



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Beans &amp; Baristas</b>		Telephone Number (812-457-8566)	Date of Inspection (mm/dd/yr) 12/27/2016	ID # 10811
Establishment Address (number and street, city, state, zip code) 800 N Green River, Evansville, IN, 47715		(812-459-8551)		
Owner Regina Smith & Phyllis Wolf	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date 01/06/2017	
Owner's Address 1855 Willow Lake Dr, Newburgh, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Regina Smith & Phyllis Wolf		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 Adrian Smith				

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

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

Received by (name and title printed): <b>Elaine Creamer</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Chick-fil-A</b>		Telephone Number (812-477-9370)	Date of Inspection (mm/dd/yr) 12/27/2016	ID # 10813
Establishment Address (number and street, city, state, zip code) <b>329 Main Street, Evansville, IN, 47708</b>		(812-477-9370)		
Owner <b>Chick-fil-A at Eastland Mall</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date <b>01/06/2017</b>	
Owner's Address <b>800 N Green River Rd, Evansville, IN, 47715</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Chick-fil-A at Eastland Mall</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Deborah Dean</b>				

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

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

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<b>Establishment Name</b> American Legion Post #354	<b>Telephone Number</b> (812) 423-0962	<b>Date of Inspection (mm/dd/yr)</b> 12/28/2016	<b>ID #</b> 10839
<b>Establishment Address (number and street, city, state, zip code)</b> 1127 Chestnut St., EVANSVILLE, IN, 47713	(812) 423-0962		
<b>Owner</b> American Legion # 354	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 01/07/2017
<b>Owner's Address</b> 1127 Chestnut St, Evansville, IN, 47713		<b>Summary of Violations:</b>	
<b>Person in Charge</b> American Legion # 354		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		Menu Type (See additional page)	
<b>Certified Food Handler</b> Courtlandt Cannon		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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



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Establishment Name: Baskin Robbins
Telephone Number: (812) 479-5197
Date of Inspection: 12/29/2016
ID #: 10857
Establishment Address: 848 S Green River Rd, Evansville, IN, 47715
Owner: Naik Dipika
Owner's Address: 848 S Green River Rd, Evansville, IN, 47715
Person in Charge: Naik Dipika
Responsible Person's E-mail:
Certified Food Handler: Mike Naik
Purpose: [x] Routine, [ ] Follow-up, [ ] Complaint, [ ] Pre-Operational, [ ] Temporary, [ ] HACCP, [ ] Other (list)
Follow-up: No
Release Date: 01/08/2017
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

Received by (name and title printed): Sara Roberts
Inspected by (name and title printed): Colin Ward

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

cc: (three empty fields)



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Establishment Name <b>Buehlers IGA #466</b>		Telephone Number <b>(812-421-5860)</b> <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) <b>12/27/2016</b>	ID # <b>10883</b>
Establishment Address (number and street, city, state, zip code) <b>200 N Main St, Evansville, IN, 47711</b>		<b>(270-843-3252)</b> <small>(Owner)</small>		
Owner <b>HOUCHENS NORTH FOODS LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>01/06/2017</b>	
Owner's Address <b>PO Box 90009, BOWLING GREEN, KY, 42102</b>		Summary of Violations: <b>C 2 NC 0 R 1</b>		
Person in Charge <b>HOUCHENS NORTH FOODS LLC</b>		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"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Scott Arendell</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Ready to eat food in deli refrigerator not date marked. Some grab and go ready to eat food by deli exceeded use by date.	12/28/2016
173	C		Raw food in deli cooler and on meat department trays not stored properly to protect from potential cross contamination.	Corrected

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



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Establishment Name <b>Buehlers IGA #466</b>		Telephone Number <b>(812-421-5860)</b>	Date of Inspection (mm/dd/yr) <b>12/28/2016</b>	ID # <b>10883</b>
Establishment Address (number and street, city, state, zip code) <b>200 N Main St, Evansville, IN, 47711</b>		<b>(270-843-3252)</b>		
Owner <b>HOUCHENS NORTH FOODS LLC</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>01/07/2017</b>
Owner's Address <b>PO Box 90009, BOWLING GREEN, KY, 42102</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>HOUCHENS NORTH FOODS LLC</b>			Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Scott Arendell</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Expired dated ready to eat deli items were pulled off the shelves.	

