





**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>Bob's Lounge</b>		Telephone Number <b>(812-425-4929)</b>	Date of Inspection (mm/dd/yr) <b>10/25/2016</b>	ID # <b>10872</b>
Establishment Address (number and street, city, state, zip code) <b>907 N Fares Ave., Evansville, IN, 47711</b>		<b>(812-550-1698)</b>		
Owner <b>L &amp; D Williams Enterprises 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	Release Date <b>11/04/2016</b>
Owner's Address <b>1510 Irvington Ave, Evansville, IN, 47712</b>			Summary of Violations: <b>C 0 NC 1 R 1</b>	
Person in Charge <b>L &amp; D Williams Enterprises LLC</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>Daniel Williams</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
430	NC	R	Floors need repair/replaced.	11/25/2016

Received by (name and title printed): <b>daniel williams</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>Price Less Foods #430</b>		Telephone Number <b>(812-426-7080)</b>	Date of Inspection (mm/dd/yr) <b>10/25/2016</b>	ID # <b>10885</b>
Establishment Address (number and street, city, state, zip code) <b>4851 W Pennsylvania St., Evansville, IN, 47712</b>		Owner <b>(270-843-3252)</b>		
Owner <b>HOUCHENS NORTH FOODS 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>No</b>	Release Date <b>11/04/2016</b>
Owner's Address <b>PO Box 90009, BOWLING GREEN, KY, 42102</b>			Summary of Violations: <b>C 1 NC 1 R 2</b>	
Person in Charge <b>HOUCHENS NORTH FOODS LLC</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>Brad</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C	R	Deli cooked chicken not protected from cross contamination, stacked on top of each other without protective barrier	Corrected
430	NC	R	Flooring throughout in areas needs repaired	11/30/2016

Received by (name and title printed): <b>Ryan Poole</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>Evansville Country Club</b>	<b>Telephone Number</b> (812-425-2243)	<b>Date of Inspection</b> (mm/dd/yr) 10/25/2016	<b>ID #</b> 10951
<b>Establishment Address (number and street, city, state, zip code)</b> 3810 Stringtown Rd, Evansville, IN, 47711	(812-425-2243)		
<b>Owner</b> Evansville Country Club	<b>Purpose:</b> <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) _____	<b>Follow-up</b>	<b>Release Date</b> 11/04/2016
<b>Owner's Address</b> 3810 Stringtown Rd, Evansville, IN, 47711		<b>Summary of Violations:</b>	
<b>Person in Charge</b> Evansville Country Club		C <u>0</u> NC <u>1</u> R <u>1</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b> Doug Crockett		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
218	NC	R	Bar dish machine not sanitizing.	Corrected

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





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Establishment Name <b>Quick Mart</b>		Telephone Number <b>(812-477-7588)</b>	Date of Inspection (mm/dd/yr) <b>10/25/2016</b>	ID # <b>11048</b>
Establishment Address (number and street, city, state, zip code) <b>2508 Washington Ave., Evansville, IN, 47714</b>		Owner <b>(812-477-7588)</b>	Follow-up <b>No</b>	
Owner <b>Pravinkumar Patel</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>11/04/2016</b>	
Owner's Address <b>2508 Washington Ave, Evansville, IN, 47714</b>			Summary of Violations: <b>C 0 NC 3 R 3</b>	
Person in Charge <b>Pravinkumar Patel</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>n/a</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
346	NC	R	Restroom lacking hand soap.	Corrected
347	NC	R	Restroom lacking papertowels.	Corrected
295	NC	R	Reach in cooler shelving in need of cleaning.	11/01/2016

Received by (name and title printed): <b>Rha Patel</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	







