



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 Acropolis		Telephone Number (812-475-9320)	Date of Inspection (mm/dd/yr) 12/13/2016	ID # 10827
Establishment Address (number and street, city, state, zip code) 501 N Green River Rd, Evansville, IN, 47715		() Owner		
Owner Yiochriella, 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 Yes	Release Date 12/23/2016
Owner's Address 898 BEACHWOOD DR, Henderson, KY, 42420			Summary of Violations: C 3 NC 6 R 6	
Person in Charge Yiochriella, LLC		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Certified Food Handler Doros Hadjisavva				

- 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
415	C	R	Roaches and fruit flies present. Called pest control.	12/20/2016
345	C		Kitchen hand sink used for purposes other than hand washing.	12/13/2016
171	C	R	Employees not washing hands when necessary.	12/13/2016
410	NC	R	Lacking light shielding in walk-in cooler.	12/20/2016
416	NC		Dead roaches within facility needing removal.	12/13/2016
218	NC	R	The seal on the southern walk-in cooler in poor repair. Needs replacing.	12/20/2016
347	NC	R	Hand towels not provided for kitchen hand sink.	12/13/2016
431	NC	R	Facility in need of cleaning.	12/20/2016
394	NC		Refuse area in need of cleaning.	12/20/2016

Received by (name and title printed): Barbara Kyriakou		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Al's Corner Pub		Telephone Number (812-550-2409)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 10834
Establishment Address (number and street, city, state, zip code) 301 W Columbia St., Evansville, IN, 47710		Owner (812-550-2409)		
Owner Perry Nunamaker	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 12/24/2016	
Owner's Address 9000 Whispering Tree Ln, Evansville, IN, 47711			Summary of Violations: C 0 NC 2 R 0	
Person in Charge Perry Nunamaker			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
431	NC		Microwave soiled.	12/15/2016
346	NC		No soap provided in men's bathroom.	12/15/2016

Received by (name and title printed): Reid Schnell	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Applebee's Neighborhood Grill		Telephone Number (812-471-0942)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 10844
Establishment Address (number and street, city, state, zip code) 5100 E Morgan Ave, Evansville, IN, 47715		(917-270-5626)		
Owner Apple Central, 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 12/24/2016
Owner's Address PO Box 780732, Wichita, KS, 67278			Summary of Violations: C 0 NC 1 R 0	
Person in Charge Apple Central, LLC			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Aymee Harvey				

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Tiles missing in various areas throughout the kitchen.	01/09/2017

Received by (name and title printed): Aymee Harvey		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Arby's #5132		Telephone Number (812-477-2888)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 10846
Establishment Address (number and street, city, state, zip code) 1340 N Green River Rd, Evansville, IN, 47715		Owner (678-514-4377)	Follow-up No	
Owner Arby's Restaurant Group		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 12/24/2016	
Owner's Address 1155 Perimeter Center West, Atlanta, GA, 30338			Summary of Violations: C 1 NC 0 R 0	
Person in Charge Arby's Restaurant Group			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 Monica McKinney				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Chemical sanitizer for wiping cloths below required concentration.	Corrected

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



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Establishment Name America's Best Value		Telephone Number (812-473-7944)	Date of Inspection (mm/dd/yr) 12/15/2016	ID # 10899	
Establishment Address (number and street, city, state, zip code) 4819 Tecumseh, Evansville, IN, 47715		Owner (812-473-7966)	Follow-up No		
Owner Shiv Vandan 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 12/25/2016		
Owner's Address 4819 Tecumseh, Evansville, IN, 47715			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Shiv Vandan LLC			Menu Type (See additional page)		
Responsible Person's E-mail			1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler n/a					

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

Received by (name and title printed): Dixi Patel		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Donut Bank	Telephone Number (812-426-2311)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 10931
Establishment Address (number and street, city, state, zip code) 2128 First Ave, EVANSVILLE, IN, 47710	Owner (812-426-0011)		
Owner CHRIS KEMPF	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 12/24/2016
Owner's Address 1031 Diamond Ave, Evansville, IN, 47711	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge CHRIS KEMPF	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 Abi Williams			

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Some floor surfaces in service area and handles of kitchen cooler soiled.	12/15/2016

