  |                   |

| Received by (name and title printed) | Inspected by (name and title) |
|--------------------------------------|-------------------------------|
| Xiomara Villatoro                    | James Clemons                 |
| Received by (signature)              | CC:                           |
|                                      |                               |



Taco Johns

VANDERBURGH COUNTY HEALTH DEPT
Telephone Fax
(812) 435-5695 (812) 435-5871

(month, day, year)

Date of Inspection

1/7/2016

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

**Telephone Number** 

(812) 473-7841

| 2509 Washington Ave. Evansville, IN 47714                                | C 0 NC 0 R 0             |                             |  |                              |
|--|--------------------------|-----------------------------|--|------------------------------|
| Owner Name D & G Properties - Mike Dorman                                | Purpose 1<br>2 - Routine | Purpose 2                   | Follow-Up<br>No                              | <b>Release Date</b> 01/17/16 |
| Name of Person-in-Charge Establishment ID Number  Jamie Canary 82-000566 |                          | County<br>Vanderburgh       | Menu Type 3 - Extensive Handling/Medium Risk |                              |
| Comments No discrepancies.   |                          |                             |  |                              |
| Received by (name and title printed                                      | )                        | Inspected by<br>James Clemo | / (name and title)<br>ons                    |                              |
| Received by (signature)  | CC:                      |                             |  |                              |



| Kelly's Food & Smoke Shop  |                                     | Telephone Number<br>(812) 477-2325 | Date of Inspection (         | month, day, year)        |
|--|-------------------------------------|------------------------------------|------------------------------|--------------------------|
| Establishment Address (number 3012 Covert Ave Evansville, IN 47714 | er and street, city, state and<br>0 | d ZIP code)                        | SUMMARY OF VIO               |                          |
| Owner Name<br>Khalid O Alssaleh                                    | Purpose<br>2 - Rou                  |                                    | Follow-Up<br>No              | Release Date<br>01/17/16 |
| Name of Person-in-Charge<br>Mike                                   | Establishment ID Nu<br>82-01143     | mber County Vanderburgh            | Menu Typ<br>1 - Pre-Packaged |                          |

| Received by (name and title printed)  Mike | Inspected by (name and title)  James Clemons |  |
|--|--|--|
| Received by (signature)                    | CC:  |  |



 VANDERBURGH COUNTY HEALTH DEPT

 Telephone
 Fax

 (812) 435-5695
 (812) 435-5871

Date of Inspection

(month, day, year)

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

| Oasis Café and Mediterranean  | Grille                 | (812)                               | 602-3660    | 1/7/2016                                     |                          |
|---|------------------------|-------------------------------------|-------------|--|--------------------------|
| Establishment Address<br>5702 E Virginia St<br>Evansville, IN 47715 | (number and street, co | ity, state and ZIP o                | code)       | SUMMARY OF VI                                | OLATIONS  0 R 0          |
| Owner Name<br>Raffi Manna   |                        | Purpose 1<br>2 - Routine            | Purpose 2   | Follow-Up<br>No                              | Release Date<br>01/17/16 |
| Name of Person-in-Charge<br>Raffi Manna                             |                        | Establishment ID Number<br>82-01500 |             | Menu Type 3 - Extensive Handling/Medium Risk |                          |
| Comments No discrepancies.  |                        |                                     |             |  |                          |
|   |                        |                                     |             |  |                          |
| Received by (name and title   | printed)               | material Commence                   | Inspected b | y (name and title)                           |                          |

**Telephone Number** 

| Received by (name and title printed)  Raffi Manna | Inspected by (name and title)  James Clemons |
|---|--|
| Received by (signature)                           | CC:  |
|   |  |



|  |  |                          | hone Number<br>469-5086 | Date of Inspection (month, day, year, 1/7/2016  SUMMARY OF VIOLATIONS  C 0 NC 0 R 0 |                              |
|--|--|--------------------------|-------------------------|---|------------------------------|
|  |  |                          | ode)                    |   |                              |
| Owner Name Evansville Vanderburgh School Corp. |  | Purpose 1<br>2 - Routine | Purpose 2<br>0          | Follow-Up<br>No   | <b>Release Date</b> 01/17/16 |
| Name of Person-in-Charge<br>Lisa Garrett       |  |                          | County<br>Vanderburgh   | Menu T<br>3 - Extensive Hand  |                              |

| Received by (name and title printed)  Lisa Garrett | Inspected by (name and title)  James Clemons |
|--|--|
| Received by (signature)                            | CC:  |



Establishment Name
Good Shepherd School

Received by (signature)