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Establishment Name <b>Milano Italian Cuisine</b>		Telephone Number (812-484-2222)	Date of Inspection (mm/dd/yr) 10/26/2016	ID # 11216
Establishment Address (number and street, city, state, zip code) <b>500 Main St, EVANSVILLE, IN, 47708</b>		(812-909-1558)		
Owner <b>Rafic Hachem</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>11/05/2016</b>	
Owner's Address <b>931 Crestwood Dr E, Evansville, IN, 47715</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>1</u> <b>R</b> <u>0</u>		
Person in Charge <b>Rafic Hachem</b>		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 <b>Rafic Hachem</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Several areas of kitchen floor need repair/replace	11/26/2016

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





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Form with fields for Establishment Name (North High School), Telephone Number (812-435-8291), Date of Inspection (10/26/2016), ID # (11228), Establishment Address (15325 N Highway 41, EVANSVILLE, IN, 47725), Owner (Evansville Vanderburgh School Corp.), Purpose (Routine checked), Follow-up (No), Release Date (11/05/2016), Owner's Address (951 Walnut St, Evansville, IN, 47713), Person in Charge (Evansville Vanderburgh School Corp.), Responsible Person's E-mail, Certified Food Handler (Karen House), and Summary of Violations (C:0, NC:0, R:0).

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

Received by (name and title printed): karen house
Inspected by (name and title printed): Carol Coudret

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

cc: (three empty fields)









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Establishment Name <b>Crazy Buffet</b>		Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 10/28/2016	ID # 11494
Establishment Address (number and street, city, state, zip code) 701 N Burkhardt Rd, Evansville, IN, 47715		(812-437-8833)		
Owner Fei En Pan	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 Yes	Release Date 11/07/2016	
Owner's Address 3228 Oakley Dr, EVANSVILLE, IN, 47711		Summary of Violations: C <u>9</u> NC <u>5</u> R <u>9</u>		
Person in Charge Fei En Pan		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 Yim Wan Lee				

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Section#	C/NC	R	Narrative	To Be Corrected By
344	C	R	Hand sink not accessible.	Corrected
129	C		Employees not washing hand when necessary.	10/28/2016
345	C		Hand washing facility used for purposes other than hand washing.	10/28/2016
173	C	R	Improper storage of raw animal products in walk-in coolers.	10/28/2016
415	C	R	German cockroaches present.	11/10/2016
295	C	R	Knives and can opener stored as clean but soiled.	Corrected
191	C		Items lacking date marking in walk-in coolers.	10/28/2016
187	C	R	Various items on buffet line not held at 135 degrees Fahrenheit or greater.	10/28/2016
193	C		Imitation crab meat and melons on buffet line not clearly marked to indicate that time as a public health control is being utilized.	10/28/2016
177	NC	R	Food items not covered in walk-in coolers.	10/28/2016
295	NC	R	Shelving in walk-in coolers heavily soiled.	10/30/2016
177	NC	R	Fish and beef stored on floor in walk-in freezer and cooler.	Corrected
413	NC		Gap in threshold at back door.	11/04/2016
431	NC	R	Area under Mongolian grill buffet heavily soiled.	10/30/2016

Received by (name and title printed): <b>Feien Pan</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>By the Slice</b>		Telephone Number <b>(812-402-8518)</b>	Date of Inspection (mm/dd/yr) <b>10/28/2016</b>	ID # <b>11534</b>
Establishment Address (number and street, city, state, zip code) <b>2011 Lincoln Ave, Evansville, IN, 47714</b>		Owner <b>(812-626-1313)</b>	Follow-up <b>No</b>	
Owner <b>Eric Weber</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) _____	Release Date <b>11/07/2016</b>	
Owner's Address <b>10201 Beatty Ln, Evansville, IN, 47725</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Eric Weber</b>		Menu Type (See additional page) 1 <input 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 <b>Trevor Scarlett</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 10/19/2016 corrected.	