Received by (name and title printed): Mary Rosenbarger	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Engler Wholesale, Inc.		Telephone Number (812-471-0235)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 10945
Establishment Address (number and street, city, state, zip code) 4315 Morgan Ave., EVANSVILLE, IN, 47715		Owner (812-385-3762)	Follow-up No	
Owner Daniel & Sherry Engler		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 12/24/2016	
Owner's Address PO Box 1232, Princeton, IN, 47670			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Daniel & Sherry Engler			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 n/a				

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

Received by (name and title printed): Daniel Engler		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Great American Cookie Co		Telephone Number (812-471-1774 <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 12/12/2016	ID # 10995
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		(812-401-6531 <small>(Owner)</small>		
Owner Agape Bakeries 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 12/22/2016
Owner's Address 3413 Raccoon Run, Evansville, IN, 47711			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Agape Bakeries Inc			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Amy Smith				

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

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



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Establishment Name Hilltop Inn		Telephone Number (812-422-1757)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11029
Establishment Address (number and street, city, state, zip code) 1100 Harmony Way, Evansville, IN, 47720		Owner (812-483-0432)	Follow-up Yes	
Owner Marta Hollen	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 12/24/2016	
Owner's Address 3005 Winternheimer Dr, Evansville, IN, 47720	Person in Charge Marta Hollen		Summary of Violations: C 2 NC 4 R 1	
Responsible Person's E-mail			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Certified Food Handler Randall Graves				

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Bar hand washing sink lacking paper towels.	12/14/2016
346	NC		Bar hand washing sink, needs soap.	12/14/2016
324	C		Kitchen hand washing sink, needs repair.	12/14/2016
191	C		Ready to eat food improperly date marked.	12/14/2016
431	NC	R	Walk-in beer cooler, needs cleaning.	01/04/2017
256	NC		Bar area and meat reach in coolers lacking functional thermometer.	12/15/2016

Received by (name and title printed): Robert Gibbs		Inspected by (name and title printed): Ricardo Zacarias	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Kirby Private Dining/Sauced		Telephone Number (812-422-2230) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11072
Establishment Address (number and street, city, state, zip code) 1119 Parrett St., EVANSVILLE, IN, 47713		(812-483-9052) <small>(Owner)</small>		
Owner Scott Schymik	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 12/24/2016	
Owner's Address 2600 Knob Hill Dr, Evansville, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Scott Schymik		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 Scott Schymik				

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

Received by (name and title printed): Scott Schymik		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Lic's Ice Cream		Telephone Number (812-473-0569)	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 11084
Establishment Address (number and street, city, state, zip code) 4501 Lincoln Ave., Evansville, IN, 47714		Owner (812-424-3066)		
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)	Follow-up No	Release Date 12/26/2016	
Owner's Address 11 N 5th Street, Evansville, IN, 47708		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Don Smith		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 Jamia Brown				

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

Received by (name and title printed): Tricia Kessler	Inspected by (name and title printed): Colin Ward
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Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name Libby & Mom's Cafe		Telephone Number (812-437-3040)	Date of Inspection (mm/dd/yr) 12/13/2016	ID # 11110
Establishment Address (number and street, city, state, zip code) 2 N. Richardt, Evansville, IN, 47711		Owner (812-437-3040)	Follow-up No	
Owner ELIZABETH VOLK		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 12/23/2016	
Owner's Address 2 Richardt, Evansville, IN, 47711			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ELIZABETH VOLK			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 Elizabeth Volk				

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

Received by (name and title printed): Elizabeth Volk		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Chick-fil-A	Telephone Number (812-477-9370)	Date of Inspection (mm/dd/yr) 12/12/2016	ID # 11142
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715	Owner (812-477-9370)	Follow-up No	Release Date 12/22/2016
Owner Deborah Dean	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 800 N Green River Rd, Evansville, IN, 47715	<input type="checkbox"/> Follow-up		
Person in Charge Deborah Dean	<input type="checkbox"/> Complaint	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	<input type="checkbox"/> Pre-Operational		
Certified Food Handler Debbie Dean	<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): Antwan Johnson	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name McDonalds #11291		Telephone Number (812-421-0569) (812-480-4770)	Date of Inspection (mm/dd/yr) 12/13/2016	ID # 11197
Establishment Address (number and street, city, state, zip code) 115 S Rosenberger Ave, EVANSVILLE, IN, 47712				
Owner PAUL SNIDER	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 12/23/2016	
Owner's Address PO BOX 6109, EVANSVILLE, IN, 47719		Summary of Violations: C 0 NC 3 R 2		
Person in Charge PAUL SNIDER		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 Michelle Strickland				

