



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 Aramark Fifth Third Cafe		Telephone Number (812-456-3445)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 10825
Establishment Address (number and street, city, state, zip code) 20 NW Third St, Evansville, IN, 47708		Owner (812-456-3445)	Follow-up No	
Owner Aramark - 5/3 Bank		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 02/02/2017	
Owner's Address 20 NW 3rd St 15th Floor, Evansville, IN, 47708		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 1 R 0	
Person in Charge Aramark - 5/3 Bank		<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 Sherri Hurm		<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
431	NC		Floor under kitchen fryers soiled.	01/25/2017

Received by (name and title printed): Sherri Hurm	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Jimmy John's		Telephone Number (812-402-5653)	Date of Inspection (mm/dd/yr) 01/27/2017	ID # 13619
Establishment Address (number and street, city, state, zip code) 330 Main St. Unit A, Evansville, IN, 47708		(812-319-1558)		
Owner Ken Stinler	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 02/06/2017	
Owner's Address 2466 Hidden Oak Ct, Newburgh, IN, 47630		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Ken Stinler		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Will get.				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Ok to open.	

Received by (name and title printed): Ken Stinler		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Circle K #142		Telephone Number (812-424-5313)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 10866
Establishment Address (number and street, city, state, zip code) 1201 W Columbia St, Evansville, IN, 47710		(812-379-9227)		
Owner Mac's Convenience Store 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 02/02/2017	
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 Patti Smith				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 01-18-17 corrected.	

Received by (name and title printed): Patti Smith	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Dilegge's Restaurant		Telephone Number (812-428-3004)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 10909
Establishment Address (number and street, city, state, zip code) 607 N Main St, Evansville, IN, 47711		(812-428-3004)		
Owner Daniel F Dilegge	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 02/02/2017	
Owner's Address 607 N Main, Evansville, IN, 47711		Summary of Violations: C <u>3</u> NC <u>1</u> R <u>2</u>		
Person in Charge Daniel F Dilegge		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 Gina Dilegge				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizing concentration from warewashing machine too weak	01/27/2017
324	C	R	Ice bin leaking from bottom in bar area.	01/27/2017
415	C		Gnats flying in bar area.	01/27/2017
232	NC	R	Bar soda gun and holder soiled.	Corrected

Received by (name and title printed): Daniel Dileggo		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Donut Bank		Telephone Number (812) 477-2711	Date of Inspection (mm/dd/yr) 01/26/2017	ID # 10930
Establishment Address (number and street, city, state, zip code) 1950 Washington Ave., Evansville, IN, 47714		Owner (812) 426-0011	Follow-up No	
Owner CHRIS KEMPF	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 02/05/2017		
Owner's Address 1031 Diamond Ave, Evansville, IN, 47711	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge CHRIS KEMPF	<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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler Mandy McCarty	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

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

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



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Establishment Name Comfort Inn		Telephone Number (812-423-5818)	Date of Inspection (mm/dd/yr) 01/25/2017	ID # 10935
Establishment Address (number and street, city, state, zip code) 3901 N Highway 41, Evansville, IN, 47711		Owner (913-423-5818)	Follow-up Yes	
Owner Evansville Inn & Suites		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 02/04/2017	
Owner's Address 3901 Hwy 41 N, Evansville, IN, 47711		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 2 R 0	
Person in Charge Evansville Inn & Suites		<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 Vicky Johnson		<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
199	NC		Improper thawing of frozen meats.	Corrected
177	NC		Baking potatoes improperly stored under hand washing sinks.	Corrected

Received by (name and title printed): Jodi Staley		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Hadi Shrine Temple		Telephone Number (812-423-4285)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 11002
Establishment Address (number and street, city, state, zip code) 6 Walnut St, Evansville, IN, 47708		(812-423-4285)		
Owner HADI SHRINE TEMPLE	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 02/02/2017	
Owner's Address PO BOX 1, Evansville, IN, 47701		Summary of Violations: C 2 NC 1 R 1		
Person in Charge HADI SHRINE TEMPLE		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 Fayla Pemberton				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Floor under prep table under kitchen clock soiled.	01/25/2017
441	C		Sanitizing spray solution too strong.	01/23/2017
438	C		Sanitizing spray solution not labeled.	01/23/2017

Received by (name and title printed): Fayla Pemberton		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Hampton Inn East		Telephone Number (812-473-5000)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 11006
Establishment Address (number and street, city, state, zip code) 8000 Eagle Crest Blvd., Evansville, IN, 47715		Owner (972-778-9316)		
Owner ASHFORD TRS EVANSVILLE I 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 02/02/2017
Owner's Address 14185 Dallas Pkwy Ste 1150, DALLAS, TX, 75254			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ASHFORD TRS EVANSVILLE I 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 Susan Rickard				