Received by (name and title printed): <b>Eric Weber</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name <b>Salem Church of Darmstadt</b>		Telephone Number <b>(812-867-3142)</b>	Date of Inspection (mm/dd/yr) <b>10/26/2016</b>	ID # <b>11576</b>
Establishment Address (number and street, city, state, zip code) <b>14134 Darmstadt Rd, Evansville, IN, 47725</b>		Owner <b>(812-464-7807)</b>	Follow-up <b>No</b>	
Owner <b>SWIRCA &amp; More</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>11/05/2016</b>	
Owner's Address <b>16 W Virginia St, Evansville, IN, 47713</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>SWIRCA &amp; More</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>n/a</b>		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

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

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





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Establishment Name <b>Rounders Pizza Too</b>		Telephone Number <b>(812-867-7172)</b>	Date of Inspection (mm/dd/yr) <b>10/25/2016</b>	ID # <b>11631</b>
Establishment Address (number and street, city, state, zip code) <b>12731 N Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-449-0304)</b>		
Owner <b>Stacia Miller &amp; Joseph Sells</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>11/04/2016</b>
Owner's Address <b>13221 Prestwick Ct, Evansville, IN, 47725</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Stacia Miller &amp; Joseph Sells</b>		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 <b>Joe Sells</b>				

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

Received by (name and title printed): <b>Joe Sells</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):
cc:	cc:







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Establishment Name <b>Manna Mediterranean Grill</b>		Telephone Number <b>(812-473-7005)</b>	Date of Inspection (mm/dd/yr) <b>10/25/2016</b>	ID # <b>11749</b>
Establishment Address (number and street, city, state, zip code) <b>2913 Lincoln Ave, Evansville, IN, 47714</b>		Owner <b>(812-476-7672)</b>	Follow-up <b>No</b>	
Owner <b>Amjad Manna</b>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>11/04/2016</b>		
Owner's Address <b>135 Lant Ln, Evansville, IN, 47715</b>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Amjad Manna</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>Kristi Gulledgemanna</b>	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

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

Received by (name and title printed): <b>Kristi Gulledgemanna</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Jeanne's Gelato &amp; More</b>		Telephone Number (812-479-8272)	Date of Inspection (mm/dd/yr) 10/28/2016	ID # 11883
Establishment Address (number and street, city, state, zip code) 2003 Lincoln Ave, Evansville, IN, 47714		(812-430-1127)		
Owner Valerie Ewers	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 11/07/2016	
Owner's Address 3305 Sweetser Ave, Evansville, IN, 47714		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Valerie Ewers		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 Wendy Wilson				

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- 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>Valarie Ewers</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):
cc:	cc:









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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>Salad World Downtown</b>		Telephone Number <b>(812-422-0777)</b>	Date of Inspection (mm/dd/yr) <b>10/26/2016</b>	ID # <b>11977</b>
Establishment Address (number and street, city, state, zip code) <b>200 A Main St, Evansville, IN, 47708</b>		( ) Owner		
Owner <b>Matthew Rideout</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>11/05/2016</b>
Owner's Address <b>200 C Main St, Evansville, IN. 47708</b>			Summary of Violations: <b>C 0 NC 2 R 1</b>	
Person in Charge <b>Matthew Rideout</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>Matthew Rideout</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
226	NC		Cooler by register leaking water. Servicing has been scheduled.	11/09/2016
431	NC	R	Ice machine guard soiled.	10/27/2016

Received by (name and title printed): <b>Matthew Rideout</b>	Inspected by (name and title printed): <b>David Horning</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>Gigi's Cupcakes</b>		Telephone Number <b>(812-437-9149)</b>	Date of Inspection (mm/dd/yr) <b>10/26/2016</b>	ID # <b>12013</b>
Establishment Address (number and street, city, state, zip code) <b>236 N Burkhardt, Evansville, IN, 47715</b>		Owner <b>(317-809-9626)</b>	Follow-up <b>No</b>	
Owner <b>Brandon Hallman</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>11/05/2016</b>		
Owner's Address <b>519 Wyndclyff Dr, Evansville, IN, 47711</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>Brandon Hallman</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>Fron Shea Hillman</b>				