- 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	NC		Grease trap log, not showing all documented services.	12/16/2016
257	NC	R	Lacking thermometers in several reach in coolers.	12/16/2016
431	NC	R	Walk in refrigerator ceiling and three compartment sink wall area soiled.	12/16/2016

Received by (name and title printed): Jake Wittman	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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Establishment Name Circle K #2414	Telephone Number (812-477-6352)	Date of Inspection (mm/dd/yr) 12/15/2016	ID # 11242
Establishment Address (number and street, city, state, zip code) 2400 E Riverside Dr, Evansville, IN, 47714	Owner (812-379-9227)	Follow-up No	
Owner Mac's Convenience Store LLC	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/25/2016	
Owner's Address PO Box 347, Columbus, IN, 47202	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge Mac's Convenience Store LLC	<input type="checkbox"/> Complaint	Menu Type (See additional page)	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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): teresa toone	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:

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Establishment Name Someplace Else		Telephone Number (812-470-7772)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11326
Establishment Address (number and street, city, state, zip code) 930 Main St, Evansville, IN, 47708		(812-470-7772) Owner		
Owner Belinda Breivogel	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 12/24/2016	
Owner's Address 919 S Lombard Ave, Evansville, IN, 47714		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge Belinda Breivogel			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
431	NC		Guard in ice machine by back cooler soiled.	12/15/2016

Received by (name and title printed): Ryan Jones	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Sonic Drive-In #102		Telephone Number (812-475-1099) () Owner	Date of Inspection (mm/dd/yr) 12/13/2016	ID # 11328
Establishment Address (number and street, city, state, zip code) 2200 Covert Ave, Evansville, IN, 47714		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 12/23/2016
Owner Sonic Drive-In of Evansville Inc			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 208 S Maize Rd, WICHITA, KS, 67209		Menu Type (See additional page)		
Person in Charge Sonic Drive-In of Evansville Inc		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 Lori Hayes				

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

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



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Establishment Name Subway		Telephone Number (812-401-8792)	Date of Inspection (mm/dd/yr) 12/13/2016	ID # 11364
Establishment Address (number and street, city, state, zip code) 520 Mary St, Evansville, IN, 47710		(812-401-8790)		
Owner ANGELA MCGEE	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 12/23/2016	
Owner's Address 2809 St George Rd, Evansville, IN, 47711		Summary of Violations: C 0 NC 4 R 1		
Person in Charge ANGELA MCGEE		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 Donna Sandefur				

- 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		Beverage dispensing units needs cleaned.	12/14/2016
347	NC	R	Drying towels not at hand washing sinks.	
254	NC		Walk-in freezer thermometer not accurate	12/20/2016
255	NC		Reach-in refrigerator thermometer missing in serving area.	12/20/2016

Received by (name and title printed): Rick Martin		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Subway #30714	Telephone Number (812-437-3750)	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 11371	
Establishment Address (number and street, city, state, zip code) 3200 N St Joe Unit A, EVANSVILLE, IN, 47720	Owner (812-774-6689)	Follow-up No		
Owner Larry Patel	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/26/2016	Summary of Violations: C 0 NC 0 R 0	
Owner's Address 725 Lancelot Dr, Evansville, IN, 47711	<input type="checkbox"/> Follow-up	Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Person in Charge Larry Patel	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler Larry Patel	<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
			No note of violations.	

Received by (name and title printed): kalpesh patel	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Subway Sandwich Shop		Telephone Number (812) 423-0035	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 11372
Establishment Address (number and street, city, state, zip code) 510 N St Joseph Ave, Evansville, IN, 47712		(812) 573-7777		
Owner PATHIL AMIN	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 12/26/2016	
Owner's Address 10082 STONECREEK CIR, NEWBURGH, IN, 47630			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge PATHIL AMIN			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"

• 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): Piyush Patel	Inspected by (name and title printed): Ricardo Zacarias
---	--