 VANDERBURGH COUNTY HEALTH DEPT

 Telephone
 Fax

 (812) 435-5695
 (812) 435-5871

Date of Inspection

1/7/2016

(month, day, year)

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

**Telephone Number** 

| Establishment Address (number and street, city, state and ZIP code)  2301 N Stockwell Rd. 0  EVANSVILLE, IN 47715 |  |              | SUMMARY OF VIOLATIONS           C         0         NC         0         R         0 |                          |
|---|--|--------------|--|--------------------------|
| Owner Name GOOD SHEPHERD SCHOOL   | Purpose 1<br>2 - Routine                       | Purpose 2    | Follow-Up<br>No  | Release Date<br>01/17/16 |
| Name of Person-in-Charge Angela Skelton   | of Person-in-Charge Establishment ID Number Co |              | Menu Type 3 - Extensive Handling/Medium Risk   |                          |
| Comments No discrepancies.  |  |              |  |                          |
| Received by (name and title printed)  |  | Inspected by | / (name and title)   |                          |
| Angela Skelton  |  | James Cleme  | ons  |                          |

CC:



| 01  |                      | Telephone Number<br>(812) 473-7104 | Date of Inspection (month, day, year         |              |
|---|----------------------|------------------------------------|--|--------------|
| Establishment Address (number and street, city, state and ZIP code) 30 S Stockwell Rd. 0 Evansville, IN 47714 |                      |                                    | SUMMARY OF VIOLATIONS     C                  |              |
| Owner Name  | Purpose 1            |                                    | Follow-Up                                    | Release Date |
| Sodexo & Affiliates   | 2 - Routi            |                                    | No   | 01/17/16     |
| Name of Person-in-Charge  | Establishment ID Nun | nber County                        | Menu Type 3 - Extensive Handling/Medium Risk |              |
| Linda Book  | 82-000533            | Vanderburgh                        |  |              |

| Received by (name and title printed)  Linda Book | Inspected by (name and title) James Clemons |
|--|---|
| Received by (signature)                          | CC:   |



VANDERBURGH COUNTY HEALTH DEPT
Telephone Fax
(812) 435-5695 (812) 435-5871

**Date of Inspection** 

(month, day, year)

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

| Grandy's #188   | 188 (812) 423-6796                   |                       |  | 1/8/2016                 |  |  |
|---|--------------------------------------|-----------------------|--|--------------------------|--|--|
| Establishment Address (number and street, city, state and ZIP code) 722 Landbridge Ave. 0 Evansville, IN 47710      |                                      |                       | SUMMARY OF VI                                | OLATIONS  0 R 0          |  |  |
| Owner Name<br>SERVUS, Inc.  | Purpose 1<br>3 - Follow-up Insp.     | Purpose 2             | Follow-Up<br>No                              | Release Date<br>01/18/16 |  |  |
| Name of Person-in-Charge  | Establishment ID Number<br>82-000174 | County<br>Vanderburgh | Menu Type 3 - Extensive Handling/Medium Risk |                          |  |  |
| Comments  Corrected: gnats no longer present.  Corrected: bulk sugar now has lid.  Corrected: grease log available. |                                      |                       |  |                          |  |  |

Telephone Number

| Received by (name and title printed)  Jeremy Wagner | Inspected by (name and title)  Katie Gretler |  |
|---|--|--|
| Received by (signature)                             | CC:  |  |



| Assessed Figh Third Octo  |                                      |                          | hone Number<br>456-3445           | Date of Inspection<br>1/8/2016 | (month, day, year)       |
|---|--------------------------------------|--------------------------|-----------------------------------|--------------------------------|--------------------------|
| Establishment Address (number and street, city, state and ZIP code)  20 NW Third St 0  Evansville, IN 47708 |                                      |                          | SUMMARY OF VIOLATIONS  C 0 NC 0 R |                                |                          |
| Owner Name<br>Aramark - 5/3 Bank  |                                      | Purpose 1<br>2 - Routine | Purpose 2                         | Follow-Up<br>No                | Release Date<br>01/18/16 |
| Name of Person-in-Charge<br>Sherri Hurm   | Establishment ID Number<br>82-000005 |                          | County<br>Vanderburgh             | Menu Ty<br>3 - Extensive Handl | •                        |

| Received by (name and title printed) | Inspected by (name and title) |  |  |
|--------------------------------------|-------------------------------|--|--|
| Sherri Hurm                          | Katie Gretler                 |  |  |
| Received by (signature)              | CC:                           |  |  |
|                                      |                               |  |  |



| VANDERBURGH (  | COUNTY HEALTH DEPT |
|----------------|--------------------|
| Telephone      | Fax                |
| (812) 435-5695 | (812) 435-5871     |

