



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 AFC Sushi @ Schnucks 728		Telephone Number (812-473-4510)	Date of Inspection (mm/dd/yr) 12/01/2016	ID # 10832
Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, Evansville, IN, 47715		(310-604-3200)		
Owner ADVANCED FRESH CONCEPTS FRANCHISE 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 12/11/2016
Owner's Address 19205 S Laurel Park Rd, RANCHO DOMINQUEZ, CA, 90220			Summary of Violations: C 0 NC 0 R 0	
Person in Charge ADVANCED FRESH CONCEPTS FRANCHISE CORP			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Tuang Za Lian				

- 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): Martin Lian		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Circle K #104		Telephone Number (812-425-1686)		Date of Inspection (mm/dd/yr) 12/01/2016		ID # 10865	
Establishment Address (number and street, city, state, zip code) 6801 Highway 41, Evansville, IN, 47711		Telephone Number (812-379-9227)		Follow-up No		Release Date 12/11/2016	
Owner Mac's Convenience Store LLC		Purpose: <input checked="" type="checkbox"/> Routine		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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Owner's Address PO Box 347, Columbus, IN, 47202		<input type="checkbox"/> Follow-up					
Person in Charge Mac's Convenience Store LLC		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
Certified Food Handler		<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): irene kirschenman		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Bits & Bytes	Telephone Number (812-423-5113)	Date of Inspection (mm/dd/yr) 11/30/2016	ID # 10867	
Establishment Address (number and street, city, state, zip code) 216 NW Fourth St, Evansville, IN, 47708	Owner (812-422-8002)	Follow-up No		
Owner FRED MARTIN FLOORS 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 12/10/2016	
Owner's Address 212 NW 4th St, Evansville, IN, 47708			Summary of Violations: C 0 NC 0 R 0	
Person in Charge FRED MARTIN FLOORS INC			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail	Certified Food Handler Nancy/Mary/Francis			

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

Received by (name and title printed): Veronica Townsend	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Buehlers IGA #452		Telephone Number (812-475-6730)	Date of Inspection (mm/dd/yr) 11/30/2016	ID # 10882
Establishment Address (number and street, city, state, zip code) 2220 E Morgan Ave., Evansville, IN, 47711		Owner (270-843-3252)	Follow-up Yes	
Owner HOUCHENS NORTH FOODS 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 12/10/2016	
Owner's Address PO Box 90009, BOWLING GREEN, KY, 42102			Summary of Violations: C 2 NC 3 R 0	
Person in Charge HOUCHENS NORTH FOODS LLC			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Kenneth McDonnough				

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Section#	C/NC	R	Narrative	To Be Corrected By
245	NC		Sanitizing wiping cloths stored improperly (deli).	Corrected
187	C		Hot foods not being held at the required temperature.	Corrected
177	C		Food stored unprotected in deli walk-in cooler.	Corrected
431	NC		Fan vents in deli and meat department walk-in coolers in need of cleaning.	12/08/2016
431	NC		Walk-in dairy cooler floor in need of cleaning.	12/08/2016

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



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Establishment Name Price Less Foods #432		Telephone Number (812-471-7575)		Date of Inspection (mm/dd/yr) 11/30/2016	ID # 10884
Establishment Address (number and street, city, state, zip code) 1550 S Vann Ave., Evansville, IN, 47714		Owner (270-843-3252)			
Owner HOUCHENS NORTH FOODS 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 12/10/2016
Owner's Address PO Box 90009, BOWLING GREEN, KY, 42102				Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge HOUCHENS NORTH FOODS LLC				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 Melissa Critchfield					

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Ice cream reachin has ice build up.	12/13/2016
431	NC		Meat department walk in cooler in need of cleaning.	12/02/2016

Received by (name and title printed): Dotty Bryant		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:		cc:	



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Establishment Name: Donut Bank, Telephone Number: 812-426-0011, Date of Inspection: 11/28/2016, ID #: 10928, Owner: CHRIS KEMPF, Address: 1031 E Diamond Ave, Evansville, IN, 47711, Purpose: Routine, Follow-up: No, Release Date: 12/08/2016, Summary of Violations: C 0 NC 0 R 0, Menu Type: 1 0 2 1 3 0 4 0 5 0