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

cc:	cc:	cc:
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Establishment Name TGI Fridays #432		Telephone Number (812-491-8443)	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 11394
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 101, Evansville, IN, 47715		() Owner (510-792-3393)		
Owner Central Florida Restaurants, 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 12/26/2016
Owner's Address 3550 Mowry Ave Ste 301, Fremont, CA, 94538			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Central Florida Restaurants, Inc.		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Justin Van Dorn, Mark Schell				

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

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



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Establishment Name Vanderburgh Co Jail - Aramark		Telephone Number (812-421-6288)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11420
Establishment Address (number and street, city, state, zip code) 3500 N Harlan Ave, Evansville, IN, 47711		Owner (812-421-6288)	Follow-up No	
Owner Aramark	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 12/24/2016		
Owner's Address 3500 N Harlan Ave, Evansville, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Aramark	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 Chuck Strickland				

- 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
			Dish machine operating as required.	

Received by (name and title printed): Bryan Wagner	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Wendy's #326		Telephone Number (812-477-4522)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11437
Establishment Address (number and street, city, state, zip code) 4610 Lincoln Ave., Evansville, IN, 47714		Owner (812-482-3212)		
Owner SERVUS, Inc.		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/24/2016
Owner's Address 4201 Mannheim Rd Suite A, Jasper, IN, 47546			Summary of Violations: C 1 NC 0 R 0	
Person in Charge SERVUS, Inc.			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Larry Stofleth				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Soiled ice dispenser in lobby.	12/14/2016

Received by (name and title printed): Michelle Belwood		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Piston`s	Telephone Number (812-401-1699)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11506
Establishment Address (number and street, city, state, zip code) 2131 W Franklin St, Evansville, IN, 47712	() Owner		
Owner Jason English	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/24/2016
Owner's Address 201 B S Fulton Ave, EVANSVILLE, IN, 47708	<input type="checkbox"/> Follow-up	Summary of Violations: C 2 NC 0 R 0	
Person in Charge Jason English	<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 Dante/Cory Gray	<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
191	C		Ready to eat items lacking date marking	12/14/2016
437	C		Chemical spray bottle not labaled	Corrected

Received by (name and title printed): Donte Hines	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Taco Tierra	Telephone Number (812) 402-8226	Date of Inspection (mm/dd/yr) 12/13/2016	ID # 11554
Establishment Address (number and street, city, state, zip code) 420 S Green River Rd, Evansville, IN, 47715	Owner (618) 262-5441	Follow-up No	Release Date 12/23/2016
Owner Mike Blake	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C <u>2</u> NC <u>0</u> R <u>1</u>	
Owner's Address 725 N Market, MT CARMEL, IL, 62863	<input type="checkbox"/> Follow-up	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"/>	
Person in Charge Mike Blake	<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)		

- 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
295	C	R	Can opener soiled.	Corrected
303	C		Sanitize buckets were not provided for wiping cloths.	Corrected

Received by (name and title printed): Hannah Lee	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Elberts Natural Food Market Inc		Telephone Number (812-471-5071)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11557
Establishment Address (number and street, city, state, zip code) 5614 E Virginia St, Evansville, IN, 47715		Owner (812-430-9388)		
Owner Catherine Elbert-Burkemper		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 12/24/2016
Owner's Address 6133 Brighton Dr, Evansville, IN, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Catherine Elbert-Burkemper			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
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 noted violations.	

Received by (name and title printed): Caroline Koenig		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Domino's Pizza		Telephone Number (812-471-8585)	Date of Inspection (mm/dd/yr) 12/12/2016	ID # 11581
Establishment Address (number and street, city, state, zip code) 1940 N Green River Rd, Evansville, IN, 47715		() Owner		
Owner E`-VILLE PIZZA, 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 Yes	Release Date 12/22/2016
Owner's Address 1021 Broadway, BOWLING GREEN, KY, 42104			Summary of Violations: C 0 NC 1 R 0	
Person in Charge E`-VILLE PIZZA, INC		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler Dan Lashbrooke				

- 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
256	NC		Reach in prep table cooler lacking thermometer.	12/16/2016

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



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Telephone 812-435-5695
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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 Domino's Pizza		Telephone Number (812-471-8585)	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 11581
Establishment Address (number and street, city, state, zip code) 1940 N Green River Rd, Evansville, IN, 47715		() Owner		
Owner E`-VILLE PIZZA, INC		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/26/2016
Owner's Address 1021 Broadway, BOWLING GREEN, KY, 42104			Summary of Violations: C 0 NC 0 R 0	
Person in Charge E`-VILLE PIZZA, INC		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler Dan Lashbrooke				

- 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
			Violation from 12/12/16 corrected.	