| Establishment Name American Legion Post #8                                 |                                      |                         | <b>Telepho</b> (812) 96 | one Number<br>3-5391  | Date of Inspection<br>1/8/2016 | (month, day, year)       |
|--|--------------------------------------|-------------------------|-------------------------|-----------------------|--------------------------------|--------------------------|
| Establishment Address (num<br>6001 New Harmony Rd.<br>Evansville, IN 47720 | nber and street, c<br>0              | ity, state and          | ZIP cod                 | e)                    | SUMMARY OF VIO                 | OLATIONS  0 R 0          |
| Owner Name American Legion Post # 8  |                                      | Purpose 1<br>2 - Routin | ne                      | Purpose 2<br>0        | Follow-Up<br>No                | Release Date<br>01/18/16 |
| Name of Person-in-Charge<br>SueLisa  | Establishment ID Number<br>82-000020 |                         | ber                     | County<br>Vanderburgh | Menu Ty<br>3 - Extensive Handl |                          |
| Comments No discrepancies.   |                                      |                         |                         | distanti              |                                |                          |

| Received by (name and title printed) Susan Bailey | Inspected by (name and title)  Katie Gretler |  |  |
|---|--|--|--|
| Received by (signature)                           | CC:  |  |  |



|   |                                      | ephone Number<br>2) 476-6654 | Date of Inspection (month, day, year, 1/8/2016 |                          |
|---|--------------------------------------|------------------------------|--|--------------------------|
| Establishment Address (number and street, city, state and ZIP code) 2800 Kotter Ave. 0 EVANSVILLE, IN 47715 |                                      |                              | SUMMARY OF VIOLATIONS C 0 NC 0 R               |                          |
| Owner Name<br>Tracy Kessler   | Purpose 1<br>2 - Routine             | Purpose 2<br>0               | Follow-Up<br>No                                | Release Date<br>01/18/16 |
| Name of Person-in-Charge Phil Kessler   | Establishment ID Number<br>82-000136 | County<br>Vanderburgh        | Menu T<br>2 - Limited Me                       |                          |

| Received by (name and title printed) Phil Kessler | Inspected by (name and title)  James Clemons |
|---|--|
| Received by (signature)                           | CC:  |

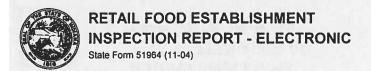


|   |  |                   | none Number<br>171-9590 | Date of Inspection (month, day, year 1/8/2016 |                          |
|---|--|-------------------|-------------------------|---|--------------------------|
| Establishment Address (number and street, city, state and 345 Bentee Wes Ct 0  Evansville, IN 47715 |  |                   | de)                     | SUMMARY OF VIOLATIONS  C 0 NC 0 R 0           |                          |
| Owner Name<br>BOB SWALLOWS  | the state of the s | oose 1<br>Routine | Purpose 2<br>0          | Follow-Up<br>No                               | Release Date<br>01/18/16 |
| Name of Person-in-Charge<br>Scott Turi  | Establishment ID Number 82-01348   |                   | County<br>Vanderburgh   | Menu Type 2 - Limited Menu/Low Risk           |                          |
| Comments<br>No discrepancies.   |  |                   | benediction             |   |                          |

| Received by (name and title printed)  Scott Turi | Inspected by (name and title)  James Clemons |
|--|--|
| Received by (signature)                          | CC:  |



| Establishment Name<br>Denny's #244  | Denny's #244                                 |            |                | Telephone Number (812) 473-1063 |                    |                 | Date of Inspection<br>1/8/2016   |  |  |
|---|--|------------|----------------|---------------------------------|--------------------|-----------------|--|--|--|
| Establishment Address (number and street, city, state and 351 N Green River Rd 0 Evansville, IN 47715 |  |            |                |                                 | d ZIP code)        |                 | SUMMARY OF VIOLATIONS           C         0         NC         3         R         0 |  |  |
| Owner Name Purpose 1 SERVUS, Inc. 2 - Routi   |  |            |                |                                 |                    | Follow-Up<br>No | Release Date<br>01/18/16   |  |  |
| Name of Person-in-Cha<br>Steve Grove  | Name of Person-in-Charge Establishment ID Nu |            |                | nber                            | County<br>Vanderbu | urgh            | Menu Type 3 - Extensive Handling/Medium Risk   |  |  |
| Comments  |  |            |                |                                 |                    |                 |  |  |  |
| CODE SECTION  | C/NC   | R          | CORRECT BY     |                                 |                    |                 | 7.77   |  |  |
| 245<br>Wipe cloths not stored   | Non-Critical<br>in sanitizer wl              | nen not ir | Corrected use. |                                 |                    |                 |  |  |  |
| 295<br>Some shelves soiled.   | Non-Critical                                 |            | 1/11/2016      | SET !                           | TERO<br>H          | o Hay           | ENL CONTRACTOR   |  |  |
| 295<br>Some equipment soile   | Non-Critical<br>d.                           |            | 1/9/2016       |                                 |                    |                 |  |  |  |
| Received by (name and Steve Grove   | title printed)                               |            |                |                                 |                    | aspected by     | / (name and title)<br>ons  |  |  |
| Received by (signature  | )  |            |                |                                 | С                  | C:              |  |  |  |



| Clark Tana  |                                       |           | <b>Telephone Number</b> (812) 730-4759 |                       | Date of Inspection (month, day, year) 1/8/2016 |                          |
|---|---------------------------------------|-----------|--|-----------------------|--|--------------------------|
| Establishment Address (num<br>49 N Green River Rd<br>Evansville, IN 47715 | (number and street, city, state and 0 |           |  | e)                    | SUMMARY OF VIO                                 |                          |
| Owner Name Rodiga Venture's LLC   | .C Purpose 1                          |           |  | Purpose 2<br>0        | Follow-Up<br>No                                | Release Date<br>01/18/16 |
| Name of Person-in-Charge<br>Kraig Meyer                                   | Establishment ID Num<br>82-01415      |           | ber                                    | County<br>Vanderburgh | Menu Type<br>1 - Pre-Packaged/Low-Risk         |                          |
| Comments<br>No discrepancies.   |                                       | and the c |  |                       |  |                          |

| Received by (name and title printed)  Kraig Meyer | Inspected by (name and title) James Clemons |
|---|---|
| Received by (signature)                           | CC:   |



| Establishment Name<br>Holy Rosary School                                       |                                    | Telephone Number (812) 477-3518 | Date of Inspection |  |  |
|--|------------------------------------|---------------------------------|--------------------|--|--|
| Establishment Address (number<br>1301 S Green River Rd<br>EVANSVILLE, IN 47715 | r and street, city, state and<br>0 | , city, state and ZIP code)     |                    | SUMMARY OF VIOLATIONS           C         0         NC         0         R         0 |  |
| Owner Name<br>HOLY ROSAY SCHOOL  | Purpose<br>2 - Rou                 |                                 | 1 011011-0P        | Release Date<br>01/18/16   |  |
| Name of Person-in-Charge<br>Lora Schutzius                                     | Establishment ID Nu<br>82-000218   | mber County<br>Vanderbu         |                    | nu Type<br>Handling/Medium Risk  |  |
| Comments<br>No discrepancies.  |                                    |                                 |                    |  |  |

| Received by (name and title printed)  Lora Schutzius | Inspected by (name and title) James Clemons |
|--|---|
| Received by (signature)                              | CC:   |



| Establishment Name Quality Inn                                      |   |  | none Number<br>177-2211 | Date of Inspection (month, day, year)  1/8/2016 |                          |
|---|---|--|-------------------------|---|--------------------------|
| Establishment Address (number 5006 Morgan Ave. Evansville, IN 47715 | SUMMARY OF VIOLATIONS  C 0 NC 0 R 0           |  |                         |   |                          |
|   |   |  | Purpose 2<br>0          | Follow-Up<br>No                                 | Release Date<br>01/18/16 |
| Name of Person-in-Charge<br>Alan Jacobs                             | Name of Person-in-Charge Establishment ID Num |  |                         | Menu Typ<br>2 - Limited Menu                    |                          |
| Comments No discrepancies.  |   |  |                         |   |                          |
| Received by (name and title printed)  Alan Jacobs                   |   |  | Inspected to            | by (name and title)<br>nons                     |                          |
| Received by (signature)   |   |  | CC:                     |   |                          |



Montessori Academy

Received by (signature)

 VANDERBURGH COUNTY HEALTH DEPT

 Telephone
 Fax

 (812) 435-5695
 (812) 435-5871

Date of Inspection

1/8/2016

(month, day, year)

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

**Telephone Number** (812) 479-1776

| Establishment Address (numb<br>4661 Adams Ave.<br>EVANSVILLE, IN 47714  | SUMMARY OF VIOLATIONS           C         0         NC         0         R         0 |                       |  |                          |  |
|---|--|-----------------------|--|--------------------------|--|
| Owner Name MONTESSORI ACADEMY   | Purpose 1<br>2 - Routine   | Purpose 2<br>0        | Follow-Up<br>No                              | Release Date<br>01/18/16 |  |
| Name of Person-in-Charge Establishment ID Number Wendy Morris 82-000397 |  | County<br>Vanderburgh | Menu Type 3 - Extensive Handling/Medium Risk |                          |  |
| Comments<br>No discrepancies.   |  |                       |  |                          |  |
| Received by (name and title printed                                     | d)   | Inspected b           | oy (name and title)                          |                          |  |
| Wendy Morris  |  | James Clemons         |  |                          |  |

CC:



 VANDERBURGH COUNTY HEALTH DEPT

 Telephone
 Fax

 (812) 435-5695
 (812) 435-5871

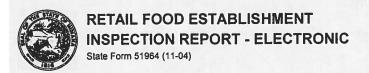
(month, day, year)

**Date of Inspection** 

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

Telephone Number

| Scandals  |                                       | ) 423-2121            | 1/8/2016                            |                          |
|---|---------------------------------------|-----------------------|-------------------------------------|--------------------------|
| Establishment Address (numb<br>1352 E Division St<br>Evansville, IN 47714 | er and street, city, state and ZIP of | SUMMARY C 0 1         |                                     | DLATIONS 0 R 0           |
| Owner Name MNA 2001 Inc.  | Purpose 1<br>2 - Routine              | Purpose 2             | Follow-Up<br>No                     | Release Date<br>01/18/16 |
| Name of Person-in-Charge<br>Michael Stoker                                | Establishment ID Number<br>82-01524   | County<br>Vanderburgh | Menu Type 1 - Pre-Packaged/Low-Risk |                          |
| Comments No noted violations.   |                                       |                       |                                     |                          |
| Received by (name and title printed) Michael Stoker                       |                                       | Inspected b           | y (name and title)<br>et            |                          |
| Received by (signature)   |                                       | CC:                   |                                     |                          |



| Establishment Name The Pub  |   |            | Telephone Number<br>(812) 423-2121 |                          | Date of Inspection (month, day, year) 1/8/2016                                       |                          |  |
|---|---|------------|------------------------------------|--------------------------|--|--------------------------|--|
| Establishment Address (number and street, city, state and ZIP code) 1348 Division St 0 Evansville, IN 47711 |   |            |                                    |                          | SUMMARY OF VIOLATIONS           C         0         NC         2         R         0 |                          |  |
| Owner Name         Purpose 1           MNA 2001 Inc.         2 - Routine                                    |   |            |                                    | Purpose 2<br>0           | Follow-Up<br>No  | Release Date<br>01/18/16 |  |
| Name of Person-in-Charge<br>Michael Stoker  | Name of Person-in-Charge Establishment ID Nun |            |                                    | County<br>Vanderburgh    | Menu Type<br>2 - Limited Menu/Low Risk   |                          |  |
| Comments  |   |            |                                    |                          |  |                          |  |
| CODE SECTION C/NC   | R   | CORRECT BY | e i manusir mideres                |                          |  |                          |  |
| 422 Non-Critical Employee possessions not properly s  |   | Corrected  |                                    |                          |  |                          |  |
| 430 Non-Critical Repair/replace broken floor tile.  |   | 2/1/2016   |                                    |                          |  |                          |  |
| Received by (name and title printed)  Michael Stoker  |   |            |                                    | Inspected be Carol Coudr | oy (name and title)<br>et  |                          |  |
| Received by (signature)   |   |            |                                    | CC:                      |  |                          |  |



| Establishment Name Carne Asada LLC                                       |  |            | Telephone Number<br>(812) 459-5556 |                       | Date of Inspection (month, day, year) 1/8/2016 |                          |
|--|--|------------|------------------------------------|-----------------------|--|--------------------------|
| Establishment Address (number of 1354 E Division ST Evansville, IN 47714 | SUMMARY OF VIOLATIONS                    |            |                                    |                       |  |                          |
| Owner Name Larry Pollock, Otis C, David Y.                               | Owner Name Purpose 1                     |            |                                    | Purpose 2<br>0        | Follow-Up<br>No                                | Release Date<br>01/18/16 |
| Name of Person-in-Charge<br>Larry Pollack                                | f Person-in-Charge Establishment ID Numb |            | nber                               | County<br>Vanderburgh | Menu Typ<br>2 - Limited Menu                   |                          |
| Comments   |  |            |                                    |                       |  |                          |
| CODE SECTION C/NC  | R (                                      | CORRECT BY |                                    |                       |  |                          |
| 434 Non-Critical Stack outside wood used for smoking                     |  |            |                                    |                       |  |                          |
| Received by (name and title printed)                                     |  |            |                                    | Inspected b           | y (name and title)<br>et                       |                          |
| Received by (signature)  |  |            |                                    | CC:                   |  |                          |