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

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

Received by (name and title printed): <b>Anna Schillumiet</b>	Inspected by (name and title printed): <b>Colin Ward</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>Chipotle Mexican Grill #2077</b>		Telephone Number <b>(812-471-4973)</b>	Date of Inspection (mm/dd/yr) <b>10/27/2016</b>	ID # <b>12122</b>
Establishment Address (number and street, city, state, zip code) <b>499 N Green River Rd Ste A, Evansville, IN, 47715</b>		(303-222-2524)		
Owner <b>Chipotle Mexican Grill of Colorado, 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>No</b>	Release Date <b>11/06/2016</b>	
Owner's Address <b>1401 Wynkoop St Ste 500, Denver, CO, 80202</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>Chipotle Mexican Grill of Colorado, LLC</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>Vincent Terry, James King</b>				

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

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

Received by (name and title printed): <b>James King</b>	Inspected by (name and title printed): <b>Colin Ward</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>Little Caesar`s Pizza</b>		Telephone Number <b>(812-401-9555)</b>	Date of Inspection (mm/dd/yr) <b>10/25/2016</b>	ID # <b>12144</b>
Establishment Address (number and street, city, state, zip code) <b>130 N St Joseph Ave, Evansville, IN, 47711</b>		( <b>734-658-7768</b> ) Owner		
Owner <b>Collective Efforts Investments, 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>11/04/2016</b>
Owner's Address <b>2411 Stringtown Rd, Evansville, IN, 47714</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Collective Efforts Investments, 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				

- 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>Riley Williams</b>		Inspected by (name and title printed): <b>Katie Gretler</b>	
Received by (signature):		Inspected by (signature):	
cc:	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>Grannie's Secret Homemade Desserts</b>		Telephone Number <b>(812-437-5757)</b>	Date of Inspection (mm/dd/yr) <b>10/28/2016</b>	ID # <b>12224</b>
Establishment Address (number and street, city, state, zip code) <b>1701 H Oakhill Rd, Evansville, IN, 47711</b>		Owner <b>(812-422-1698)</b>	Follow-up <b>No</b>	
Owner <b>Bobbie Weatherford</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>11/07/2016</b>	
Owner's Address <b>2701 Shortridge Ct, Evansville, IN, 47711</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Bobbie Weatherford</b>			Menu Type (See additional page) <b>1 ● 2 ○ 3 ○ 4 ○ 5 ○</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Bobbie Weatherford</b>				

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

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

Received by (name and title printed): <b>Bobbie Weatherford</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	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.

<b>Establishment Name</b> <b>Tom &amp; Chee</b>	<b>Telephone Number</b> (812-401-2433)	<b>Date of Inspection</b> (mm/dd/yr) 10/25/2016	<b>ID #</b> 12273
<b>Establishment Address (number and street, city, state, zip code)</b> 2121A N Green River Rd, Evansville, IN, 47715	<b>Owner</b> (812-453-4902)	<b>Follow-up</b> Yes <b>Release Date</b> 11/04/2016  <b>Summary of Violations:</b> C <u>0</u> NC <u>1</u> R <u>0</u>	
<b>Owner</b> <b>Steve Hammer</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's Address</b> 600 N Weinbach Ste 520, Evansville, IN, 47711	<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<b>Person in Charge</b> <b>Steve Hammer</b>			
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
256	NC		Reach in prep table cooler lacking thermometer.	10/02/2016

<b>Received by (name and title printed):</b> <b>kari delarosa</b>	<b>Inspected by (name and title printed):</b> <b>Kelly Holzmeyer</b>
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>cc:</b>	<b>cc:</b>



# 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>River City Mercantile</b>		Telephone Number <b>(812-618-5824</b>	Date of Inspection (mm/dd/yr) <b>10/24/2016</b>	ID # <b>12922</b>
Establishment Address (number and street, city, state, zip code) <b>223 Main St, Vanderburgh, Indiana, 47713</b>		<b>812-618-5824</b>		
Owner <b>Heather Vaught</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>11/03/2016</b>	
Owner's Address <b>223 Main St, Vanderburgh, Indiana, 47713</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>Heather Vaught</b>		Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>NA</b>				

