



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 AMF Arc Lanes		Telephone Number (812-476-3003) () Owner	Date of Inspection (mm/dd/yr) 12/09/2016	ID # 10850
Establishment Address (number and street, city, state, zip code) 4901 Monroe Ave., Evansville, IN, 47715		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 12/19/2016
Owner AMF BOWLING CENTERS INC			Summary of Violations: C 1 NC 0 R 1	
Owner's Address 7313 Bell Creek Rd, Mechanicsville, VA, 23111		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 AMF BOWLING CENTERS INC				
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
295	C	R	Ice guard within the ice dispenser soiled.	12/09/2016

Received by (name and title printed): Bobby Wilcox		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Auntie Ann's		Telephone Number (812-475-0201	Date of Inspection (mm/dd/yr) 12/09/2016	ID # 10852
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		(812-423-4471		
Owner Sarah Mazzocco	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 12/19/2016	
Owner's Address 915 Main St Suite 606, Evansville, IN, 47711		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Sarah Mazzocco		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Kyle Ray				

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

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



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Establishment Name Boss Hawgs Old Fashion Smoke House		Telephone Number (812-423-2465)		Date of Inspection (mm/dd/yr) 12/06/2016		ID # 10874	
Establishment Address (number and street, city, state, zip code) 2020 Stringtown Rd, Evansville, IN, 47711		(812-423-2465)					
Owner The Old Fashion Butcher Shoppe 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 12/16/2016	
Owner's Address 2130 Stringtown Rd, Evansville, IN, 47711				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge The Old Fashion Butcher Shoppe 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							

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

Received by (name and title printed): Chris		Inspected by (name and title printed): Carol Coudret	
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) 12/08/2016	ID # 10882
Establishment Address (number and street, city, state, zip code) 2220 E Morgan Ave., Evansville, IN, 47711		(812-475-6730) Owner (270-843-3252)		
Owner HOUCHENS NORTH FOODS LLC		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/18/2016
Owner's Address PO Box 90009, BOWLING GREEN, KY, 42102			Summary of Violations: C 0 NC 0 R 0	
Person in Charge HOUCHENS NORTH FOODS LLC			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Kenneth McDonnough				

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 11/30/2016 corrected.	

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



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Establishment Name Dairy Queen		Telephone Number (812) 428-4022	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 10892
Establishment Address (number and street, city, state, zip code) 4140 First Ave, Evansville, IN, 47710		Telephone Number (812) 483-0741		
Owner Paula & Morgan Kirk		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 12/15/2016
Owner's Address 9105 Poplar Ridge Ln, Evansville, IN, 47710			Summary of Violations:	
Person in Charge Paula & Morgan Kirk			C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Amanda Nussmeier-Wainman				

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

Received by (name and title printed): Amanda Nussmeier-Wainman		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Edco Station		Telephone Number (812) 426-1796	Date of Inspection (mm/dd/yr) 12/06/2016	ID # 10940
Establishment Address (number and street, city, state, zip code) 2505 Stringtown Rd, Evansville, IN, 47711		Telephone Number (812) 476-3162		
Owner Karl E Ralph	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 12/16/2016	
Owner's Address 6412 Antoinette Dr, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Karl E Ralph		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): Terry West		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Emge Deli & Ice Cream		Telephone Number (812-422-3026)	Date of Inspection (mm/dd/yr) 12/09/2016	ID # 10943
Establishment Address (number and street, city, state, zip code) 206/ 208 Main St, Evansville, IN, 47708		(812-423-5172)		
Owner Janet Howell	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 12/19/2016	
Owner's Address 3214 Mockingbird Ln, Evansville, IN, 47710		Summary of Violations: C 1 NC 0 R 1		
Person in Charge Janet Howell		Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Jan Howell				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Whipped cream not being held in correct cooling temperature.	Corrected

Received by (name and title printed): Jan Howell	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Evansville Christian Life		Telephone Number (812-423-9222)		Date of Inspection (mm/dd/yr) 12/09/2016	ID # 10950
Establishment Address (number and street, city, state, zip code) 509 S Kentucky Ave, Evansville, IN, 47714		(812-423-9222)			
Owner Evansville Christian Life		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No	Release Date 12/19/2016
Owner's Address 509 S Kentucky Ave, Evansville, IN, 47714		<input type="checkbox"/> Follow-up		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Evansville Christian Life		<input type="checkbox"/> Complaint			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Certified Food Handler Tina Youngman		<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 discrepancies.	