Received by (name and title printed): <b>Shawn McNeely</b>	Inspected by (name and title printed): <b>David Horning</b>
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 <b>Donut Bank</b>		Telephone Number <b>(812-426-1011)</b>	Date of Inspection (mm/dd/yr) <b>12/28/2016</b>	ID # <b>10927</b>
Establishment Address (number and street, city, state, zip code) <b>210 N St. Joseph Ave, Evansville, IN, 47712</b>		(812-426-0011) Owner		
Owner <b>CHRIS KEMPF</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>01/07/2017</b>	
Owner's Address <b>1031 Diamond Ave, Evansville, IN, 47711</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>CHRIS KEMPF</b>		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 12-20-2106. All violations corrected.	

Received by (name and title printed): <b>Debbie Bake</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>El Charro</b>		Telephone Number <b>(812-421-1986)</b>	Date of Inspection (mm/dd/yr) <b>12/27/2016</b>	ID # <b>10941</b>
Establishment Address (number and street, city, state, zip code) <b>720 N Sonntag Ave, Evansville, IN, 47712</b>		<b>(812-421-1986)</b>		
Owner <b>Andres Correa</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date <b>01/06/2017</b>	
Owner's Address <b>720 N Sonntag Ave, Evansville, IN, 47712</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
Person in Charge <b>Andres Correa</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Jose Ramirez</b>				

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

Received by (name and title printed): <b>Jose Ramirez</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Motomart #3202</b>		Telephone Number <b>(812-476-8621)</b>	Date of Inspection (mm/dd/yr) <b>12/27/2016</b>	ID # <b>10953</b>
Establishment Address (number and street, city, state, zip code) <b>6328 E Lloyd Expwy, Evansville, IN, 47715</b>		Owner <b>( )</b>		
Owner <b>FKG Oil Co</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up <b>No</b>	Release Date <b>01/06/2017</b>
Owner's Address <b>721 W Main Street PO Box 122, Belleville, IL, 62222</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>FKG Oil Co</b>			Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler				

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

Received by (name and title printed): <b>Amy Moore</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Grandy's #188</b>	Telephone Number (812-423-6796)	Date of Inspection (mm/dd/yr) 12/28/2016	ID # 10994
Establishment Address (number and street, city, state, zip code) 722 Landbridge Ave., Evansville, IN, 47710	(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 01/07/2017
Owner's Address 4201 Mannheim Rd Suite A, Jasper, IN, 47546	Summary of Violations: C <u>0</u> NC <u>1</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 Andrea McCormick			

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Section#	C/NC	R	Narrative	To Be Corrected By
232	NC		Touch surfaces of warmers and fryer equipment need cleaned.	12/29/2016

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



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Establishment Name <b>Marathon #115</b>		Telephone Number <b>(812-426-9258)</b>	Date of Inspection (mm/dd/yr) <b>12/28/2016</b>	ID # <b>11113</b>
Establishment Address (number and street, city, state, zip code) <b>2905 Broadway Ave, EVANSVILLE, IN, 47712</b>		Telephone Number <b>(812-303-2975)</b>		
Owner <b>K.M.T. Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>01/07/2017</b>	
Owner's Address <b>510 Winchester Dr, Evansville, IN, 47715</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>nima tashi</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>n/a</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Mop sink needs cleaning.	12/28/2016