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

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

Received by (name and title printed): <b>Clint Vaught</b>		Inspected by (name and title printed): <b>David Horning</b>	
Received by (signature):		Inspected by (signature):	
cc:	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>St. Mary's West Side Crossing</b>		Telephone Number <b>(812-485-4800)</b>	Date of Inspection (mm/dd/yr) <b>10/26/2016</b>	ID # <b>13264</b>
Establishment Address (number and street, city, state, zip code) <b>100 S Rosenberger Ave, Evansville, Indiana, 47712</b>		(812-485-4413)		
Owner <b>Touchpoint</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>11/05/2016</b>	
Owner's Address <b>3700 Washington Ave, Evansville, Indiana, 47714</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Touchpoint</b>		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 <b>Brandi Benedict</b>				

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

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

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



**Tattoo, Piercing & Permanent Make-Up  
Inspection Report**

Vanderburgh County Health Department  
Phone (812) 435-5695

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 1-5, Sanitary Operations of Tattoo Parlors, 5.45 City & 5.06 County Tattoo Parlors and Body Piercing Facilities Ordinance. The time limit for correction of each violation is specified in the narrative portion of this report.

<b>Establishment Name</b> ABC Test Tattoo Service	<b>Establishment Phone</b>	<b>Inspection Date:</b> 10/26/2016	<b>ID#</b>
<b>Establishment Address (Number &amp; Street, City, State, Zip)</b>	<b>Purpose:</b> Routine Follow-up Complaint Pre Operational Temporary Other _____	<b>Follow-up:</b> <b>No</b>	
<b>Establishment Email Address</b>		<b>Violation Summary:</b> NC___ R___	
<b>Manager Name</b>		<b>Operation Type:</b> Tattoo Piercing Permanent Make-up Tattoo & Piercing Tattoo, Piercing & Perm. Make-up	
<b>Manager Email Address</b>			

-VIOLATION(S) ARE IDENTIFIED IN THE FOLLOWING COLUMNS: "NC" NOT COMPLIANT "C" COMPLIANT "NO" NOT OBSERVED  
 -VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section	C	NC	NO	Section	C	NC	NO
Work area isolated (5.45.06/25; 5.6.25)				Sharps containers and infectious waste bags (1.5.37)			
Surfaces; intact, smooth, cleanable (1.5.36)				Waste storage-locked/symbol (1.5.37)			
Surfaces disinfected as required (1.5.36)				Waste transport/disposal (1.5.38)			
Proper lighting (5.45.06)				Single use razor & stencils (1.5.32)			
Proper ventilation (5.45.26)				Single use needles (1.5.33)			
Restrooms Clean & Available (5.06.25; 5.45.06)				Reusable equip. autoclaved in separate area (5.45.26; 5.6.17)			
Handwashing facilities (1.5.30; 5.45.06; 5.6.16)				Single Use Packaging used (1.5.34)			
Eating, drinking, smoking prohibited (1.5.36)				Autoclave Spore Log & maintenance records (5.45.26; 5.6.17)			
BPP/Infectious Waste Handling Training Records (1.5.24/27)				Required Disinfectant used and labeled (1.5.36; 5.6.25)			
Artist & Operator Hepatitis B Records (5.06.24; 5.45.25)				Jewelry quality/sterilized (5.45.26; 5.6.25)			
Establishment & Artist License displayed (5.06.24; 5.45.30)				Personal Protective equipment provided (1.5.25)			
Operator Written Policies (1.5.26)				Personal Protective equipment used (1.5.31)			
Patron's rights displayed (1.5.25)				Handwashing (1.5.30)			
Consent/ Minor Consent/Records (5.45.04/05/06; 5.6.11)				Conditions/illness/impairment (1.5.29)			
Patron's records – keep 2 years (1.5.28/5.6.10)				Tattoo/piercing site prep (5.45.15)			
Written & verbal aftercare instructions given to patrons (5.45.22; 5.6.22/25)				Clean dressing applied (5.45.06)			
				Clean Protective Clothing (5.6.14/24; 5.45.25)			