Received by (name and title printed): Tina Youngman	Inspected by (name and title printed): David Horning
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Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name Gasoline Alley		Telephone Number (812-471-5764)	Date of Inspection (mm/dd/yr) 12/08/2016	ID # 10981
Establishment Address (number and street, city, state, zip code) 3526 Interstate Dr, Evansville, IN, 47715		Owner (812-471-5764)	Follow-up Yes	
Owner MUHAMMED RAZA		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 12/18/2016	
Owner's Address 3526 Interstate Dr, Evansville, IN, 47715			Summary of Violations: C 1 NC 0 R 0	
Person in Charge MUHAMMED RAZA			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 Muhammed Raza				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Hot foods not maintained at required temperature.	Corrected

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



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Establishment Name Hardees	Telephone Number (812) 476-5391 (812) 477-5569	Date of Inspection (mm/dd/yr) 12/09/2016	ID # 11012
Establishment Address (number and street, city, state, zip code) 1021 S Weinbach Ave., Evansville, IN, 47714		Owner Sandy's Associates Inc	
Owner's Address 1503 N Boeke Rd, Evansville, IN, 47711		Follow-up Release Date 12/19/2016	
Person in Charge Sandy's Associates 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)	
Responsible Person's E-mail		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Certified Food Handler Gary Egan		Menu Type (See additional page) 1 ○ 2 ○ 3 ● 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
129	C		Employee did not wash hands when required.	Corrected
256	NC		Reach in cooler lacking thermometer.	12/16/2016

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



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Establishment Name Long John Silvers #04		Telephone Number (812-476-3662)	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 11095
Establishment Address (number and street, city, state, zip code) 1015 S Green River Rd, Evansville, IN, 47715		Owner (812-482-3212)	Follow-up No	
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)	Release Date 12/15/2016	
Owner's Address 4201 Mannheim Rd Suite A, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge SERVUS, 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 Stephanie Sellers				

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

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



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Establishment Name Longhorn Steakhouse 5221	Telephone Number (812-473-2400)	Date of Inspection (mm/dd/yr) 12/06/2016	ID # 11099
Establishment Address (number and street, city, state, zip code) 320 N Green River Rd, Evansville, IN, 47715	Owner (800-245-6787)	Follow-up No	
Owner Rare Hospitality International Inc	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/16/2016	
Owner's Address PO BOX 695016, ORLANDO, FL, 32869	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge Rare Hospitality International 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 Cassandre Brenner	<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 discrepancies.	

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



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Establishment Name Circle K #84		Telephone Number (812-425-1634	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 11108
Establishment Address (number and street, city, state, zip code) 3900 First Ave, Evansville, IN, 47710		812-379-9227		
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) _____	Follow-up No	Release Date 12/15/2016	
Owner's Address PO Box 347, Columbus, IN, 47202		Summary of Violations: C 0 NC 1 R 0		
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				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Floors in soda stockroom need cleaning.	12/05/2016

Received by (name and title printed): yasin baloch		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Bonkers		Telephone Number (812-867-2126)	Date of Inspection (mm/dd/yr) 12/06/2016	ID # 11114
Establishment Address (number and street, city, state, zip code) 11901 Petersburg Rd., Evansville, IN, 47725		Owner (812-550-5465)		
Owner Vijaykumar K Patel	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 12/16/2016	
Owner's Address 13414 Prairie Dr, Evansville, IN, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Vijaykumar K Patel				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
Responsible Person's E-mail				
Certified Food Handler				

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- 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 11/18/2016 corrected.	