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

Received by (name and title printed): Marshall Scott, Inspected by (name and title printed): Carol Coudret, Received by (signature):, Inspected by (signature):, cc: fields



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Establishment Name Fred's Bar		Telephone Number (812-423-8040)	Date of Inspection (mm/dd/yr) 11/28/2016	ID # 10974
Establishment Address (number and street, city, state, zip code) 421 Read St., Evansville, IN, 47710		Owner (812-867-7820)	Follow-up No	
Owner Fred & Barb Willman		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 12/08/2016	
Owner's Address 203 Belmont Dr, Evansville, IN, 47711			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Fred & Barb Willman			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Fred Willman				

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

Received by (name and title printed): Barbra Williams		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Horstketter		Telephone Number (812-423-0692)	Date of Inspection (mm/dd/yr) 11/29/2016	ID # 11043
Establishment Address (number and street, city, state, zip code) 5809 Stringtown Rd, Evansville, IN, 47711		(812-499-1777)		
Owner Joe Horstketter	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 12/09/2016	
Owner's Address 5809 Stringtown Rd, Evansville, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Joe Horstketter	Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail				
Certified Food Handler				

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

Received by (name and title printed): Joe Horsketter		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Inside Scoop		Telephone Number (812-471-0031)	Date of Inspection (mm/dd/yr) 12/02/2016	ID # 11051
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		(319-219-6927)		
Owner Inside Scoop Candies & Gifts	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 12/12/2016	
Owner's Address 1098 S 10TH STREET, Noblesville, IN, 46060		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Inside Scoop Candies & Gifts		Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler n/a				

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

Received by (name and title printed): Angela Fuquay	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name CVS Pharmacy #6254		Telephone Number (812) 475-2038	Date of Inspection (mm/dd/yr) 11/30/2016	ID # 11184
Establishment Address (number and street, city, state, zip code) 2344 Covert Ave, Evansville, IN, 47714		(401) 770-2272		
Owner HOOK-SUPERX 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 12/10/2016
Owner's Address 1 CVS Dr/Mail Drop 23062A, Woonsocket, RI, 02895			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HOOK-SUPERX LLC			Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler				

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

Received by (name and title printed): Sam Shahine	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name McDonalds		Telephone Number (812-477-0279)	Date of Inspection (mm/dd/yr) 12/01/2016	ID # 11203
Establishment Address (number and street, city, state, zip code) 2960 Covert Ave, EVANSVILLE, IN, 47714		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 12/11/2016	
Owner's Address PO Box 5708, Evansville, IN, 47716			Summary of Violations: C 0 NC 0 R 0	
Person in Charge MCDONALDS/DBK VISION			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Caleb Kauk				

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

Received by (name and title printed): Bobbi Yeager		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Schnucks #728	Telephone Number (812-473-4510)	Date of Inspection (mm/dd/yr) 12/01/2016	ID # 11307
Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, EVANSVILLE, IN, 47715	(314-994-4718) Owner	Follow-up Yes	
Owner Schnucks Markets Inc	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/11/2016	
Owner's Address 11420 Lackland Rd, St Louis, MO, 63146	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 2 R 0	
Person in Charge Schnucks Markets Inc	<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 Tommy Ayers	<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
256	NC		Reach-in and walk-in coolers and display cases lacking thermometers.	12/09/2016
174	NC		Bulk containers of sugar not labeled with common food name.	12/09/2016

Received by (name and title printed): Dave Verwayne	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name SIMPSONS SUPERMARKET		Telephone Number (812-477-5341)	Date of Inspection (mm/dd/yr) 11/28/2016	ID # 11319
Establishment Address (number and street, city, state, zip code) 1365 Covert Ave, EVANSVILLE, IN, 47714		Owner (812-477-5341)		
Owner BRIAN D & NANCY C JAMES		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 12/08/2016
Owner's Address 8310 Wolf Creek Dr, Evansville, IN, 47712			Summary of Violations: C 1 NC 1 R 0	
Person in Charge BRIAN D & NANCY C JAMES		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 Holly Williams				

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Section#	C/NC	R	Narrative	To Be Corrected By
303	C		No sanitizing solution available for wiping clothes.	Corrected
174	NC		Bulk container of flour not labeled with common food name.	Corrected