Received by (name and title printed): <b>nima tashi</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> <b>The Pony</b>	<b>Telephone Number</b> (812-473-0472) (614-367-7575)	<b>Date of Inspection</b> (mm/dd/yr) 12/28/2016	<b>ID #</b> 11351
<b>Establishment Address (number and street, city, state, zip code)</b> 4820 Tecumseh, EVANSVILLE, IN, 47715		<b>Owner</b> PONY INDY LLC	
<b>Owner's Address</b> PO Box 2288, CAPE GIRARDEAU, MO, 63702		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	
<b>Person in Charge</b> PONY INDY LLC		<b>Follow-up</b> No	
<b>Responsible Person's E-mail</b>  		<b>Release Date</b> 01/07/2017	
<b>Certified Food Handler</b> n/a		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
		<b>Menu Type (See additional page)</b> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

<b>Received by (name and title printed):</b> <b>Chris Chapman</b>	<b>Inspected by (name and title printed):</b> <b>Colin Ward</b>
<b>Received by (signature):</b>  	<b>Inspected by (signature):</b>  
<b>cc:</b>	<b>cc:</b>



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Form with fields for Establishment Name (Wolfe's Auto Auction Inc), Telephone Number, Date of Inspection (12/28/2016), ID # (11455), Establishment Address (2229 S Kentucky Ave, Evansville, IN, 47714), Owner (Jeff Wolfe), Owner's Address (2710 Old Dominion, Evansville, IN, 47725), Person in Charge (Jeff Wolfe), Responsible Person's E-mail, Certified Food Handler (Christina Perry), Purpose (Routine checked), Follow-up, Complaint, Pre-Operational, Temporary, HACCP, Other (list), Follow-up (No), Release Date (01/07/2017), Summary of Violations (C 0, NC 0, R 0), Menu Type (radio buttons).

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• 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 discrepancies.

Received by (name and title printed): Carol Gardner
Inspected by (name and title printed): David Horning

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

cc:



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Yen Ching</b>		Telephone Number <b>(812-474-0181)</b>	Date of Inspection (mm/dd/yr) <b>12/27/2016</b>	ID # <b>11458</b>
Establishment Address (number and street, city, state, zip code) <b>406 S Green River Rd, Evansville, IN, 47715</b>		<b>(317-418-8818)</b>		
Owner <b>Zeng Ru Lin</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>01/06/2017</b>	
Owner's Address <b>737 Chateau Dr, Evansville, IN, 47715</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>Zeng Ru Lin</b>		Menu Type (See additional page) <b>1 0 2 0 3 0 4 1 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Zengru Lin</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 12/19/16. All violations corrected.	

Received by (name and title printed): <b>changping chen</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Schaum's Pizzeria</b>		Telephone Number <b>(812-454-7385)</b>	Date of Inspection (mm/dd/yr) <b>12/29/2016</b>	ID # <b>11628</b>
Establishment Address (number and street, city, state, zip code) <b>240 S Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-454-7385)</b>	Follow-up <b>No</b>	
Owner <b>Scott Schaum</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>01/08/2017</b>	
Owner's Address <b>3520 Bexley Ct, Evansville, IN, 47711</b>			Summary of Violations: <b>C 1 NC 4 R 5</b>	
Person in Charge <b>Scott Schaum</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Shawn Hagan</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Drink nozzle soiled in bar area.	Corrected
218	NC	R	Reach-in not at 41 degrees Fahrenheit or less. Was turned off. In need of repair.	01/19/2017
430	NC	R	Rubber base coving missing in various areas of facility.	01/19/2017
295	NC	R	Shelving soiled in kitchen next to reach-in cooler.	12/31/2016
352	NC	R	No self-closer on restroom doors.	01/19/2017

Received by (name and title printed): <b>Luis Garcia</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name <b>Zoup</b>		Telephone Number <b>(812-477-2664)</b>	Date of Inspection (mm/dd/yr) <b>12/29/2016</b>	ID # <b>11783</b>
Establishment Address (number and street, city, state, zip code) <b>6240 E Virginia St, Evansville, IN, 47715</b>		Owner <b>(812-483-5745)</b>	Follow-up <b>No</b>	
Owner <b>Nasser Mehrnia</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>01/08/2017</b>	
Owner's Address <b>7842 Margaret Cir, Newburgh, IN, 47630</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Nasser Mehrnia</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Nooshin B. Mehrnia</b>				