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

Received by (name and title printed): Cassie Gutierrez	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Hardees		Telephone Number (812-422-6222)	Date of Inspection (mm/dd/yr) 01/25/2017	ID # 11010
Establishment Address (number and street, city, state, zip code) 4249 Highway 41, Evansville, IN, 47711		Owner (812-477-5569)	Follow-up No	
Owner Sandy's Associates Inc		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 02/04/2017	
Owner's Address 1503 N Boeke Rd, Evansville, IN, 47711		<input type="checkbox"/> Follow-up	Summary of Violations: C 1 NC 1 R 0	
Person in Charge Sandy's Associates Inc		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Certified Food Handler Jeanne Gildersleeve		<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
415	C		Insect activity present.	01/25/2017
430	NC		Clean/replace damaged ceiling tiles in cooking area.	01/30/2017

Received by (name and title printed): Jacob Fulkerson	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Chili's Grill & Bar #900		Telephone Number (812-475-1510)	Date of Inspection (mm/dd/yr) 01/26/2017	ID # 11143
Establishment Address (number and street, city, state, zip code) 600 N Green River Rd, Evansville, IN, 47715		Owner (574-271-4600)		
Owner Southwest Dining Inc Attn: Jill Condon		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 02/05/2017
Owner's Address 4220 Edison Lakes Parkway, Mishawaka, IN, 46545			Summary of Violations: C 1 NC 3 R 0	
Person in Charge Southwest Dining Inc Attn: Jill Condon		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Shannon Ayers				

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Section#	C/NC	R	Narrative	To Be Corrected By
174	NC		Bulk container of pepper lacking common name label.	Corrected
234	NC		Scoop for bulk container lacking handle.	Corrected
431	NC		Walkin cooler vents in need of cleaning.	01/26/2017
324	C		Water at hand washing sinks in restrooms not reaching required temperature.	02/03/2017

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



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Establishment Name Sunset Market		Telephone Number (812-424-3533)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 11346
Establishment Address (number and street, city, state, zip code) 507 E Powell Ave., Evansville, IN, 47713		Owner (812-424-3533)	Follow-up No	
Owner MAHMOUD BAYER		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 02/02/2017	
Owner's Address 507 E Powell, Evansville, IN, 47713			Summary of Violations: C 0 NC 0 R 0	
Person in Charge MAHMOUD BAYER			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler				

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

Received by (name and title printed): Maria Millan		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Old National Events Plaza		Telephone Number (812-435-5770)	Date of Inspection (mm/dd/yr) 01/27/2017	ID # 11397
Establishment Address (number and street, city, state, zip code) 715 Locust St., Evansville, IN, 47708		() Owner		
Owner Vanderburgh County		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 02/06/2017
Owner's Address			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Vanderburgh County			Menu Type (<i>See additional page</i>) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Kelsey McCord/Curtis Vickers				

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

Received by (name and title printed): Curtis Vickers	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Turoni's	Telephone Number (812-424-9871) (812-437-0194)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 11414	
Establishment Address (number and street, city, state, zip code) 408 N Main St, EVANSVILLE, IN, 47711		Owner Turoni's Pizza Inc/Jerry Turner		
Owner's Address 5709 Spring Lake Dr, Evansville, IN, 47711		Follow-up No	Release Date 02/02/2017	
Person in Charge Turoni's Pizza Inc/Jerry Turner				Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>
Responsible Person's E-mail 				
Certified Food Handler Brian Mallow/ Matt Klees		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) _____		

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Section#	C/NC	R	Narrative	To Be Corrected By
256	NC		A few reach in refrigerator's thermometer's could not be identified.	01/27/2017
118	C		Certified food safety employee certificate expired.	02/23/2017

Received by (name and title printed): Lydia Mueller	Inspected by (name and title printed): David Horning
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Form containing establishment details: United Caring Shelter, 324 NW Sixth St., Evansville, IN, 47708. Includes fields for telephone number, date of inspection, owner information, and violation summary (3 C, 1 NC, 1 R).

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains entries for refrigerated chicken, raw chicken in wash sink, packaged food on floor, and food safety certified person needed.