Received by (name and title printed): Greg Atwood		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name O'Brians Sports Bar & Grill		Telephone Number (812-401-4630)	Date of Inspection (mm/dd/yr) 11/28/2016	ID # 11322
Establishment Address (number and street, city, state, zip code) 1801 N Green River Rd, Evansville, IN, 47715		(812-205-9899)		
Owner O'Brians Sports Bar & Grill	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 12/08/2016	
Owner's Address 3900 Timber Pte, Evansville, IN, 47715		Summary of Violations: C 0 NC 0 R 0		
Person in Charge O'Brians Sports Bar & Grill	Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0			
Responsible Person's E-mail				
Certified Food Handler Matt Madden				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 11/16/2016 corrected.	

Received by (name and title printed): Matt Madden	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Subway		Telephone Number (812-477-5432)	Date of Inspection (mm/dd/yr) 12/02/2016	ID # 11362
Establishment Address (number and street, city, state, zip code) 200 S Green River Rd Ste C, Evansville, IN, 47715		Owner (812-477-5432)	Follow-up No	
Owner Rupal Patel	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 12/12/2016		Summary of Violations: C 0 NC 0 R 0
Owner's Address 200 S Green River Rd Ste C, Evansville, IN, 47715	Person in Charge Rupal Patel	Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail	Certified Food Handler Rupal Patel			

• 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): Yagnesh Patel	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

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.

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| Establishment Name
Taco Johns | Telephone Number
(812-473-7841)
 | Date of Inspection
(mm/dd/yr)
12/02/2016
 | ID #
11386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Establishment Address (number and street, city, state, zip code)
2509 Washington Ave., Evansville, IN, 47714 | Owner
(270-443-4364)
 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Purpose:
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| Summary of Violations: |
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- 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
			All violations from previous inspection corrected.	

Received by (name and title printed): Jamie Canary	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature): _____	Inspected by (signature): _____
cc:	cc:

**Retail Food Establishment Inspection Report**State Form 22116 (R7 /12-04)
SDH Form 51-0001Vanderburgh 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 Walgreens #6152		Telephone Number (812-474-0055)		Date of Inspection (mm/dd/yr) 12/02/2016	ID # 11429
Establishment Address (number and street, city, state, zip code) 925 S Green River Rd, Evansville, IN, 47715		(847-527-4897)			
Owner Walgreen Co		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No	Release Date 12/12/2016
Owner's Address PO Box 901, Deerfield, IL, 60015		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Walgreen Co		<input type="checkbox"/> Complaint			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational			
Certified Food Handler n/a		<input type="checkbox"/> Temporary		Menu Type (See additional page)	
		<input type="checkbox"/> HACCP		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
		<input type="checkbox"/> 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"

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

Received by (name and title printed): Kyle Temme		Inspected by (name and title printed): Kelly Holzmeyer	
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
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Establishment Name Little Italy	Telephone Number (812-401-0588)	Date of Inspection (mm/dd/yr) 12/01/2016	ID # 11478
Establishment Address (number and street, city, state, zip code) 4430 First Ave, Evansville, IN, 47710	Owner (812-401-0588)		
Owner Ammar Jawabrah	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 12/11/2016
Owner's Address 1157 S Lombard, Evansville, IN, 47714		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge Ammar Jawabrah		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 Ammar Jawabrah			

- 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
431	NC		Air vents in kitchen need cleaning.	12/05/2016

Received by (name and title printed): polly wilkie	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 Cookies by Design		Telephone Number (812-426-1599)	Date of Inspection (mm/dd/yr) 12/02/2016	ID # 11518
Establishment Address (number and street, city, state, zip code) 419 Metro Ave, Evansville, IN, 47715		(812-480-7555)		
Owner Robert & Ginger Hornbrook	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 12/12/2016	
Owner's Address 4500 Winsley Cove, Evansville, IN, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Robert & Ginger Hornbrook		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 Ginger Hornbrook				