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

Received by (name and title printed): <b>Shandi Russell</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	





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Establishment Name <b>The Ford Center</b>	Telephone Number (812-436-7173)	Date of Inspection (mm/dd/yr) 12/29/2016	ID # 11986
Establishment Address (number and street, city, state, zip code) 1 SE Martin Luther King Blvd, Evansville, IN, 47708	Owner (812-436-7172)	Follow-up <b>No</b>	
Owner <b>Venuworks of Evansville LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>01/08/2017</b>	
Owner's Address 1 SE Martin Luther King Blvd, Evansville, IN, 47708	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Venuworks of Evansville LLC</b>	<input type="checkbox"/> Complaint	Menu Type (See additional page)	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Ismael Aguilar</b>	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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

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



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Establishment Name <b>Spankey's Una Pizza</b>		Telephone Number <b>(812-402-6776)</b>	Date of Inspection (mm/dd/yr) <b>12/28/2016</b>	ID # <b>12008</b>
Establishment Address (number and street, city, state, zip code) <b>714 N Sonntag Ave., Evansville, IN, 47712</b>		Owner <b>(812-470-0582)</b>	Follow-up	Release Date <b>01/07/2017</b>
Owner <b>Ryan Huck</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: <b>C 0 NC 0 R 0</b>		
Owner's Address <b>3206 W Virginia St, Evansville, IN, 47712</b>		Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
Person in Charge <b>Ryan Huck</b>				
Responsible Person's E-mail				
Certified Food Handler <b>Danny Powers</b>				

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

Received by (name and title printed): <b>Ryan Huck</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Perfectly Fresh</b>		Telephone Number <b>(812-760-2627)</b>	Date of Inspection (mm/dd/yr) <b>12/28/2016</b>	ID # <b>12158</b>	
Establishment Address (number and street, city, state, zip code) <b>120 N Rosenberger Ave, Evansville, IN, 47712</b>		Owner <b>(812-760-2627)</b>	Follow-up <b>No</b>		
Owner <b>Apple A Day, LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>01/07/2017</b>		
Owner's Address <b>120 N Rosenberger Ave, Evansville, IN, 47712</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Apple A Day, LLC</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail					
Certified Food Handler <b>Chris Garrett</b>					

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

Received by (name and title printed): <b>Chris Garrett</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Honey Baked Ham</b>		Telephone Number (812-492-4567)	Date of Inspection (mm/dd/yr) 12/27/2016	ID # 12235	
Establishment Address (number and street, city, state, zip code) 315 Main St Ste 100, Evansville, IN, 47713		(812-471-2940)			
Owner Honey Baked Ham		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date 01/06/2017	
Owner's Address 315 Main St Ste 100, Evansville, IN, 47713			Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>		
Person in Charge Honey Baked Ham			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 Zoran Bicevski					

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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Cooler-bottom, microwave, and ice guard soiled.	12/28/2016
250	NC		Clean utensils need to be stored with handels facing out.	12/28/2016

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



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Establishment Name <b>Los Bravos</b>		Telephone Number <b>(812-474-9078)</b>	Date of Inspection (mm/dd/yr) <b>12/28/2016</b>	ID # <b>12261</b>
Establishment Address (number and street, city, state, zip code) <b>6226 Waterford Blvd, Evansville, IN, 47715</b>		Owner <b>(812-499-8151)</b>	Follow-up <b>No</b>	
Owner <b>Los Bravos Inc</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>01/07/2017</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>
Owner's Address <b>5977 Medinah Dr, NEWBURGH, IN, 47630</b>		Menu Type (See additional page) <b>1 0 2 0 3 0 4 1 5 0</b>		
Person in Charge <b>Los Bravos Inc</b>		Responsible Person's E-mail		
Certified Food Handler <b>Jaime Bonilla</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 12/20/16. All critical violations corrected.	

Received by (name and title printed): <b>Oscar Mata</b>	Inspected by (name and title printed): <b>Colin Ward</b>
Received by (signature):	Inspected by (signature):
cc:	cc: