



**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>Holiday Inn Express</b>		Telephone Number <b>(812-421-9773)</b>	Date of Inspection (mm/dd/yr) <b>01/04/2017</b>	ID # <b>10859</b>
Establishment Address (number and street, city, state, zip code) <b>5737 Pearl Dr, Evansville, IN, 47712</b>		(812-421-9773) <b>(217-426-1450)</b>		
Owner <b>Evansville West Hotel Ventures 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>No</b>	Release Date <b>01/14/2017</b>
Owner's Address <b>6450 S 6th Rd Ste A, Springfield, IL, 62712</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Evansville West Hotel Ventures 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>Mary Lutz</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
			No noted violations.	

Received by (name and title printed): <b>Mary Lutz</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>Hardees</b>		Telephone Number <b>(812-422-0151)</b>	Date of Inspection (mm/dd/yr) <b>01/04/2017</b>	ID # <b>11011</b>
Establishment Address (number and street, city, state, zip code) <b>2315 W Illinois St, Evansville, IN, 47712</b>		Owner <b>(812-477-5569)</b>	Follow-up <b>No</b>	
Owner <b>Sandy's Associates Inc</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>01/14/2017</b>	
Owner's Address <b>1503 N Boeke Rd, Evansville, IN, 47711</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Sandy's Associates Inc</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>Shawn Cutsinger</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 violations found.	

Received by (name and title printed): <b>Shawn Cutsinger</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>IHOP 5404</b>		Telephone Number <b>(812-471-0510)</b>	Date of Inspection (mm/dd/yr) <b>01/04/2017</b>	ID # <b>11050</b>
Establishment Address (number and street, city, state, zip code) <b>601 N Burkhardt Rd, Evansville, IN, 47715</b>		Owner <b>( )</b>		
Owner <b>Muhammed Iftikhar</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>01/14/2017</b>	
Owner's Address <b>PO Box 6715, Marietta, GA, 30065</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Muhammed Iftikhar</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>Ricardo Romo</b>				

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

Received by (name and title printed): <b>Justin Duvall</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
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 <b>Krispy Kreme</b>		Telephone Number <b>(812-475-8419)</b> <small>(336-726-8238)</small>	Date of Inspection (mm/dd/yr) <b>01/05/2017</b>	ID # <b>11074</b>
Establishment Address (number and street, city, state, zip code) <b>727 N Burkhardt Rd, Evansville, IN, 47715</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>01/15/2017</b>
Owner <b>Krispy Kreme Doughnut Corporation</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <b>PO Box 83, Winston-Salem, NC, 27102</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"/>	
Person in Charge <b>Krispy Kreme Doughnut Corporation</b>				
Responsible Person's E-mail				
Certified Food Handler <b>Courtney Hudson</b>				

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

Received by (name and title printed): <b>William Fooks</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>Lee's Famous Recipe</b>		Telephone Number (812-422-3904)	Date of Inspection (mm/dd/yr) 01/05/2017	ID # 11078
Establishment Address (number and street, city, state, zip code) 411 N St. Joseph Ave, Evansville, IN, 47712		(270-929-2664)		
Owner <b>De-Max-Bill Wathen</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>01/15/2017</b>	
Owner's Address 1001 Burlew Blvd, Owensboro, KY, 42303		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>		
Person in Charge <b>De-Max-Bill Wathen</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				

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C		Unable to verify food safety person.	03/10/2017
174	NC		Bulk containers not labeled to identify product.	Corrected

Received by (name and title printed): <b>Tony Kuehn</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>Logans Roadhouse #316</b>		Telephone Number <b>(812-471-8403)</b>	Date of Inspection (mm/dd/yr) <b>01/03/2017</b>	ID # <b>11092</b>
Establishment Address (number and street, city, state, zip code) <b>1 N Burkhardt Rd, Evansville, IN, 47715</b>		Owner <b>(615-885-9056)</b>	Follow-up <b>Yes</b>	Release Date <b>01/13/2017</b>
Owner <b>LOGANS ROADHOUSE INC</b>	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <b>C 2 NC 4 R 4</b>		
Owner's Address <b>3011 Armory Dr Suite 300, Nashville, TN, 37204</b>	<input type="checkbox"/> Follow-up			
Person in Charge <b>LOGANS ROADHOUSE INC</b>	<input type="checkbox"/> Complaint	Menu Type (See additional page) <b>1 0 2 0 3 0 4 1 5 0</b>		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <b>Michael Richardson</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
187	C	R	Meat in display cooler not held at 41 degrees Fahrenheit or less. Meat discarded.	Corrected
303	C		Hot water sanitizing temperature of dish machine below required level.	01/10/2017
342	NC		Hand washing station in dish washing area not provided with water that reaches 100 degrees.	01/04/2017
431	NC	R	Walls in dish washing area in need of cleaning.	01/05/2017
324	NC	R	Sink not maintained in good repair in the bar area.	01/10/2017
430	NC	R	Ceiling tile missing in dish area.	01/04/2017

Received by (name and title printed): <b>Josh Mills</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>Cross-Eyed Cricket</b>		Telephone Number (812-422-6464)	Date of Inspection (mm/dd/yr) 01/03/2017	ID # 11176
Establishment Address (number and street, city, state, zip code) 2101 W Pennsylvania St., Evansville, IN, 47712		(812-589-9965)		
Owner <b>Fernando Tudela</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 01/13/2017	
Owner's Address 2229 W Pennsylvania St, Evansville, IN, 47712		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>3</u>		
Person in Charge <b>Fernando Tudela</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>Jorge Meledres</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Lacking date marking for lasanga and luncheon meats.	01/06/2017
430	NC	R	Ice machine side panel not installed to protect ice. Part on order.	01/13/2017
430	NC	R	Floor tile by ice machine missing and damaged.	01/13/2017

Received by (name and title printed): <b>Jorge Meledres</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>YoYo Express LLC</b>		Telephone Number <b>(812)471-14380</b> <b>(917)836-1697</b>	Date of Inspection (mm/dd/yr) <b>01/04/2017</b>	ID # <b>11236</b>
Establishment Address (number and street, city, state, zip code) <b>600 N Burkhardt Rd, Evansville, IN, 47715</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>01/14/2017</b>
Owner <b>Mona Abdalla</b>			Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>	
Owner's Address <b>9884 Covepoint Ct, Newburgh, IN, 47630</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <b>Mona Abdalla</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>Sam Mohieldin</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>Sam's Pizzeria</b>		Telephone Number <b>(812-423-3160)</b>	Date of Inspection (mm/dd/yr) <b>01/03/2017</b>	ID # <b>11295</b>
Establishment Address (number and street, city, state, zip code) <b>2011 Delaware St., EVANSVILLE, IN, 47712</b>		Owner <b>(812-453-8051)</b>	Follow-up <b>Yes</b>	
Owner <b>David Frank</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>01/13/2017</b>		
Owner's Address <b>2806 South Ct Dr, Evansville, IN, 47711</b>		Summary of Violations: <b>C 1 NC 2 R 1</b>		
Person in Charge <b>David Frank</b>		Menu Type (See additional page) <b>1 0 2 0 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Mark Frank/ Keaton Edwards</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
136	C		Smoking within facility.	Corrected
324	NC	R	Hand sink drain leaking onto floor.	01/06/2017
410	NC		Light not shielded at the three compartment sink.	01/06/2017
			Food handler certification scheduled by March 31st, 2017.	

Received by (name and title printed): <b>Mark Frank</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>The Vineyard</b>		Telephone Number <b>(812-479-8777)</b>	Date of Inspection (mm/dd/yr) <b>01/04/2017</b>	ID # <b>11402</b>
Establishment Address (number and street, city, state, zip code) <b>5721 E Virginia St., Evansville, IN, 47715</b>		Owner <b>(812-479-8777)</b>		
Owner <b>James Peters II</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>01/14/2017</b>	
Owner's Address <b>5611 Martin Rd, Newburgh, IN, 47630</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>James Peters II</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 <b>n/a</b>				

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

Received by (name and title printed): <b>Jordan Beale</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>Wendy's #325</b>		Telephone Number <b>(812-424-8737)</b>	Date of Inspection (mm/dd/yr) <b>01/05/2017</b>	ID # <b>11436</b>
Establishment Address (number and street, city, state, zip code) <b>410 N St. Joseph Ave, Evansville, IN, 47712</b>		Owner <b>(812-482-3212)</b>		
Owner <b>SERVUS, 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>01/15/2017</b>	
Owner's Address <b>4201 Mannheim Rd Suite A, Jasper, IN, 47546</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>SERVUS, Inc.</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>Jabali Black</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
257	NC	R	Reach-in coolers not equiped with thermometers.	01/10/2017

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



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Establishment Name <b>Family Dollar #887</b>	Telephone Number (812-425-0805 (704-814-5926)	Date of Inspection (mm/dd/yr) 01/03/2017	ID # 11528
Establishment Address (number and street, city, state, zip code) <b>1200 W Columbia St, Evansville, IN, 47710</b>		Follow-up: <b>No</b> Release Date: <b>01/13/2017</b>  Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner <b>FAMILY DOLLAR INC</b>			
Owner's Address <b>PO Box 1017, CHARLOTTE, NC, 28201</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <b>FAMILY DOLLAR INC</b>			
Responsible Person's E-mail		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)	
Certified Food Handler <b>n/a</b>			

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

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



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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>PaPa Murphys Take N Bake</b>		Telephone Number <b>(812-402-8686)</b>	Date of Inspection (mm/dd/yr) <b>01/06/2017</b>	ID # <b>11675</b>
Establishment Address (number and street, city, state, zip code) <b>779 S Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-589-6194)</b>	Follow-up <b>Yes</b>	
Owner <b>Chad Gries</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>01/16/2017</b>		Summary of Violations: <b>C 3 NC 3 R 2</b>
Owner's Address <b>4949 TACOMA DR, Evansville, IN, 47725</b>	Person in Charge <b>Chad Gries</b>	Menu Type (See additional page)		
Responsible Person's E-mail	Certified Food Handler <b>Alex Kracker</b>	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"
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Section#	C/NC	R	Narrative	To Be Corrected By
303	C	R	Sanitizer bucket not available for wiping cloths.	Corrected
431	NC		Facility floors in need of cleaning.	01/10/2017
231	NC	R	Can opener soiled.	Corrected
294	C		Chemical sanitizer below required concentration.	Corrected
324	NC		Facility lacking grease trap log.	01/10/2017
334	C		No air gap at three compartment sink spray hose.	01/13/2017

Received by (name and title printed): <b>Alex Kracker</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



**Retail Food Establishment Inspection Report**

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Establishment Name <b>Spudz N Stuff</b>		Telephone Number <b>(812-402-8287)</b>	Date of Inspection (mm/dd/yr) <b>01/04/2017</b>	ID # <b>11742</b>
Establishment Address (number and street, city, state, zip code) <b>5225 Pearl Dr Suite G, Evansville, IN, 47712</b>		Owner <b>(812-205-3322)</b>		
Owner <b>gilbert eckert</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>01/14/2017</b>	
Owner's Address <b>2218 bellemeade ave evansville in 47714</b>		Summary of Violations: <b>C 1 NC 1 R 0</b>		
Person in Charge <b>gilbert eckert</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>gilbert eckert</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Ready to eat food past the 7 days label marking.	Corrected
174	NC		Brownie mix container needed labeling.	Corrected

Received by (name and title printed): <b>gilbert eckert</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>Royal Suite</b>		Telephone Number <b>(812-479-9732)</b>	Date of Inspection (mm/dd/yr) <b>01/03/2017</b>	ID # <b>11889</b>
Establishment Address (number and street, city, state, zip code) <b>4706 Morgan Ave, Evansville, IN, 47715</b>		Owner <b>(812-426-0133)</b>	Follow-up <b>No</b>	
Owner <b>North Park Cinemas 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>01/13/2017</b>	
Owner's Address <b>4200 N Third Ave, Evansville, IN, 47710</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>North Park Cinemas Inc</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>Mary D. Miles</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 12/08/2016 corrected.	

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



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Establishment Name <b>Murphy USA #7114</b>		Telephone Number <b>(812-422-9519)</b>	Date of Inspection (mm/dd/yr) <b>01/04/2017</b>	ID # <b>11971</b>
Establishment Address (number and street, city, state, zip code) <b>5210 Pearl Dr, Evansville, IN, 47712</b>		Owner <b>(870-881-6657)</b>	Follow-up <b>No</b>	Release Date <b>01/14/2017</b>
Owner <b>Murphy Oil USA 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) _____		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Owner's Address <b>PO Box 7300, Eldorado, AR, 71731-7300</b>	Person in Charge <b>Murphy Oil USA Inc</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 <b>n/a</b>			

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

Received by (name and title printed): <b>Casey Dixon</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>Just Rennie's Catering at the Old Post Office</b>		Telephone Number (812-401-8098) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 01/06/2017	ID # 12004
Establishment Address (number and street, city, state, zip code) <b>100 NW Second St, Evansville, IN, 47708</b>		(812-401-8098) <small>(Owner)</small>		
Owner <b>Doug &amp; Marla Rennie</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>01/16/2017</b>	
Owner's Address <b>100 SE Fourth St, Evansville, IN, 47708</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Doug &amp; Marla Rennie</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>Doug Rennie</b>				

