



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 Golden Corral # 683		Telephone Number (812-473-2853)	Date of Inspection (mm/dd/yr) 09/19/2016	ID # 10989
Establishment Address (number and street, city, state, zip code) 130 Cross Point Blvd., Evansville, IN, 47715		Owner (919-881-4598)	Follow-up	Release Date 09/29/2016
Owner Golden Corral Corp	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: C 3 NC 4 R 5		
Owner's Address PO Box 29502, Raleigh, NC, 27626		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Person in Charge Golden Corral Corp				
Responsible Person's E-mail				
Certified Food Handler Debbie Gentry, Ira Higgins, Rick Riddle				

- 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
295	C	R	Mold present on racks, door, and walls in meat room.	09/20/2016
204	C		Food not protected from physical contaminant due to chipping of racks above prep area in the meat room.	09/20/2016
295	C	R	Vegetable dicer put away on clean dish rack with food debris still present.	09/19/2016
218	NC		Door and shelving in poor repair and rusting in meat room.	10/10/2016
430	NC	R	Wall, tile, and grouting in need of repair in various areas of kitchen.	10/10/2016
245	NC	R	Wiping cloths not stored in sanitizing bucket when in use.	09/19/2016
295	NC	R	Storage racks near trash room soiled.	09/21/2016

Received by (name and title printed): Mike Hefner		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Grandy's #188		Telephone Number (812-423-6796)	Date of Inspection (mm/dd/yr) 09/19/2016	ID # 10994
Establishment Address (number and street, city, state, zip code) 722 Landbridge Ave., Evansville, IN, 47710		Owner (812-482-3212)	Follow-up Yes	Release Date 09/29/2016
Owner SERVUS, Inc.	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: C 5 NC 6 R 9	
Owner's Address 4201 Mannheim Rd Suite A, Jasper, IN, 47546	Person in Charge SERVUS, Inc.		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail	Certified Food Handler Andrea McCormick			

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Gravy, rice and chicken not holding 135* or greater, reheated	Corrected
415	C	R	Roaches, gnats and flies present throughout	09/26/2016
294	C	R	Wet wiping cloths sanitizer solution too weak	Corrected
430	NC	R	Floor tiles cracked or missing. Replace areas of worn caulk and grout.	10/10/2016
431	NC	R	Walls throughout kitchen soiled	09/26/2016
239	NC	R	Knives stored between knife holder and wall	Corrected
324	NC	R	Leak under soda machine	09/26/2016
177	C	R	cobbler, cinamon rolls and tea dispensers not covered	09/19/2016
226	NC		Floor drains not maintained to allow proper drainage	09/26/2016
343	C		Lacking hand sink for front of house sandwich production	09/26/2016
218	NC	R	Open studed shelving needs replaced	10/03/2016

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



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Establishment Name Burger King #120		Telephone Number (812-426-0303)	Date of Inspection (mm/dd/yr) 09/20/2016	ID # 11116
Establishment Address (number and street, city, state, zip code) 4400 First Ave, Evansville, IN, 47710		Owner (315-424-0513)	Follow-up No	Release Date 09/30/2016
Owner Carrols, LLC		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: C 0 NC 2 R 0	
Owner's Address 968 James St, Syracuse, NY, 13212			Menu Type (See additional page)	
Person in Charge Carrols, LLC			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 Brian Waddle				

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Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		Hand sink plumbing needs repair.	09/21/2016
204	NC		Improper storage of slicer.	Corrected