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



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Establishment Name China Express		Telephone Number (812-428-3838)	Date of Inspection (mm/dd/yr) 12/08/2016	ID # 11145
Establishment Address (number and street, city, state, zip code) 1505 S Governor St., Evansville, IN, 47713		(502-510-5658)		
Owner Quan Tran	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 12/18/2016	
Owner's Address 605 Ravenswood Dr, Evansville, IN, 47713		Summary of Violations: C 1 NC 2 R 3		
Person in Charge Quan Tran		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler None				

- 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
303	C	R	Some food contact surfaces/utensils not being sanitized.	12/09/2016
431	NC	R	Facility and hood vents in need of cleaning.	12/15/2016
426	NC	R	Storing many personal items throughout.	12/15/2016

Received by (name and title printed): Quan Tran	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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SDH Form 51-0001

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

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Establishment Name Circle S Mart #25	Telephone Number (812-475-0014	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 11156
Establishment Address (number and street, city, state, zip code) 2335 N Green River Rd, EVANSVILLE, IN, 47715	Owner (812-547-6435	Follow-up No	
Owner C & S Inc	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/15/2016	
Owner's Address PO Box 39, Tell City, IN, 47586	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge C & S 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 Martin Davis	<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 discrepancies.	

Received by (name and title printed): Steve Zabrosky	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 Circle S Mart #27	Telephone Number (812-428-0361) (812-547-6435)	Date of Inspection (mm/dd/yr) 12/06/2016	ID # 11157
Establishment Address (number and street, city, state, zip code) 5230 First Ave, Evansville, IN, 47710		Owner C & S Inc	
Owner's Address PO Box 39, Tell City, IN, 47586		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 12/16/2016
Person in Charge C & S Inc	Responsible Person's E-mail	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Certified Food Handler		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"/>	

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

Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		New stockroom shelving in need of painting/sealing.	12/31/2016

Received by (name and title printed): angela helfert	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:
cc:	cc:



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Establishment Name Olive Garden #1022		Telephone Number (812-473-2903)		Date of Inspection (mm/dd/yr) 12/07/2016		ID # 11235	
Establishment Address (number and street, city, state, zip code) 1100 N Green River Rd, Evansville, IN, 47715		(407-245-6787)					
Owner GMRI 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 12/17/2016	
Owner's Address PO BOX 695016, Orlando, FL, 32869				Summary of Violations:			
Person in Charge GMRI Inc				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler Kaitlyn Payne				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
			No discrepancies.	

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



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Establishment Name Pizza Depot	Telephone Number (812)8679131	Date of Inspection (mm/dd/yr) 12/06/2016	ID # 11257
Establishment Address (number and street, city, state, zip code) 2801 W Bnvl-New Harmony Rd., Evansville, IN, 47725	(812)7467081 <small>(Owner)</small>		
Owner Derek Ungethiem	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 12/16/2016
Owner's Address 1000 Wyngate Ct, Evansville, IN, 47725		Summary of Violations:	
Person in Charge Derek Ungethiem		C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler Amber Driskell		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
			No noted violations.	

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



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Establishment Name Pizza Oven		Telephone Number (812-425-1455)	Date of Inspection (mm/dd/yr) 12/08/2016	ID # 11265
Establishment Address (number and street, city, state, zip code) 5806 Stringtown Rd, EVANSVILLE, IN, 47711		Owner (812-425-1455)	Follow-up	
Owner CATHERINE FICKAS		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 12/18/2016	
Owner's Address 1717 S Boeke Rd, Evansville, IN, 47714			Summary of Violations: C 0 NC 1 R 0	
Person in Charge CATHERINE FICKAS			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Catherine Fiskas				

- 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		Shelves in dough room need cleaning	12/09/2016