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



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Telephone 812-435-5695
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Establishment Name Sonic Drive-In #111		Telephone Number (812-476-7730)	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 11604
Establishment Address (number and street, city, state, zip code) 3433 N Green River Rd, Evansville, IN, 47715		() Owner		
Owner Sonic Drive-In of Evansville 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 12/26/2016
Owner's Address 208 S Maize Rd, WICHITA, KS, 67209			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Sonic Drive-In of Evansville Inc			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler Michelle Wadi Ramahi				

- 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): Michelle Wadi Ramahi		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name We're Rolling Pretzel Co		Telephone Number (812-464-9289)	Date of Inspection (mm/dd/yr) 12/15/2016	ID # 11616
Establishment Address (number and street, city, state, zip code) 335 S Red Bank Rd, Evansville, IN, 47712		Owner (330-823-0575)	Follow-up No	
Owner WR PRETZELS 3 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 12/25/2016	
Owner's Address 2500 W State St, ALLIANCE, OH, 44601			Summary of Violations: C 0 NC 1 R 0	
Person in Charge WR PRETZELS 3 INC			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 Amy Sheldon				

- 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		Fountain syrup container spill in the back room.	12/15/2016

Received by (name and title printed): Katarina Nash	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
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 New Frontier Restaurant and Bar		Telephone Number () Establishment 812-867-3493	Date of Inspection (mm/dd/yr) 12/15/2016	ID # 11665
Establishment Address (number and street, city, state, zip code) 12945 Highway 57, Evansville, IN, 47720		() Owner		
Owner Backes Frontier LLC	Purpose: <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/25/2016	
Owner's Address 8621 MANCHESTER CT, Evansville, IN, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Backes Frontier LLC	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail				
Certified Food Handler Victoria Schmitt				

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



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Establishment Name Tokyo Japan	Telephone Number (812) 618-7148	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 11694
Establishment Address (number and street, city, state, zip code) 3000 N Green River Rd, Evansville, IN, 47715	(812) 618-7148		
Owner Feng Ming Tan	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 12/26/2016
Owner's Address 3000 N Green River Rd, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Feng Ming Tan		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 Wei Liang			

- 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
			Violation from 12/08/2016 corrected.	

Received by (name and title printed): raichelle flores	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
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 Bonefish Grill #7505		Telephone Number (812-401-3474 (812-282-1225		Date of Inspection (mm/dd/yr) 12/16/2016		ID # 11707	
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715				Owner Bonefish Grill LLC		Follow-up No	
Owner's Address 2202 N West Shore Blvd 5th Flr, Tampa, FL, 33607		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 12/26/2016		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Bonefish Grill LLC		Responsible Person's E-mail		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>			
Certified Food Handler Scott West							

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

Received by (name and title printed): Eli Haddix		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Chuckles Food Mart #12		Telephone Number (812-477-2218)	Date of Inspection (mm/dd/yr) 12/12/2016	ID # 11769
Establishment Address (number and street, city, state, zip code) 1601 S Green River Rd, Evansville, IN, 47715		Owner (812-254-2248)	Follow-up No	
Owner C E TAYLOR OIL 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 12/22/2016	
Owner's Address 10105 Hedden Rd, Evansville, IN, 47725			Summary of Violations: C 0 NC 0 R 0	
Person in Charge C E TAYLOR OIL INC			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Kathy Moll				

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



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Establishment Name Subway #36370		Telephone Number (812-425-8014)	Date of Inspection (mm/dd/yr) 12/15/2016	ID # 11774
Establishment Address (number and street, city, state, zip code) 335 S Red Bank Rd, Evansville, IN, 47712		Owner (270-826-3183)	Follow-up No	
Owner Jeffrey S Troxel/Troxel Subs 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 12/25/2016	
Owner's Address PO Box 724, Henderson, KY, 42419			Summary of Violations: C 0 NC 2 R 0	
Person in Charge Jeffrey S Troxel/Troxel Subs Inc			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Ethan Gowen				