Received by (name and title printed): aleyah coleman		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name McDonalds		Telephone Number (812-477-7041)	Date of Inspection (mm/dd/yr) 09/21/2016	ID # 11205
Establishment Address (number and street, city, state, zip code) 4701 Lincoln Ave., EVANSVILLE, IN, 47715		Owner (812-477-1602)	Follow-up No	
Owner MCDONALDS/DBK VISION		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 10/01/2016	
Owner's Address PO Box 5708, Evansville, IN, 47716			Summary of Violations: C 0 NC 3 R 0	
Person in Charge MCDONALDS/DBK VISION			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Kristy Tinsley				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Underside of dispenser at drive-thru beverage station soiled.	09/21/2016
430	NC		Wall in need of repair behind storage rack in basement.	10/05/2016
430	NC		Floor leaking to basement; needs repair.	10/05/2016

Received by (name and title printed): David White		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name PaPa Johns		Telephone Number (812-423-7272)	Date of Inspection (mm/dd/yr) 09/20/2016	ID # 11249	
Establishment Address (number and street, city, state, zip code) 4814 W Lloyd Expressway, Evansville, IN, 47712		Owner (812-423-9024)	Follow-up No		
Owner KGK Enterprises Inc		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 09/30/2016		
Owner's Address 313 N Weinbach Ave, Evansville, IN, 47711			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge KGK Enterprises Inc			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"/>		
Responsible Person's E-mail					
Certified Food Handler David Gantz					

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at time of inspection	

Received by (name and title printed): Jake Gregory		Inspected by (name and title printed): Katie Gretler	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Perry Heights School 6-8		Telephone Number (812-435-8613)	Date of Inspection (mm/dd/yr) 09/22/2016	ID # 11254
Establishment Address (number and street, city, state, zip code) 5800 Hogue Rd., EVANSVILLE, IN, 47712		(812-435-8453)		
Owner Evansville Vanderburgh School Corp.	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 No	Release Date 10/02/2016	
Owner's Address 951 Walnut St, Evansville, IN, 47713		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Evansville Vanderburgh School Corp.		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Joni Frankenberger				

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

Received by (name and title printed): Joni Frankenberger	Inspected by (name and title printed): Katie Gretler
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name River Bend Association, Inc.		Telephone Number (812-422-3983)	Date of Inspection (mm/dd/yr) 09/22/2016	ID # 11284	
Establishment Address (number and street, city, state, zip code) 2207 W Franklin St, EVANSVILLE, IN, 47712		Owner (812-422-3983)	Follow-up No		
Owner RIVER BEND ASSOCIATION, INC.		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 10/02/2016		
Owner's Address 2207 W Franklin St, Evansville, IN, 47712			Summary of Violations: C 1 NC 1 R 0		
Person in Charge RIVER BEND ASSOCIATION, INC.			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail					
Certified Food Handler Carl Diedrich					

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Pizza wrap machine soiled	Corrected
146	NC		Cheese lacking proper label information when removed from original package	09/22/2016

Received by (name and title printed): Carl Diedrich		Inspected by (name and title printed): Katie Gretler	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name KFC/TACO BELL #C119005		Telephone Number (812-422-2153)	Date of Inspection (mm/dd/yr) 09/20/2016	ID # 11384
Establishment Address (number and street, city, state, zip code) 4422 W Lloyd Expressway, Evansville, IN, 47712		() Owner (503-722-2525)		
Owner Bell Indiana LLC	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 No	Release Date 09/30/2016	
Owner's Address PO BOX 507, WEST LINN, OR, 97068		Summary of Violations: C 0 NC 2 R 1		
Person in Charge Bell Indiana LLC		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 Robert Rhodes				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Floors soiled or holding water throughout	
226	NC		Floor drains not maintained to allow proper drainage.	

Received by (name and title printed): Chelsey Booth	Inspected by (name and title printed): Katie Gretler
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Thorntons #82		Telephone Number (812-477-0669)	Date of Inspection (mm/dd/yr) 09/21/2016	ID # 11406
Establishment Address (number and street, city, state, zip code) 2401 Morgan Ave., EVANSVILLE, IN, 47711		(502-425-8022) Owner		
Owner THORNTONS, Inc		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 No	Release Date 10/01/2016
Owner's Address 10101 Linn Station Road, Louisville, KY, 40223			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge THORNTONS, Inc			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 Amy Hugo				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 09/07/2016 corrected.	