- 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): Ginger Hornbrook	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)
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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 Family Dollar #1549		Telephone Number (812-474-1679)	Date of Inspection (mm/dd/yr) 11/29/2016	ID # 11527
Establishment Address (number and street, city, state, zip code) 1617 Lodge Ave, Evansville, IN, 47714		(704-814-5926) <small>() Owner</small>		
Owner FAMILY DOLLAR 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 12/09/2016	
Owner's Address PO Box 1017, CHARLOTTE, NC, 28201		Summary of Violations: C 0 NC 0 R 0		
Person in Charge FAMILY DOLLAR 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				

- 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): Christina Kitterman	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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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 Circle K #143		Telephone Number (812-422-7976)	Date of Inspection (mm/dd/yr) 11/28/2016	ID # 11532
Establishment Address (number and street, city, state, zip code) 1148 Washington Ave, Evansville, IN, 47714		Owner (812-379-9227)	Follow-up	
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)		Release Date 12/08/2016	Summary of Violations: C 0 NC 0 R 0
Owner's Address PO Box 347, Columbus, IN, 47202	Person in Charge Mac's Convenience Store LLC		Menu Type (See additional page) 1 0 2 1 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
			No discrepancies.	

Received by (name and title printed): Anna Shelley-Smith		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



Retail Food Establishment Inspection Report

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

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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 River City Dawggs	Telephone Number (812-306-1487)	Date of Inspection (mm/dd/yr) 11/29/2016	ID # 11644	
Establishment Address (number and street, city, state, zip code) 302 S Bosse Ave, Evansville, IN, 47712	(812-306-1487)	Follow-up No		
Owner Kent Greathouse	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 12/09/2016
Owner's Address 302 S Bosse Ave, EVANSVILLE, IN, 47712	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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge Kent Greathouse				
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): Kent Greathouse	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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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 PIZZA HUT #316428		Telephone Number (812-474-9077)	Date of Inspection (mm/dd/yr) 11/30/2016	ID # 11801
Establishment Address (number and street, city, state, zip code) 1357 Covert Ave, Evansville, IN, 47714		(317-596-3260)		
Owner PIZZA HUT OF AMERICA LLC c/o Ducharm, McMiller & Assoc.	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 12/10/2016	
Owner's Address PO Box 80600, Indianapolis, IN, 46280		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge PIZZA HUT OF AMERICA LLC c/o Ducharm, McMiller & Assoc.		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 Shambrey Treece				

- 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): Aaron Vaughn	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 Grand Buffet		Telephone Number (812-476-6666)	Date of Inspection (mm/dd/yr) 11/28/2016	ID # 11901
Establishment Address (number and street, city, state, zip code) 1356 N Green River Rd, Evansville, IN, 47715		Owner (957-476-6666)	Follow-up No	
Owner Yun. Lin	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 12/08/2016		Summary of Violations: C 0 NC 0 R 0
Owner's Address 1356 N Green River Rd, Evansville, IN, 47715	Person in Charge Yun. Lin	Menu Type (See additional page) 1 0 2 0 3 0 4 1 5 0		
Responsible Person's E-mail	Certified Food Handler Stacey Lin			

- 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 11/22/16. All violations corrected.	

Received by (name and title printed): Stacy Lin	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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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 Los Tres Caminos		Telephone Number (812-868-8550)	Date of Inspection (mm/dd/yr) 11/30/2016	ID # 11907
Establishment Address (number and street, city, state, zip code) 12100 N Highway 41 Suite 9, Evansville, IN, 47725		Owner (812-868-8550)	Follow-up No	
Owner Francisco H Lomeli		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/10/2016	
Owner's Address 12100 Highway 41 N #9, Evansville, IN, 47725		<input type="checkbox"/> Follow-up	Summary of Violations: C 1 NC 1 R 0	
Person in Charge Francisco H Lomeli		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Certified Food Handler jose guadalupe g eligio cruz		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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
399	NC		Shelving in cooking area needs replaced.	12/09/2016
449	C		Improper use of fly paper.	Corrected

Received by (name and title printed): jose guadalupe g eligio cruz		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	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 Kelly's Food & Smoke Shop	Telephone Number (812) 477-2325 <small>(Owner)</small> 8127742616	Date of Inspection (mm/dd/yr) 11/30/2016	ID # 11948
Establishment Address (number and street, city, state, zip code) 3012 Covert Ave, Evansville, IN, 47714		Follow-up No	Release Date 12/10/2016
Owner Khalid O Alssaleh	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 1909 Cheyenne Dr, Evansville, IN, 47714		Menu Type (See additional page)	
Person in Charge Khalid O Alssaleh		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler n/a			

- 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 discrepancies.	