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

Received by (name and title printed): <b>Marla Rennie</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>Ruler Food Store #233</b>		Telephone Number <b>(812-476-0716)</b>	Date of Inspection (mm/dd/yr) <b>01/05/2017</b>	ID # <b>12046</b>
Establishment Address (number and street, city, state, zip code) <b>730 B S Green River Rd, Evansville, IN, 47715</b>		(812-476-0716) Owner <b>(615-232-9575)</b>		
Owner <b>Jay C Food Stores - Attn: Bus. License</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>01/15/2017</b>
Owner's Address <b>PO Box 305103, Nashville, TN, 37230</b>			Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>1</u> <b>R</b> <u>1</u>	
Person in Charge <b>Jay C Food Stores - Attn: Bus. License</b>			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 <b>n/a</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Milk refrigeration unit and shelving soiled.	01/06/2017

Received by (name and title printed): <b>Greg Crawford</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>Morgan Expressway</b>		Telephone Number (812-909-3981)	Date of Inspection (mm/dd/yr) 01/06/2017	ID # 12267
Establishment Address (number and street, city, state, zip code) 3800 E Morgan Ave, Evansville, IN, 47715		(812-421-1460)		
Owner <b>HARBHJAN SINGH</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 01/16/2017	
Owner's Address 3800 E Morgan Ave, Evansville, IN, 47715		Summary of Violations: <b>C</b> <u>2</u> <b>NC</b> <u>3</u> <b>R</b> <u>2</u>		
Person in Charge <b>HARBHJAN SINGH</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>Anne Lehman</b>				

- 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
346	NC	R	Hand washing sinks lacking soap.	01/20/2017
347	NC		Hand washing sink lacking paper towels.	01/20/2017
324	C		Hand washing sink in need of repair.	01/20/2017
218	NC		Walk-in freezer in need of repair due to ice build up.	01/20/2017
187	C	R	Hot foods not maintained at required temperature of 135 degrees.	Corrected

Received by (name and title printed): <b>jasvir kaur</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Spice Cafe</b>		Telephone Number (812-602-5050)	Date of Inspection (mm/dd/yr) 01/03/2017	ID # 13107
Establishment Address (number and street, city, state, zip code) 6840 Logan Dr Ste A, Evansville, Indiana, 47715		Owner (812-602-5050)	Follow-up <b>No</b>	
Owner <b>Illya Williams</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>01/13/2017</b>	
Owner's Address 522-D Reserve Blvd, Evansville, Indiana, 47715		<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Illya Williams</b>		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	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		<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): <b>Illya Williams</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>Cafe Arazu</b>		Telephone Number <b>(812-401-1768)</b>	Date of Inspection (mm/dd/yr) <b>01/06/2017</b>	ID # <b>13267</b>
Establishment Address (number and street, city, state, zip code) <b>415 Main St., Evansville, Indiana, 47713</b>		Owner <b>(812-205-1817)</b>	Follow-up <b>No</b>	
Owner <b>Ben Nejad</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>01/16/2017</b>	
Owner's Address <b>415 Main St., Evansville, Indiana, 47713</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Ben Nejad</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>Desirae Tapp/ Heather Williams</b>				

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

Received by (name and title printed): <b>Sydney Breazeale</b>	Inspected by (name and title printed): <b>David Horning</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name <b>Crossroads IGA</b>		Telephone Number <b>(812-867-0828)</b>	Date of Inspection (mm/dd/yr) <b>01/03/2017</b>	ID # <b>13440</b>
Establishment Address (number and street, city, state, zip code) <b>6401 N Greenriver Rd, Evansville, Indiana, 47725</b>		Owner <b>(812-867-0828)</b>	Follow-up <b>No</b>	
Owner <b>Houchen's Food Group</b>	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) Opening _____	Release Date <b>01/13/2017</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>
Owner's Address <b>6401 N Greenriver Rd, Evansville, Indiana, 47725</b>	Person in Charge <b>Houchen's Food Group</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>Brian Spillman</b>			

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

Received by (name and title printed): <b>Mark Hopf</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name <b>Holiday Inn Express</b>		Telephone Number <b>(812-303-0050)</b>	Date of Inspection (mm/dd/yr) <b>01/05/2017</b>	ID # <b>13478</b>
Establishment Address (number and street, city, state, zip code) <b>220 Kirkwood Dr., Evansville, Indiana, 47715</b>		Owner <b>(812-471-9300)</b>	Follow-up <b>No</b>	
Owner <b>Dunn Hospitality Group</b>		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) <u>Final</u>	Release Date <b>01/15/2017</b>	
Owner's Address <b>220 Kirkwood Dr., Evansville, Indiana, 47715</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Dunn Hospitality Group</b>				Menu Type ( <i>See additional page</i> )
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>Luci Bass</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Approved for operation.	

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