Received by (name and title printed): Emily Thiel		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name R & K Food Mart Inc		Telephone Number (812-430-7838)	Date of Inspection (mm/dd/yr) 12/07/2016	ID # 11272
Establishment Address (number and street, city, state, zip code) 1526 Judson St, Evansville, IN, 47713		Owner (812-422-0701)	Follow-up Yes	
Owner Amit Arora		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 12/17/2016	
Owner's Address 900 W Columbia St, Evansville, IN, 47710			Summary of Violations: C 2 NC 1 R 3	
Person in Charge Amit Arora		Menu Type (See additional page)		
Responsible Person's E-mail		<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		
Certified Food Handler none				

- 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	R	Water leaking from walk-in cooler.	12/14/2016
118	C	R	Certified food safety employee needs to be shown.	12/21/2016
232	NC	R	Cooling units in walk-in need cleaned.	12/09/2016

Received by (name and title printed): manjit singh		Inspected by (name and title printed): David Horning	
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) 12/09/2016	ID # 11307
Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, EVANSVILLE, IN, 47715		Owner (314-994-4718)	Follow-up No	
Owner Schnucks Markets 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 12/19/2016	
Owner's Address 11420 Lackland Rd, St Louis, MO, 63146			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Schnucks Markets 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 Tommy Ayers				

- 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
			All violations from 12/01/2016 corrected.	

Received by (name and title printed): Tommy Ayers	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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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 Subway Sandwich Shop		Telephone Number (812-424-8655)	Date of Inspection (mm/dd/yr) 12/08/2016	ID # 11373
Establishment Address (number and street, city, state, zip code) 611 E Diamond Ave, Evansville, IN, 47711		Owner (812-490-8614)	Follow-up No	
Owner OM Shakti 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 12/18/2016		
Owner's Address 8958 Calvin Circle, Newburgh, IN, 47630		Summary of Violations: C 0 NC 0 R 0		
Person in Charge OM Shakti Inc		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Sadhana Sheth				

- 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): payton sharpe	Inspected by (name and title printed): Carol Coudret
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 Target T-108		Telephone Number (812-426-2218 (612-761-7165)	Date of Inspection (mm/dd/yr) 12/07/2016	ID # 11388
Establishment Address (number and street, city, state, zip code) 4000 First Ave, Evansville, IN, 47710				
Owner Target Corporation	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 12/17/2016	
Owner's Address 33 S 6th St, CC-1028, Minneapolis, MN, 55402-9471		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Target Corporation	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 Keith Bell				

- 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): Allison Heckman		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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

Establishment Name Thorntons #88	Telephone Number (812-477-4886)	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 11409
Establishment Address (number and street, city, state, zip code) 6300 Morgan Ave., EVANSVILLE, IN, 47715	Owner (502-425-8022)	Follow-up No	Release Date 12/15/2016
Owner THORNTONS, Inc	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 10101 Linn Station Road, Louisville, KY, 40223	<input type="checkbox"/> Follow-up	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge THORNTONS, Inc	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler Michele Penry	<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 noted violations.	

Received by (name and title printed): Michele Penry	Inspected by (name and title printed): Colin Ward
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 Walmart Market #5372		Telephone Number (812-471-4243)	Date of Inspection (mm/dd/yr) 12/06/2016	ID # 11426
Establishment Address (number and street, city, state, zip code) 3430 Taylor Ave., Evansville, IN, 47714		() Owner 479-204-2258		
Owner Wal-mart Stores East, LP	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 12/16/2016	
Owner's Address 702 SW 8th St Dept 8916, Bentonville, AR, 72716		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Wal-mart Stores East, LP			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 Eric Cate				

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



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Establishment Name Circle K #2262		Telephone Number (812-424-7517)	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 11479
Establishment Address (number and street, city, state, zip code) 3105 N First Ave, Evansville, IN, 47710		Telephone Number (812-379-9227)		
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) _____	Follow-up No	Release Date 12/15/2016	
Owner's Address PO Box 347, Columbus, IN, 47202		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Mac's Convenience Store LLC		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