Received by (name and title printed): Mousa Sammour	Inspected by (name and title printed): Kelly Holzmeier
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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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: The Inflatable Fun Factory
Telephone Number: (812)-471-5867
Date of Inspection: 12/02/2016
ID #: 11975
Establishment Address: 6600 Frito Lay Dr. Ste B, Evansville, IN, 47715
Owner: All Blown Up Inflatable Rentals
Purpose: [] Routine, [] Follow-up, [] Complaint, [] Pre-Operational, [] Temporary, [] HACCP, [x] Other (list) Final
Follow-up: No
Release Date: 12/12/2016
Summary of Violations: C 0 NC 0 R 0
Menu Type: (See additional page)
Certified Food Handler: Dana Hall

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

Received by (name and title printed): Tommy Hall
Inspected by (name and title printed): Colin Ward
Received by (signature):
Inspected by (signature):
cc:



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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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 The Yellow Rose Family Diner		Telephone Number (812-401-2505)	Date of Inspection (mm/dd/yr) 11/29/2016	ID # 12156
Establishment Address (number and street, city, state, zip code) 4313H Morgan Ave, Evansville, IN, 47715		(812-401-2505)		
Owner Linda Fenwick	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 12/09/2016	
Owner's Address 3910 N St Joe Ave, Evansville, IN, 47720		Summary of Violations: C 1 NC 0 R 0		
Person in Charge Linda Fenwick		Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Linda Fenwick				

- 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
324	C		Restroom sink in need of repair. Not reaching required temperature of 100 degrees.	12/08/2016

Received by (name and title printed): Linda Fenwick	Inspected by (name and title printed): Kelly Holzmeyer
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 Walgreens #15099		Telephone Number (812-464-3656) (847-527-4897)	Date of Inspection (mm/dd/yr) 12/01/2016	ID # 12280
Establishment Address (number and street, city, state, zip code) 4701 N First Ave, Evansville, IN, 47710		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 12/11/2016
Owner Walgreen Co - License Administration			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address PO Box 901, Deerfield, IL, 60015			Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge Walgreen Co - License Administration				
Responsible Person's E-mail				
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): Brett Seta		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Freddy's Frozen Custard of Evansville		Telephone Number (812-909-4395) (316-706-7170)		Date of Inspection (mm/dd/yr) 11/29/2016	ID # 12291
Establishment Address (number and street, city, state, zip code) 2848 N Green River Rd, Evansville, IN, 47715		Owner Indiana Custard Co		Follow-up No	Release Date 12/09/2016
Owner's Address 300 Main St Ste 36, Evansville, IN, 47708		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>	
Person in Charge Indiana Custard Co		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 Chris Evans					

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

Received by (name and title printed): Chris Evans		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

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Establishment Name Big Bang Mongolian Grill		Telephone Number (812-602-1400)	Date of Inspection (mm/dd/yr) 12/01/2016	ID # 12346
Establishment Address (number and street, city, state, zip code) 2013 N Green River Rd, Evansville, IN, 47715		Owner (812-431-2066)	Follow-up Yes	
Owner Yu Cao		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/11/2016	
Owner's Address 4410 Stringtown Rd, Evansville, IN, 47711		<input type="checkbox"/> Follow-up	Summary of Violations: C 1 NC 0 R 0	
Person in Charge Yu Cao		<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 Yu Cao		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
334	C		No air gap at hose next to chemical dishwash machine.	12/15/2016

Received by (name and title printed): Jun Cao	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 Taste of NYC		Telephone Number (812-773-2328)	Date of Inspection (mm/dd/yr) 11/30/2016	ID # 13009
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd unit 106, Evansville, Indiana, 47715		(812-773-2328)		
Owner Franco Mannino	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 12/10/2016	
Owner's Address 800 N Green River Rd unit 106, Evansville, Indiana, 47715		Summary of Violations: C_0_ NC_0_ R_0_		
Person in Charge Franco Mannino		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				

- 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
			Follow-up from inspection on 12/1/16. All violations corrected.	

Received by (name and title printed): Franco Manino	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc: