



# Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Dollar General #2763</b>		Telephone Number <b>(812-425-4867)</b>	Date of Inspection (mm/dd/yr) <b>09/30/2016</b>	ID # <b>10915</b>	
Establishment Address (number and street, city, state, zip code) <b>607 E Diamond Ave, Evansville, IN, 47711</b>		Owner <b>(615-855-4000)</b>	Follow-up <b>No</b>		
Owner <b>DOLGENCORP LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>10/10/2016</b>		
Owner's Address <b>100 Mission Ridge, Goodlettsville, TN, 37072</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>DOLGENCORP LLC</b>			Menu Type (See additional page)		
Responsible Person's E-mail			1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
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
			No noted violations.	

Received by (name and title printed): <b>joella martin</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Grandy's #188</b>		Telephone Number <b>(812-423-6796)</b>	Date of Inspection (mm/dd/yr) <b>09/29/2016</b>	ID # <b>10994</b>
Establishment Address (number and street, city, state, zip code) <b>722 Landbridge Ave., Evansville, IN, 47710</b>		(812-482-3212)		
Owner <b>SERVUS, Inc.</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up	Release Date <b>10/09/2016</b>	
Owner's Address <b>4201 Mannheim Rd Suite A, Jasper, IN, 47546</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>SERVUS, Inc.</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Andrea McCormick</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Corrected hand sink installed for sandwich prep	
			Corrected leak under soda machine	
			Corrected cinamon rolls and teas covered	

Received by (name and title printed): <b>Susan Rodgers</b>		Inspected by (name and title printed): <b>Katie Gretler</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Highland Elementary School</b>		Telephone Number (812-867-2428)	Date of Inspection (mm/dd/yr) 09/29/2016	ID # 11028	
Establishment Address (number and street, city, state, zip code) <b>6701 Darmstadt Rd., EVANSVILLE, IN, 47725</b>		(812-435-8453) Owner	Follow-up <b>No</b>		
Owner <b>Evansville Vanderburgh School Corp.</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>10/09/2016</b>		
Owner's Address <b>951 Walnut St, Evansville, IN, 47713</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Evansville Vanderburgh School Corp.</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail					
Certified Food Handler <b>Louise Kroeger</b>					

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>kathy fehrenbacher</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Holy Redeemer</b>		Telephone Number <b>(812-422-3688)</b>	Date of Inspection (mm/dd/yr) <b>09/26/2016</b>	ID # <b>11037</b>
Establishment Address (number and street, city, state, zip code) <b>918 W Mill Rd., EVANSVILLE, IN, 47710</b>		( ) Owner		
Owner <b>HOLY REDEEMER</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/06/2016</b>	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>HOLY REDEEMER</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Pam Ambrose</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations	

Received by (name and title printed): <b>Pam Ambrose</b>	Inspected by (name and title printed): <b>Katie Gretler</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> <b>Central High School</b>	<b>Telephone Number</b> (812-435-8297 (812-435-8453	<b>Date of Inspection</b> (mm/dd/yr) 09/29/2016	<b>ID #</b> 11137
<b>Establishment Address (number and street, city, state, zip code)</b> <b>5400 First Ave, EVANSVILLE, IN, 47710</b>	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		
<b>Owner</b> <b>Evansville Vanderburgh School Corp.</b>			
<b>Owner's Address</b> <b>951 Walnut St, Evansville, IN, 47713</b>			
<b>Person in Charge</b> <b>Evansville Vanderburgh School Corp.</b>	<b>Follow-up</b> <b>No</b>		
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b> <b>Cindy Crabtree</b>	<b>Release Date</b> <b>10/09/2016</b>		
<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Cindy Crabtree</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
--	--

Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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<b>Establishment Name</b> Co-op Country Corner		<b>Telephone Number</b> (812-428-4593)	<b>Date of Inspection</b> (mm/dd/yr) 09/30/2016	<b>ID #</b> 11162
<b>Establishment Address (number and street, city, state, zip code)</b> 5015 N St. Joseph Ave, Evansville, IN, 47720		(812-683-2809)		
<b>Owner</b> SUPERIOR AG RESOURCES	<b>Purpose:</b> <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow-up</b> No	<b>Release Date</b> 10/10/2016	
<b>Owner's Address</b> PO Box 420, HUNTINGBURG, IN, 47542			<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> SUPERIOR AG RESOURCES			<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input checked="checked" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>				
<b>Certified Food Handler</b> NA				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations	

<b>Received by (name and title printed):</b> Angela Kirkwood	<b>Inspected by (name and title printed):</b> Katie Gretler
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>cc:</b>	<b>cc:</b>



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Establishment Name <b>Cracker Barrel Old Country Store #216</b>		Telephone Number <b>(812-479-8788)</b>	Date of Inspection (mm/dd/yr) <b>09/30/2016</b>	ID # <b>11174</b>
Establishment Address (number and street, city, state, zip code) <b>8215 Eagle Lake Dr., Evansville, IN, 47715</b>		Owner <b>(615-444-5533)</b>	Follow-up <b>No</b>	
Owner <b>Cracker Barrel Old Country Store, Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Release Date <b>10/10/2016</b>	
Owner's Address <b>PO box 787, Lebanon, TN, 37088</b>			Summary of Violations: <b>C 1 NC 0 R 1</b>	
Person in Charge <b>Cracker Barrel Old Country Store, Inc</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>James Rutko</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Vegetable food slicer soiled.	Corrected

Received by (name and title printed): <b>Michael Coleman</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Form containing establishment details: Establishment Name (St Agnes School), Telephone Number (8124239115), Date of Inspection (09/28/2016), ID # (11333), Owner (ST AGNES SCHOOL), Purpose (Routine), Follow-up (No), Release Date (10/08/2016), Person in Charge (ST AGNES SCHOOL), and Certified Food Handler (Mary Jo Townsend).

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1 contains 'No noted violations'.

Received by (name and title printed): Mary Jo Townsend
Inspected by (name and title printed): Katie Gretler
Received by (signature):
Inspected by (signature):

cc: (three empty fields for contact information)





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<b>Establishment Name</b> TACO BELL #28904	<b>Telephone Number</b> (812-423-8226) (503-722-2825)	<b>Date of Inspection (mm/dd/yr)</b> 09/29/2016	<b>ID #</b> 11380
<b>Establishment Address (number and street, city, state, zip code)</b> 2408 W Maryland St, Evansville, IN, 47712			
<b>Owner</b> Bell Indiana LLC	<b>Purpose:</b> <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 10/09/2016
<b>Owner's Address</b> PO BOX 507, WEST LINN, OR, 97068		<b>Summary of Violations:</b> C <u>0</u> NC <u>1</u> R <u>0</u>	
<b>Person in Charge</b> Bell Indiana LLC		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b> obtaining, store manager just changed locations			

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Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		Drain line on back hand sink leaking	10/03/2016

<b>Received by (name and title printed):</b> Candice Crowsmith	<b>Inspected by (name and title printed):</b> Katie Gretler
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>cc:</b>	<b>cc:</b>



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Establishment Name <b>Talk of the Town Pizza Bar</b>		Telephone Number <b>(812-402-8696)</b>	Date of Inspection (mm/dd/yr) <b>09/30/2016</b>	ID # <b>11387</b>
Establishment Address (number and street, city, state, zip code) <b>1200 Edgar, Evansville, IN, 47710</b>		Owner <b>(812-453-6350)</b>	Follow-up	Release Date <b>10/10/2016</b>
Owner <b>Jason English</b>	Owner's Address <b>201 B S Fulton Ave, EVANSVILLE, IN, 47708</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: <b>C 0 NC 1 R 0</b>	
Person in Charge <b>Jason English</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Kimberly Tornatore</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		Drains need cleaning	09/30/2016

Received by (name and title printed): <b>Kimberly Tornatore</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name: Tekoppel School K-5
Telephone Number: (812) 435-8608
Date of Inspection: 09/27/2016
ID #: 11392
Establishment Address: 111 Tekoppel Ave., EVANSVILLE, IN, 47712
Owner: Evansville Vanderburgh School Corp.
Owner's Address: 951 Walnut St, Evansville, IN, 47713
Person in Charge: Evansville Vanderburgh School Corp.
Responsible Person's E-mail:
Certified Food Handler: Terri Goldman
Purpose: Routine
Follow-up: No
Release Date: 10/07/2016
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

Received by (name and title printed): Terri Goldman
Inspected by (name and title printed): Katie Gretler
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name <b>Thorntons #83</b>		Telephone Number <b>(812-477-5464</b>	Date of Inspection (mm/dd/yr) <b>09/29/2016</b>	ID # <b>11407</b>
Establishment Address (number and street, city, state, zip code) <b>701 S Green River Rd, EVANSVILLE, IN, 47715</b>		( <b>502-425-8022</b> ) Owner		
Owner <b>THORNTONS, Inc</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/09/2016</b>
Owner's Address <b>10101 Linn Station Road, Louisville, KY, 40223</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>THORNTONS, Inc</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Tamara Newell</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Karen Chilton</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Wesselmans Weinbach</b>		Telephone Number <b>(812-424-8289)</b>	Date of Inspection (mm/dd/yr) <b>09/27/2016</b>	ID # <b>11441</b>
Establishment Address (number and street, city, state, zip code) <b>1 N Weinbach Ave., Evansville, IN, 47711</b>		Owner <b>(812-479-0993)</b>	Follow-up <b>No</b>	
Owner <b>WINKLER INC</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>10/07/2016</b>	
Owner's Address <b>5011 Washington Ave #6, Evansville, IN, 47715</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 2 R 2</b>	
Person in Charge <b>WINKLER INC</b>		<input type="checkbox"/> Complaint	Menu Type (See additional page)	
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Annie Hoffman</b>		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC	R	Incomplete labeling on deli grab & go items.	09/27/2016
431	NC	R	Mop sink area in need of cleaning.	09/27/2016

Received by (name and title printed): <b>Cindy Gentry</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Southern Indiana Career Technical Ctr Culinary Arts</b>		Telephone Number ( ) Establishment <b>812-435-8453</b>	Date of Inspection (mm/dd/yr) <b>09/27/2016</b>	ID # <b>11564</b>
Establishment Address (number and street, city, state, zip code) <b>1901 Lynch Rd, Evansville, IN, 47711</b>		( ) Owner	Follow-up <b>No</b>	
Owner <b>Evansville Vanderburgh School Corp.</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Release Date <b>10/07/2016</b>	
Owner's Address <b>951 Walnut St, Evansville, IN, 47713</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Evansville Vanderburgh School Corp.</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Ed Ellis</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Ed Ellis</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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State Form 22116 (R7 /12-04)  
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Establishment Name <b>Arby's #7815</b>	Telephone Number <b>(812-475-1176)</b> <b>(678-514-4377)</b>	Date of Inspection (mm/dd/yr) <b>09/29/2016</b>	ID # <b>11589</b>
Establishment Address (number and street, city, state, zip code) <b>6100 E Lloyd Expressway, Evansville, IN, 47715</b>	Owner <b>Arby's Restaurant Group</b>	Follow-up <b>No</b>	Release Date <b>10/09/2016</b>
Owner's Address <b>1155 Perimeter Center West, Atlanta, GA, 30338</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>	
Person in Charge <b>Arby's Restaurant Group</b>	Responsible Person's E-mail	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Larry Harrington</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Nicole Pearch</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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Establishment Name <b>Hagedorn's</b>		Telephone Number (812) 423-0794	Date of Inspection (mm/dd/yr) 09/26/2016	ID # 11699
Establishment Address (number and street, city, state, zip code) 2037 W Franklin St, Evansville, IN, 47712		(812) 449-6872		
Owner Dogtown Tavern	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date 10/06/2016	
Owner's Address 7526 Hogue Rd, Evansville, IN, 47712		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>		
Person in Charge Dogtown Tavern		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler Mike Nunning				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
245	NC	R	Wet wiping cloths not stored in chemical sanitizer at bar	09/27/2016
430	NC		Floors in prep and storage area needs to be sealed	10/31/2016

Received by (name and title printed): <b>Tonya Reutter</b>		Inspected by (name and title printed): <b>Katie Gretler</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	





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Vanderburgh County Department of Health

Telephone 812-435-5695

Fax 812-435-5871

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Establishment Name <b>Independence Square</b>	Telephone Number ( ) Establishment <b>8124647807</b>	Date of Inspection (mm/dd/yr) <b>09/30/2016</b>	ID # <b>11781</b>
Establishment Address (number and street, city, state, zip code) <b>201 W Delaware St, Evansville, IN, 47710</b>	( ) Owner	Follow-up <b>No</b>	Release Date <b>10/10/2016</b>
Owner <b>SWIRCA &amp; More</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Owner's Address <b>16 W Virginia St, Evansville, IN, 47713</b>	Person in Charge <b>SWIRCA &amp; More</b>	Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail	Certified Food Handler		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Pam Jennings</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Penn Station</b>		Telephone Number <b>(812) 402-7366</b>	Date of Inspection (mm/dd/yr) <b>09/30/2016</b>	ID # <b>11782</b>
Establishment Address (number and street, city, state, zip code) <b>4827 Davis Lant Dr, Evansville, IN, 47715</b>		Owner <b>(812) 402-7366</b>		
Owner <b>Tri-State Cheesesteaks LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>Yes</b>	Release Date <b>10/10/2016</b>	
Owner's Address <b>600 N Weinbach Ave Ste 520, Evansville, IN, 47711</b>		Summary of Violations: <b>C 1 NC 2 R 1</b>		
Person in Charge <b>Tri-State Cheesesteaks LLC</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Jennifer Cross</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Food not held at 41 degrees Fahrenheit in cooler near next to cash register. Moved food to another cooler.	10/07/2016
256	NC		Food product thermometer missing from 2 coolers.	10/01/2016
383	NC	R	Refuse area outside not properly maintained.	10/02/2016

Received by (name and title printed): <b>Jennifer Cross</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Patchwork Central</b>		Telephone Number <b>(812) 424-2735</b>	Date of Inspection (mm/dd/yr) <b>09/27/2016</b>	ID # <b>11913</b>
Establishment Address (number and street, city, state, zip code) <b>100 Washington Ave, Evansville, IN, 47713</b>		<b>(812) 424-2735</b>		
Owner <b>John &amp; Amy Rich</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/07/2016</b>
Owner's Address <b>100 Washington Ave, Evansville, IN, 47714</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>John &amp; Amy Rich</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No discrepancies.	

Received by (name and title printed): <b>Amy Rich</b>	Inspected by (name and title printed): <b>David Horning</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name: Dollar General #12132
Telephone Number: (812) 463-6201
Date of Inspection: 09/27/2016
ID #: 11917
Establishment Address: 720 Lincoln Ave, Evansville, IN, 47713
Owner: DOLGENCORP LLC Attn: Tax-Licensing
Purpose: Routine
Follow-up: No
Release Date: 10/07/2016
Owner's Address: 100 Mission Ridge, Goodlettsville, TN, 37072
Person in Charge: DOLGENCORP LLC Attn: Tax-Licensing
Summary of Violations: C 0 NC 1 R 1
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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 394, NC, R, Trash around dumpster area; needs cleaned up., 09/28/2016

