



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 Fazoli's #1632		Telephone Number (812-474-9167)	Date of Inspection (mm/dd/yr) 11/07/2016	ID # 10964
Establishment Address (number and street, city, state, zip code) 899 N Green River Rd, Evansville, IN, 47715		Owner (859-825-6200)	Follow-up No	
Owner FAZOLI'S JOINT VENTURE, LTD		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 11/17/2016	
Owner's Address 2470 Palumbo Dr, LEXINGTON, KY, 40509		Summary of Violations: C 1 NC 0 R 1		
Person in Charge FAZOLI'S JOINT VENTURE, LTD		Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Larry Bowers				

- 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	Beverage dispensers in lobby show signs of soil build-up.	11/07/2016

Received by (name and title printed): Annette Clark	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Lic's Ice Cream		Telephone Number (812-473-3428)	Date of Inspection (mm/dd/yr) 11/10/2016	ID # 11087
Establishment Address (number and street, city, state, zip code) 11 NW Fifth St, Evansville, IN, 47708		Owner (812-424-3066)	Follow-up No	
Owner Don Smith		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 11/20/2016	
Owner's Address 11 N 5th Street, Evansville, IN, 47708			Summary of Violations: C 1 NC 2 R 1	
Person in Charge Don Smith			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 Jamia Brown				

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Section#	C/NC	R	Narrative	To Be Corrected By
346	NC		No cleaser or drying towels available at front counter hand sink.	11/11/2016
345	C	R	Kitchen hand sink obstructed/ being used for thawing. Corrected.	
199	NC		Improper thawing of food. Corrected.	

Received by (name and title printed): Bri Wicks		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Circle S Mart #41		Telephone Number (812-867-6780)	Date of Inspection (mm/dd/yr) 11/11/2016	ID # 11158
Establishment Address (number and street, city, state, zip code) 11001 Highway 41, Evansville, IN, 47711		Owner (812-547-6435)	Follow-up No	
Owner C & S 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) _____	Release Date 11/21/2016	
Owner's Address PO Box 39, Tell City, IN, 47586		Summary of Violations: C 0 NC 0 R 0		
Person in Charge C & S Inc		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Darlene Johnson				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 11/3/16. All violations corrected.	

Received by (name and title printed): Pat Roy	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Covert Una Pizza		Telephone Number (812)473-1122 (812)401-2280	Date of Inspection (mm/dd/yr) 11/09/2016	ID # 11173
Establishment Address (number and street, city, state, zip code) 2950 Covert Ave, Evansville, IN, 47714		Owner Mike Stockinger	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 11/19/2016
Owner's Address 5940 BEAVER TRAIL, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Mike Stockinger		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 Mike Stockinger				

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

Received by (name and title printed): Mike Stockinger		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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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 Motomart #4202		Telephone Number (812) 473-0028	Date of Inspection (mm/dd/yr) 11/07/2016	ID # 11218
Establishment Address (number and street, city, state, zip code) 1900 N Green River Rd, Evansville, IN, 47715		(618) 233-6754		
Owner FKG Oil Co	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 11/17/2016	
Owner's Address 721 W Main Street PO Box 122, Belleville, IL, 62222		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge FKG Oil Co		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 noted violations.	

Received by (name and title printed): Tarrena Trojahn	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Circle K #2416	Telephone Number (812-479-6491 (812-379-9227	Date of Inspection (mm/dd/yr) 11/10/2016	ID # 11245
Establishment Address (number and street, city, state, zip code) 960 S Weinbach Ave., Evansville, IN, 47714		Follow-up No	Release Date 11/20/2016
Owner Mac's Convenience Store 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 <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address PO Box 347, Columbus, IN, 47202		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"/>	
Person in Charge Mac's Convenience Store LLC			
Responsible Person's E-mail			
Certified Food Handler Mary Knepper			

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

Received by (name and title printed): Mary Knepper	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name DAVE`S SPORTSDEN	Telephone Number (812-479-8887)	Date of Inspection (mm/dd/yr) 11/10/2016	ID # 11331						
Establishment Address (number and street, city, state, zip code) 701 N Weinbach Ave. #110, Evansville, IN, 47711	(812-479-8887)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Follow-up No</td> <td style="width:50%;">Release Date 11/20/2016</td> </tr> <tr> <td colspan="2"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2"> 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"/> </td> </tr> </table>		Follow-up No	Release Date 11/20/2016	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		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"/>	
Follow-up No	Release Date 11/20/2016								
Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>									
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"/>									
Owner David C Shepard	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)								
Owner's Address 4724 Penfold St, Evansville, IN, 47725									
Person in Charge David C Shepard									
Responsible Person's E-mail 									
Certified Food Handler David Shepard									