- 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): josh bradley		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Walgreens #09321		Telephone Number (812-426-1180)	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 11497
Establishment Address (number and street, city, state, zip code) 710 N St. Joseph Ave, Evansville, IN, 47712-5557		Owner (847-527-4897)	Follow-up No	
Owner Walgreen Co	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Release Date 12/15/2016	
Owner's Address PO Box 901, Deerfield, IL, 60015			Summary of Violations: C 0 NC 1 R 0	
Person in Charge Walgreen Co			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler n/a				

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

Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Walk in shelving soiled.	12/08/2016

Received by (name and title printed): Amy Smith		Inspected by (name and title printed): Christian Borowiecki	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Fax 812-435-5871

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Establishment Name Family Dollar #5585		Telephone Number (812-477-1922)	Date of Inspection (mm/dd/yr) 12/09/2016	ID # 11531
Establishment Address (number and street, city, state, zip code) 1 N Weinbach Ave, Evansville, IN, 47711		(704-814-5926) Owner		
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 12/19/2016	
Owner's Address PO Box 1017, CHARLOTTE, NC, 28201		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge FAMILY DOLLAR INC		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				

- 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): sara pace		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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Vanderburgh County Department of Health
Telephone 812-435-5695
Fax 812-435-5871

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Establishment Name Super 8 Motel		Telephone Number (812-476-4008)	Date of Inspection (mm/dd/yr) 12/06/2016	ID # 11562
Establishment Address (number and street, city, state, zip code) 4600 E Morgan Ave, Evansville, IN, 47715		Owner (812-476-4008)	Follow-up No	
Owner JATIN 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 12/16/2016	
Owner's Address 4600 E MORGAN AVE, Evansville, IN, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge JATIN PATEL			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"
- 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): Rima Patel	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Ri Ra Irish Pub	Telephone Number (812-426-0000)	Date of Inspection (mm/dd/yr) 12/08/2016	ID # 11568
Establishment Address (number and street, city, state, zip code) 701-B NW Riverside Dr, Evansville, IN, 47708	(914-579-2113)		
Owner RIRA Evansville 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 12/18/2016
Owner's Address PO Box 1750, Briarcliff Manor, NY, 10541	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>		
Person in Charge RIRA Evansville LLC	Menu Type (See additional page)		
Responsible Person's E-mail	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		
Certified Food Handler Ryan Costello			

• 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
173	C	R	Raw foods in cooler not stored correctly. Corrected.	

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



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Establishment Name Dollar Tree #06574	Telephone Number (812-421-0205) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 11601
Establishment Address (number and street, city, state, zip code) 424 E Diamond Ave, Evansville, IN, 47711	(757-321-5123) <small>(Owner)</small>		
Owner Dollar Tree Stores 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	Release Date 12/15/2016
Owner's Address 500 Volvo Parkway, Chesapeake, VA, 23320		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Dollar Tree Stores Inc		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			

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

Received by (name and title printed): angela johnson	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Gattitown		Telephone Number (812-473-3800)	Date of Inspection (mm/dd/yr) 12/07/2016	ID # 11653
Establishment Address (number and street, city, state, zip code) 316 N Green River Rd, Evansville, IN, 47715		Owner (812-473-3800)	Follow-up Yes	
Owner Advent IN LLC		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/17/2016	
Owner's Address 316 N Green River Rd, Evansville, IN, 47715		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 2 R 0	
Person in Charge Advent IN LLC		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Certified Food Handler Zachary Johnson		<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
352	NC		Family restroom lacking self-closing door.	01/11/2017
393	NC		Outdoor receptacle lacking drain plug.	01/11/2017

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



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Establishment Name Tokyo Japan	Telephone Number (812-618-7148)	Date of Inspection (mm/dd/yr) 12/08/2016	ID # 11694
Establishment Address (number and street, city, state, zip code) 3000 N Green River Rd, Evansville, IN, 47715	(812-618-7148) Owner		
Owner Feng Ming Tan	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 12/18/2016
Owner's Address 3000 N Green River Rd, Evansville, IN, 47715		Summary of Violations: C <u>1</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Chemical dishwasher not sanitizing.	12/16/2016