Received by (name and title printed): Amy Hugo		Inspected by (name and title printed): Kelly Holzmeier	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Wesselmans Sonntag		Telephone Number (812-424-3549)	Date of Inspection (mm/dd/yr) 09/21/2016	ID # 11442
Establishment Address (number and street, city, state, zip code) 700 Sonntag Ave., EVANSVILLE, IN, 47712		(812-479-0993)		
Owner WINKLER INC		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 No	Release Date 10/01/2016
Owner's Address 5011 Washington Ave #6, Evansville, IN, 47715			Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>	
Person in Charge WINKLER INC			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 Kenna Morrow				

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC		Cheese packaged in house not properly date marked	09/22/2016
430	NC	R	Some shelving and baseboards damaged or missing	10/14/2016

Received by (name and title printed): Tammy Schmitt		Inspected by (name and title printed): Katie Gretler	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name GFS Marketplace LLC		Telephone Number (812-473-0096)	Date of Inspection (mm/dd/yr) 09/23/2016	ID # 11490
Establishment Address (number and street, city, state, zip code) 1500 N Burkhardt Rd, Evansville, IN, 47715		(616-717-7017)		
Owner GFS MARKETPLACE HOLDINGS LLC	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 No	Release Date 10/03/2016	
Owner's Address 1300 Gezon Parkway SW, Wyoming, MI, 49509		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge GFS MARKETPLACE HOLDINGS LLC		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 Akoussoum Adiki				

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

Received by (name and title printed): Emmanuel Adiki	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Starbucks Coffee Co #9759		Telephone Number (812-476-7385)	Date of Inspection (mm/dd/yr) 09/20/2016	ID # 11505
Establishment Address (number and street, city, state, zip code) 512 N Green River Rd, Evansville, IN, 47715		Owner (206-318-8705)	Follow-up No	
Owner Starbucks Coffee Company		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 09/30/2016	
Owner's Address PO Box 34442-Tax2, SEATTLE, WA, 98124			Summary of Violations: C 1 NC 0 R 1	
Person in Charge Starbucks Coffee Company			Menu Type (See additional page) 1 0 2 3 4 5	
Responsible Person's E-mail				
Certified Food Handler Amanda Sibrel				

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Section#	C/NC	R	Narrative	To Be Corrected By
334	C	R	Spray nozzle at sink not maintaining air gap.	Corrected

Received by (name and title printed): Lindsay Mitchell	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Mama Roma's Pizza & Wings Xpress		Telephone Number (812-422-1212)	Date of Inspection (mm/dd/yr) 09/22/2016	ID # 11508
Establishment Address (number and street, city, state, zip code) 2008 E Morgan Ave, Evansville, IN, 47711		(812-470-5004)		
Owner Baker and Baker LLC	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 No	Release Date 10/02/2016	
Owner's Address 2008 E Morgan Ave, Evansville, IN, 47711		Summary of Violations: C 2 NC 0 R 2		
Person in Charge Baker and Baker LLC		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 Debra Baker				

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Section#	C/NC	R	Narrative	To Be Corrected By
438	C	R	Spray bottles not marked with contents.	Corrected
324	C	R	Grease trap maintenance log not available.	09/22/2016

Received by (name and title printed): jacob baker	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Tri-State Gun & Knife Collectors		Telephone Number () Establishment 8126732120	Date of Inspection (mm/dd/yr) 09/23/2016	ID # 11588
Establishment Address (number and street, city, state, zip code) 3300 E. Division St, Evansville, IN, 47715		() Owner	Follow-up	
Owner Carolyn M. Williams		Purpose: <input 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 checked="" type="checkbox"/> Other (list) Other _____	Release Date 10/03/2016	Summary of Violations: C 0 NC 0 R 0
Owner's Address 6990 SPRINGFIELD RD, Wadesville, IN, 47638		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Person in Charge Carolyn M. Williams		Responsible Person's E-mail		
Certified Food Handler				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