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

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



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Establishment Name T Minimart	Telephone Number (812-473-2585)	Date of Inspection (mm/dd/yr) 11/10/2016	ID # 11476						
Establishment Address (number and street, city, state, zip code) 2400 Washington Ave., Evansville, IN, 47714	Owner (812-473-2585)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Follow-up Yes </td> <td style="width: 50%; padding: 5px;"> Release Date 11/20/2016 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: <div style="display: flex; justify-content: space-around; font-size: 24px;"> C <u>1</u> NC <u>0</u> R <u>1</u> </div> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Menu Type (See additional page) <div style="display: flex; justify-content: space-around;"> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> </div> </td> </tr> </table>		Follow-up Yes	Release Date 11/20/2016	Summary of Violations: <div style="display: flex; justify-content: space-around; font-size: 24px;"> C <u>1</u> NC <u>0</u> R <u>1</u> </div>		Menu Type (See additional page) <div style="display: flex; justify-content: space-around;"> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> </div>	
Follow-up Yes	Release Date 11/20/2016								
Summary of Violations: <div style="display: flex; justify-content: space-around; font-size: 24px;"> C <u>1</u> NC <u>0</u> R <u>1</u> </div>									
Menu Type (See additional page) <div style="display: flex; justify-content: space-around;"> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> </div>									
Owner Pash B Tamang	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) _____	Person in Charge Pash B Tamang							
Owner's Address 10744 Thorndale, Newburgh, IN, 47630	Responsible Person's E-mail								
Certified Food Handler									

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C	R	No certified food safety employee.	12/09/2016
			All other violations from 11/4/2016 corrected.	

Received by (name and title printed): Uma Lama	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name: Crazy Buffet
Telephone Number: 812-437-8833
Date of Inspection: 11/10/2016
ID #: 11494
Establishment Address: 701 N Burkhardt Rd, Evansville, IN, 47715
Owner: Fei En Pan
Owner's Address: 3228 Oakley Dr, EVANSVILLE, IN, 47711
Person in Charge: Fei En Pan
Responsible Person's E-mail:
Certified Food Handler: Yim Wan Lee
Purpose: Follow-up
Follow-up Summary: 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: Follow-up from inspection on 10/28/16. All violations corrected.

Received by (name and title printed): Feien Pan
Inspected by (name and title printed): Colin Ward
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name Crazy Buffet II		Telephone Number (812-437-5050)	Date of Inspection (mm/dd/yr) 11/10/2016	ID # 12048
Establishment Address (number and street, city, state, zip code) 5435 Pearl Dr Ste 3D, Evansville, IN, 47712		Owner (917-770-4643)	Follow-up No	
Owner Yong Hua Liu	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 11/20/2016	
Owner's Address 2433 Waterfront Way, Evansville, IN, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Yong Hua Liu			Menu Type (See additional page) 1 0 2 0 3 0 4 1 5 0	
Responsible Person's E-mail				
Certified Food Handler Yao Chen				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 11/3/16. All violations corrected.	

Received by (name and title printed): Yao Chen	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Farm 57 Market, LLC		Telephone Number (812-626-9315)	Date of Inspection (mm/dd/yr) 11/09/2016	ID # 12966
Establishment Address (number and street, city, state, zip code) 3443 Kansas Rd, Vanderburgh, Indiana, 47725		Owner (812-430-5945)	Follow-up Yes	
Owner Aaron & Stephanie Peckenpaugh		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 11/19/2016	
Owner's Address 9901 Petersburg Rd, Vanderburgh, Indiana, 47725		Summary of Violations: C 1 NC 0 R 0		
Person in Charge Aaron & Stephanie Peckenpaugh		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Aaron Peckenpaugh				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Chemical dishwasher not sanitizing.	11/15/2016

Received by (name and title printed): Aaron Peckenpaugh	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name B & G's Burgers, Gyros and More		Telephone Number (812-604-8850)	Date of Inspection (mm/dd/yr) 11/07/2016	ID # 13347
Establishment Address (number and street, city, state, zip code) 800 N. Green River Rd. Ste. 102, Evansville, Indiana, 47715		Owner (812-604-8850)	Follow-up No	
Owner Franco Mannino	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) Consult _____		Release Date 11/17/2016	
Owner's Address 800 N. Green River Rd. Ste. 102, Evansville, Indiana, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Franco Mannino			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Approval for operation pending consent by Area Planning Commission.	

Received by (name and title printed): Mick Conati	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Jimmy John's		Telephone Number (812-402-5747)	Date of Inspection (mm/dd/yr) 11/09/2016	ID # 13352
Establishment Address (number and street, city, state, zip code) 2320 N Greenriver Road, Evansville, Indiana, 47715		Owner (812-402-5747)	Follow-up Yes	
Owner Ken Butler, II		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) _____	Release Date 11/19/2016	
Owner's Address 2320 N Greenriver Road, Evansville, Indiana, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Ken Butler, II		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				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Constructions dust cleaned up.	
			Proof for certified food handler	
			Grease Trap Log in office	
			Temperature of the water in restrooms and handwashing sink needs to reach 100 degrees.	

Received by (name and title printed): Corey Melton		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	