- 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
255	NC		Thermometer not provided for front reach in cooler in service area.	12/22/2016
254	NC		Thermometer in reach in cooler in the kitchen, not accurate.	12/22/2016

Received by (name and title printed): Ethan Gowen		Inspected by (name and title printed): Ricardo Zacarias	
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 Wok N Roll	Telephone Number (812-479-3118)	Date of Inspection (mm/dd/yr) 12/13/2016	ID # 11804
Establishment Address (number and street, city, state, zip code) 311 S Green River Rd, Evansville, IN, 47715	Owner (812-306-1661)	Follow-up No	Release Date 12/23/2016
Owner Jane Tang	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 311 S GREEN RIVER RD, Evansville, IN, 47715	<input type="checkbox"/> Follow-up	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"/>	
Person in Charge Jane Tang	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler Stephanie L. Williamson	<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
			No noted violations.	

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



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Establishment Name Royal Suite		Telephone Number (812-479-9732)	Date of Inspection (mm/dd/yr) 12/14/2016	ID # 11889
Establishment Address (number and street, city, state, zip code) 4706 Morgan Ave, Evansville, IN, 47715		Owner (812-426-0133)	Follow-up Yes	
Owner North Park Cinemas 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 12/24/2016	
Owner's Address 4200 N Third Ave, Evansville, IN, 47710			Summary of Violations: C 0 NC 1 R 0	
Person in Charge North Park Cinemas Inc			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Mary D. Miles				

- 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
342	NC		Bar hand washing sink in need of repair.	01/12/2017
			All other violations noted from 12/008/16 have been corrected.	

Received by (name and title printed): Kaylee Hess		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.

Form containing establishment details: Ruler Food Store #227, 2040 E Morgan Ave, Evansville, IN, 47711. Owner: Jay C Food Stores. Date of Inspection: 12/12/2016. ID #: 11984. Purpose: Routine. Follow-up: No. Release Date: 12/22/2016. Summary of Violations: C 0, NC 0, R 0.

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

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

Received by (name and title printed): michael stoker
Inspected by (name and title printed): Carol Coudret

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

cc: (Three empty fields for contact information)



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Establishment Name Hucks #383	Telephone Number (812) 867-3811	Date of Inspection (mm/dd/yr) 12/12/2016	ID # 12028
Establishment Address (number and street, city, state, zip code) 3131 Kansas Rd, Evansville, IN, 47720	(618) 382-2334		
Owner MARTIN & BAYLEY 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 12/22/2016
Owner's Address 1311 A West Main, Carmi, IL, 62821		Summary of Violations:	
Person in Charge MARTIN & BAYLEY INC		C <u>0</u> NC <u>3</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler Crystal Debes		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- 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
431	NC		Drink island counters in need of cleaning.	Corrected
346	NC		No soap at hand sink by the ice machine.	01/10/2017
347	NC		No paper towels at the hand sink by the ice machine.	01/10/2017

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



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Establishment Name Big Bang Mongolian Grill		Telephone Number (812-602-1400)	Date of Inspection (mm/dd/yr) 12/16/2016	ID # 12346
Establishment Address (number and street, city, state, zip code) 2013 N Green River Rd, Evansville, IN, 47715		Owner (812-431-2066)		
Owner Yu Cao	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up	Release Date 12/26/2016	
Owner's Address 4410 Stringtown Rd, Evansville, IN, 47711		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Yu Cao		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Yu Cao				

- 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
			Violation from 12/1/16 corrected.	

Received by (name and title printed): Jun Cao		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 B & G's Burgers, Gyros and More		Telephone Number (812-604-8850)	Date of Inspection (mm/dd/yr) 12/15/2016	ID # 13347
Establishment Address (number and street, city, state, zip code) 800 N. Green River Rd. Ste. 102, Evansville, Indiana, 47715		(812-604-8850) Owner		
Owner Franco Mannino	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 12/25/2016	
Owner's Address 800 N. Green River Rd. Ste. 102, Evansville, Indiana, 47715		Summary of Violations: C 2 NC 2 R 0		
Person in Charge Franco Mannino		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				

- 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
344	C		Hand sink not accessible.	Corrected
303	C		Sanitize buckets were not provided for wiping cloths.	Corrected
430	NC		Tiles and tile coving broken or missing.	12/18/2016
256	NC		Reach-in coolers were not provided with temperature measuring devices.	12/16/2016

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