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

Received by (name and title printed): Carolyn M. Williams	Inspected by (name and title printed): Colin Ward
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

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Establishment Name Marathon #103		Telephone Number (812-461-2301)	Date of Inspection (mm/dd/yr) 09/22/2016	ID # 11679
Establishment Address (number and street, city, state, zip code) 201 E Louisiana St, Evansville, IN, 47711		(812-421-1460)		
Owner HARBHJAN SINGH	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 No	Release Date 10/02/2016	
Owner's Address 3800 E Morgan Ave, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>		
Person in Charge HARBHJAN SINGH		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 Sharanpreet Kaur				

- 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
412	NC	R	Improper use of insect control strips.	09/22/2016
245	NC		Improper storage of wet wiping cloths.	

Received by (name and title printed): ranjit singh	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Rally's #162		Telephone Number (812-475-9450)	Date of Inspection (mm/dd/yr) 09/19/2016	ID # 11680
Establishment Address (number and street, city, state, zip code) 4720 E Morgan Ave, Evansville, IN, 47715		Owner (502-895-4265)	Follow-up No	
Owner RALJOE LLC	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 09/29/2016		
Owner's Address 4218 SHELBYVILLE RD, Louisville, KY, 40207	Person in Charge RALJOE LLC		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
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 David Lampert				

- 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): David Lampert	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Show Me's East		Telephone Number (812-401-7469)	Date of Inspection (mm/dd/yr) 09/21/2016	ID # 11683
Establishment Address (number and street, city, state, zip code) 1700 Morgan Center, Evansville, IN, 47715		Owner (812-430-5194)	Follow-up Yes	
Owner STEVE HAZLETT		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 10/01/2016	
Owner's Address 3010 Cypress Ct, Evansville, IN, 47711			Summary of Violations: C 3 NC 2 R 0	
Person in Charge STEVE HAZLETT			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Tyler Francis				

- 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
171	C		Bare hand contact with ready to eat food.	Corrected
295	C		Food contact surface visibly soiled.	Corrected
256	NC		Reach in coolers lacking thermometer.	09/29/2016
177	C		Ready to eat food not covered.	Corrected
431	NC		Facility in need of cleaning.	10/05/2016

Received by (name and title printed): Chuck Yttrie	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Doc's (ZACKFISH,LLC)		Telephone Number (812-401-1201)	Date of Inspection (mm/dd/yr) 09/21/2016	ID # 11778
Establishment Address (number and street, city, state, zip code) 1305 N Stringtown Rd, Evansville, IN, 47711		(812-457-5011)		
Owner Stan Fishburo	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 No	Release Date 10/01/2016	
Owner's Address 1305 Stringtown Rd, Evansville, IN, 47711		Summary of Violations: C 1 NC 0 R 1		
Person in Charge Stan Fishburo		Menu Type (See additional page) 1 0 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Michelle Thomas				

- 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
229	C	R	Ice guard soiled.	Corrected

Received by (name and title printed): Melissa Bradburn	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name AIS Diamond		Telephone Number (812-435-3423)	Date of Inspection (mm/dd/yr) 09/22/2016	ID # 12057
Establishment Address (number and street, city, state, zip code) 2319 Stringtown Rd, EVANSVILLE, IN, 47711		Owner (812-435-8453)	Follow-up No	
Owner Evansville Vanderburgh School Corp.	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 10/02/2016	
Owner's Address 951 Walnut St, Evansville, IN, 47713			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Evansville Vanderburgh School Corp.			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Tamara Schulz				

- 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): Tamara Schulz	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Shyler's Bar-B-Q		Telephone Number (812-476-4599)	Date of Inspection (mm/dd/yr) 09/23/2016	ID # 12398
Establishment Address (number and street, city, state, zip code) 5416 E Indiana, Vanderburgh, Indiana, 47715		Owner (812-402-3680)	Follow-up No	
Owner Porky's LLC.	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)		Release Date 10/03/2016	
Owner's Address 5416 E Indiana, Vanderburgh, Indiana, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Porky's LLC.			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Tara Eveland				

- 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
			Follow-up from inspection on 9/8/16. All violations corrected.	