Received by (name and title printed): Sara Franklin
Inspected by (name and title printed): David Horning
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name <b>Kitchen Sink Pizza's of Evansville</b>		Telephone Number <b>(812-305-4412)</b>	Date of Inspection (mm/dd/yr) <b>09/29/2016</b>	ID # <b>11918</b>
Establishment Address (number and street, city, state, zip code) <b>807 E. Franklin, Evansville, IN, 47711</b>		Owner <b>(812-305-4412)</b>		
Owner <b>Kathy Groves</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/09/2016</b>	
Owner's Address <b>109 Springhaven Dr, Evansville, IN, 47710</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>Kathy Groves</b>		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Tom Groves</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Kathy Groves</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> New Tech Institute	<b>Telephone Number</b> (812-598-5604 (812-435-8453	<b>Date of Inspection</b> (mm/dd/yr) 09/27/2016	<b>ID #</b> 12001
<b>Establishment Address</b> (number and street, city, state, zip code) 1901 Lynch Rd, Evansville, IN, 47711		<b>Owner</b> Evansville Vanderburgh School Corp.	
<b>Owner's Address</b> 951 Walnut St, Evansville, IN, 47713		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> <b>Release Date</b> 10/07/2016
<b>Person in Charge</b> Evansville Vanderburgh School Corp.		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Certified Food Handler</b> Sharon Wadkins			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

<b>Received by</b> (name and title printed): melissa johnson	<b>Inspected by</b> (name and title printed): Carol Coudret
<b>Received by</b> (signature):	<b>Inspected by</b> (signature):
cc:	cc:



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Establishment Name <b>Carne Asada LLC</b>		Telephone Number <b>(812-459-5556)</b>	Date of Inspection (mm/dd/yr) <b>09/30/2016</b>	ID # <b>12277</b>
Establishment Address (number and street, city, state, zip code) <b>1354 E Division ST, Evansville, IN, 47714</b>		Owner <b>(812-459-5556)</b>	Follow-up <b>No</b>	
Owner <b>Larry Pollock, David Y.</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>10/10/2016</b>	
Owner's Address <b>1354 Division St, Evansville, IN, 47711</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Larry Pollock, David Y.</b>		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <b>Larry Pollock</b>		<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>David Yarbor</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name <b>Nachos Grill Mexican Restaurant</b>		Telephone Number <b>(812-459-3871)</b>	Date of Inspection (mm/dd/yr) <b>09/30/2016</b>	ID # <b>12377</b>
Establishment Address (number and street, city, state, zip code) <b>821 S Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-480-6580)</b>	Follow-up <b>No</b>	
Owner <b>Jose M Mosqueda-Lopez</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Release Date <b>10/10/2016</b>		Summary of Violations: <b>C 1 NC 2 R 0</b>
Owner's Address <b>825 S Green River Rd, Evansville, IN, 47716</b>	Person in Charge <b>Jose M Mosqueda-Lopez</b>	Menu Type (See additional page)		
Responsible Person's E-mail	Certified Food Handler <b>Padro Lopez</b>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Food not held at 41 degrees Fahrenheit in back reach-in cooler. Moved food to back cooler.	10/04/2016
256	NC		Temperature measuring device not provided for back reach-in cooler.	10/02/2016
342	NC		Hand washing station in server area not provided with water that reaches 100 degrees Fahrenheit.	10/05/2016

Received by (name and title printed): <b>Odalis Arias</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Sunshine Juice Co.</b>		Telephone Number <b>(812-550-3874)</b>	Date of Inspection (mm/dd/yr) <b>09/29/2016</b>	ID # <b>13266</b>
Establishment Address (number and street, city, state, zip code) <b>6225 E. Virginia St. Ste. C, Evansville, Indiana, 47715</b>		Owner <b>(812-550-3874)</b>	Follow-up <b>No</b>	
Owner <b>Chelsi Moore</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Release Date <b>10/09/2016</b>	
Owner's Address <b>6225 E. Virginia St. Ste. C, Evansville, Indiana, 47715</b>	Person in Charge <b>Chelsi Moore</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Responsible Person's E-mail			Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>	
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Erin Collier</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	