Section#	NC	R	Narrative	To Be Corrected By
219		R	No Violations observed at time of inspection	10/27/2016

<b>Received by (name and title printed):</b> test 2	<b>Inspected by (name and title printed):</b> Vanderburgh County
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>CC:</b>	<b>CC:</b>



**Tattoo, Piercing & Permanent Make-Up  
Inspection Report**

Vanderburgh County Health Department  
Phone (812) 435-5695

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 1-5, Sanitary Operations of Tattoo Parlors, 5.45 City & 5.06 County Tattoo Parlors and Body Piercing Facilities Ordinance. The time limit for correction of each violation is specified in the narrative portion of this report.

<b>Establishment Name</b> ABC Test Tattoo Service	<b>Establishment Phone</b>	<b>Inspection Date:</b> 10/27/2016	<b>ID#</b>
<b>Establishment Address (Number &amp; Street, City, State, Zip)</b>	<b>Purpose:</b> <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"/> Other  _____	<b>Follow-up:</b> <div style="font-size: 2em; font-weight: bold;">Yes</div>	
<b>Establishment Email Address</b>		<b>Violation Summary:</b> NC___ R___	
<b>Manager Name</b>		<b>Operation Type:</b> <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Make-up <input type="checkbox"/> Tattoo & Piercing <input type="checkbox"/> Tattoo, Piercing & Perm. Make-up	
<b>Manager Email Address</b>			

**-VIOLATION(S) ARE IDENTIFIED IN THE FOLLOWING COLUMNS: "NC" NOT COMPLIANT "C" COMPLIANT "NO" NOT OBSERVED**  
**-VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"**

Section	C	NC	NO	Section	C	NC	NO
Work area isolated (5.45.06/25; 5.6.25)				Sharps containers and infectious waste bags (1.5.37)			
Surfaces; intact, smooth, cleanable (1.5.36)				Waste storage-locked/symbol (1.5.37)			
Surfaces disinfected as required (1.5.36)				Waste transport/disposal (1.5.38)			
Proper lighting (5.45.06)				Single use razor & stencils (1.5.32)			
Proper ventilation (5.45.26)				Single use needles (1.5.33)			
Restrooms Clean & Available (5.06.25; 5.45.06)				Reusable equip. autoclaved in separate area (5.45.26; 5.6.17)			
Handwashing facilities (1.5.30; 5.45.06; 5.6.16)				Single Use Packaging used (1.5.34)			
Eating, drinking, smoking prohibited (1.5.36)				Autoclave Spore Log & maintenance records (5.45.26; 5.6.17)			
BPP/Infectious Waste Handling Training Records (1.5.24/27)				Required Disinfectant used and labeled (1.5.36; 5.6.25)			
Artist & Operator Hepatitis B Records (5.06.24; 5.45.25)				Jewelry quality/sterilized (5.45.26; 5.6.25)			
Establishment & Artist License displayed (5.06.24; 5.45.30)				Personal Protective equipment provided (1.5.25)			
Operator Written Policies (1.5.26)				Personal Protective equipment used (1.5.31)			
Patron's rights displayed (1.5.25)				Handwashing (1.5.30)			
Consent/ Minor Consent/Records (5.45.04/05/06; 5.6.11)				Conditions/illness/impairment (1.5.29)			
Patron's records – keep 2 years (1.5.28/5.6.10)				Tattoo/piercing site prep (5.45.15)			
Written & verbal aftercare instructions given to patrons (5.45.22; 5.6.22/25)				Clean dressing applied (5.45.06)			
				Clean Protective Clothing (5.6.14/24; 5.45.25)			

Section#	NC	R	Narrative	To Be Corrected By
			other	10/31/2016
			pther	10/31/2016
			kelly	11/15/2016
			Kelly	10/23/2016
			kelly	11/16/2016

<b>Received by (name and title printed):</b>	<b>Inspected by (name and title printed):</b> Kelly Holzmeyer
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>CC:</b>	<b>CC:</b>