Received by (name and title printed): Feng Ming Tan	Inspected by (name and title printed): Kelly Holzmeier
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Wired Coffee House	Telephone Number (812)3057395 (812)4575177	Date of Inspection (mm/dd/yr) 12/09/2016	ID # 11729
Establishment Address (number and street, city, state, zip code) 111 NW Fourth St, Evansville, IN, 47708		Owner Youth Incorporated of Southern Indiana	
Owner's Address 111 NW FOURTH ST, 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) _____	Follow-up No
Person in Charge David Rudibaugh		Release Date 12/19/2016	
Responsible Person's E-mail 		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Certified Food Handler n/a		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"/>	

- 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): David Rudibaugh	Inspected by (name and title printed): David Horning
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment Name Subway		Telephone Number (812-473-7101)	Date of Inspection (mm/dd/yr) 12/09/2016	ID # 11803
Establishment Address (number and street, city, state, zip code) 1677 Lincoln Ave, Evansville, IN, 47714		(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 12/19/2016	
Owner's Address 10082 STONECREEK CIR, NEWBURGH, IN, 47630		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge PATHIL AMIN		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 patricia hite				

- 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		Replace broken/missing thermometers in refrigerators.	12/12/2016

Received by (name and title printed): Pat Hite		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Royal Suite		Telephone Number (812-479-9732)	Date of Inspection (mm/dd/yr) 12/08/2016	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 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 12/18/2016	
Owner's Address 4200 N Third Ave, Evansville, IN, 47710			Summary of Violations: C 2 NC 1 R 0	
Person in Charge North Park Cinemas Inc			Menu Type (See additional page) 1 0 2 0 3 4 5 0	
Responsible Person's E-mail				
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
294	C		Chemical dishwash machine not sanitizing.	12/16/2016
334	C		No air gap at sink hose next to the chemcial dishwash machine.	12/16/2016

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



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Establishment Name Ice for Less		Telephone Number () Establishment () Owner 270-748-0210		Date of Inspection (mm/dd/yr) 12/06/2016	ID # 11932
Establishment Address (number and street, city, state, zip code) 4525 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 12/16/2016
Owner Charles & Brian Stevens		Owner's Address 416 W Young, Morganfield, KY, 42437		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Charles & Brian Stevens		Responsible Person's E-mail		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"/>	
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
			No noted violations.	

Received by (name and title printed): Charles Stevens		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name: Honey Baked Ham Co
Telephone Number: (812) 471-2940
Date of Inspection: 12/08/2016
ID #: 12006
Establishment Address: 1446 N Green River Rd, Evansville, IN, 47715
Owner: Best Ham, LLC
Purpose: Routine
Follow-up: No
Release Date: 12/18/2016
Owner's Address: PO Box 339, Haubstadt, IN, 47639
Person in Charge: Best Ham, LLC
Responsible Person's E-mail:
Certified Food Handler: Greg Hardt
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 4 5

- 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: No noted violations.

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



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Establishment Name The Yellow Rose Family Diner		Telephone Number (812-401-2505)		Date of Inspection (mm/dd/yr) 12/08/2016		ID # 12156	
Establishment Address (number and street, city, state, zip code) 4313H Morgan Ave, Evansville, IN, 47715		(812-401-2505) <small>Owner</small>					
Owner Linda Fenwick		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 12/18/2016	
Owner's Address 3910 N St Joe Ave, Evansville, IN, 47720				Summary of Violations: C 0 NC 0 R 0			
Person in Charge Linda Fenwick				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 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
			Violation from 11/29/2016 corrected.	

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



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Establishment Name Ben's Soft Pretzels		Telephone Number () Establishment 574-970-2188	Date of Inspection (mm/dd/yr) 12/05/2016	ID # 13056
Establishment Address (number and street, city, state, zip code) 2622 Menards Dr, Evansville, Indiana, 47715		() Owner		
Owner BSP Lafayette IN, 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 12/15/2016	
Owner's Address 1202 W Pike St, Goshen, Indiana, 46526		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge BSP Lafayette IN, LLC		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

- 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

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