Received by (name and title printed): Regan Williams	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Pangea Kitchen		Telephone Number (812-401-2405)	Date of Inspection (mm/dd/yr) 09/22/2016	ID # 12480
Establishment Address (number and street, city, state, zip code) 111 S Green River Rd, Vanderburgh, Indiana, 47715		Owner (812-459-3230)		
Owner RANDY HOBSON	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 No	Release Date 10/02/2016	
Owner's Address 25 JOHNSON PL, EVANSVILLE , IN, 47714		Summary of Violations: C 0 NC 0 R 0		
Person in Charge RANDY HOBSON		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Randy Hobson, Sara, Kory Miller, Aalessio, Wanphen				

- 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): Kory Miller	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name River City Mercantile		Telephone Number (812-618-5824) () Owner	Date of Inspection (mm/dd/yr) 09/23/2016	ID # 12922
Establishment Address (number and street, city, state, zip code) 223 Main St, Vanderburgh, Indiana, 47713				
Owner Heather Vaught	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 checked="" type="checkbox"/> Other (list) new production _____	Follow-up Yes	Release Date 10/03/2016	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Heather Vaught		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 NA				

- 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
			Approved for extended coffee production	
			-caulk openings behind countertop	
			-thermometers in refrigerators	
			-sanitizer test kit	

Received by (name and title printed): Heather Vaught	Inspected by (name and title printed): David Horning
--	--

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

cc:	cc:	cc:
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Retail Food Establishment Inspection Report

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

Establishment Name La Preferida LLC		Telephone Number (812-471-9057)	Date of Inspection (mm/dd/yr) 09/22/2016	ID # 13220
Establishment Address (number and street, city, state, zip code) 819 S Green River Rd, Evansville, Indiana, 47715		() Owner		
Owner Uriel Sarmiento		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 No	Release Date 10/02/2016
Owner's Address PO Box 5666, Evansville, Indiana, 47716			Summary of Violations: C 1 NC 1 R 0	
Person in Charge Uriel Sarmiento			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
118	C		Certified food safety personnel not on staff.	11/22/2016
146	NC		Repackaging of meat stored in freezer not properly labeled.	09/23/2016

Received by (name and title printed): Tobias Sarmiento	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Cafe Arazu		Telephone Number (812-401-1768)	Date of Inspection (mm/dd/yr) 09/20/2016	ID # 13267
Establishment Address (number and street, city, state, zip code) 415 Main St., Evansville, Indiana, 47713		Owner (812-205-1817)	Follow-up No	Release Date 09/30/2016
Owner Ben Nejad	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: C 0 NC 0 R 0		
Owner's Address 415 Main St., Evansville, Indiana, 47713		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Person in Charge Ben Nejad	Responsible Person's E-mail			
Certified Food Handler Heather Williams/ Desirae Tapp				

- 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
			Approved for opening.	

Received by (name and title printed): Ben Nejad	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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The time limit for correction of each violation is specified in the narrative portion of this report.

Form containing establishment details: Establishment Name (Mall Mart), Telephone Number (812-550-1252), Date of Inspection (09/22/2016), ID # (13281), Owner (Muhammad Nadeem), Address (800 N. Green River Rd., Evansville, Indiana, 47715), Person in Charge (Muhammad Nadeem), and Purpose (Other (list)).

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Approved for operation.

Signature and contact information section: Received by (Muhammed Nadeem), Inspected by (Colin Ward), and cc: fields.