Received by (name and title printed): Phyllis Ogburn
Inspected by (name and title printed): David Horning

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

cc: (Three empty fields for contact information)



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Establishment Name Vanderburgh Coliseum	Telephone Number (812) 422-2457 () Owner	Date of Inspection (mm/dd/yr) 01/26/2017	ID # 11421
Establishment Address (number and street, city, state, zip code) 300 Court St., EVANSVILLE, IN, 47708			
Owner VANDERBURGH COLISEUM	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 02/05/2017
Owner's Address Same as Establishment		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge VANDERBURGH COLISEUM		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 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): Andrea Stafford	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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

Establishment Name Vogel School K-6	Telephone Number (812-469-5087)	Date of Inspection (mm/dd/yr) 01/24/2017	ID # 11424
Establishment Address (number and street, city, state, zip code) 1500 Oak Hill Rd., EVANSVILLE, IN, 47711	Owner (812-435-8453)	Follow-up No	Release Date 02/03/2017
Owner Evansville Vanderburgh School Corp.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 951 Walnut St, Evansville, IN, 47713		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 Evansville Vanderburgh School Corp.			
Responsible Person's E-mail			
Certified Food Handler Mary Glaser			

- 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): Mary Glaser	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Volunteers of America	Telephone Number (812-423-1949)	Date of Inspection (mm/dd/yr) 01/25/2017	ID # 11425
Establishment Address (number and street, city, state, zip code) 811 E Franklin St, Evansville, IN, 47711	(812-423-1949)		
Owner Volunteers of America	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 02/04/2017
Owner's Address 811 E Franklin St, Evansville, IN, 47711		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Volunteers of America		Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
Responsible Person's E-mail			
Certified Food Handler			

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

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

Received by (name and title printed): Sheri Cox	Inspected by (name and title printed): David Horning
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 Evansville Lutheran School		Telephone Number (812-424-7252)	Date of Inspection (mm/dd/yr) 01/27/2017	ID # 11465
Establishment Address (number and street, city, state, zip code) 120 E Michigan St, EVANSVILLE, IN, 47711		Owner (812-424-7252)		
Owner EVANSVILLE LUTHERAN SCHOOL		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 02/06/2017
Owner's Address 120 E Michigan St, Evansville, IN, 47711			Summary of Violations: C 0 NC 1 R 0	
Person in Charge EVANSVILLE LUTHERAN SCHOOL		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Kathleen Pettijohn				

- 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
291	NC		Quat chemical test strips needed.	01/30/2017

Received by (name and title printed): Kathleen Pettijohn	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

Establishment Name Grandview Towers Apartments	Telephone Number (812)424-3507 () Owner	Date of Inspection (mm/dd/yr) 01/24/2017	ID # 11567	
Establishment Address (number and street, city, state, zip code) 1000 Fulton Parkway, Evansville, IN, 47710		Follow-up No		
Owner SWIRCA				Release Date 02/03/2017
Owner's Address	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SWIRCA	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 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 noted violations.	

Received by (name and title printed): Andre Edwards	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Buckner Tower		Telephone Number (812)4288521	Date of Inspection (mm/dd/yr) 01/24/2017	ID # 11572
Establishment Address (number and street, city, state, zip code) 717 Cherry Street, Evansville, IN, 47713		Telephone Number (812)4647807		
Owner SWIRCA & More	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 02/03/2017	
Owner's Address 16 W Virginia St, Evansville, IN, 47713		Summary of Violations: C 0 NC 0 R 0		
Person in Charge SWIRCA & More		Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○		
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): Ruby McGlown	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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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 #19853		Telephone Number (812-401-4545) (812-573-7777)	Date of Inspection (mm/dd/yr) 01/25/2017	ID # 11590
Establishment Address (number and street, city, state, zip code) 501 N Main Suite A, Evansville, IN, 47711				
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 02/04/2017	
Owner's Address 10082 STONECREEK CIR, NEWBURGH, IN, 47630		Summary of Violations: C 0 NC 0 R 0		
Person in Charge PATHIL AMIN		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler Pyish				

- 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): Priti Patel	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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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 Donut Bank	Telephone Number (812-401-4111)	Date of Inspection (mm/dd/yr) 01/25/2017	ID # 11658
Establishment Address (number and street, city, state, zip code) 1200 Lincoln Ave, Evansville, IN, 47711	(812-426-0011)		
Owner CHRIS KEMPF	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 01/27/2017
Owner's Address 1031 Diamond Ave, Evansville, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge CHRIS KEMPF		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
			All violations from 1/10/2017 corrected.	

Received by (name and title printed): sabine madden	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 Himal Food Mart Inc.		Telephone Number (812-401-4462)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 11666
Establishment Address (number and street, city, state, zip code) 3017 Kratzville Rd, Evansville, IN, 47710		(812-319-4461)		
Owner Prem Khadka	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 02/06/2017	
Owner's Address 4522 Marble Ct, Newburgh, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Prem Khadka		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 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 noted violations.	

Received by (name and title printed): saraswati khadka	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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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		Telephone Number (812-475-9488)	Date of Inspection (mm/dd/yr) 01/27/2017	ID # 11870
Establishment Address (number and street, city, state, zip code) 1343 Tutor Ln Suite A, Evansville, IN, 47715		Owner (270-826-3183)	Follow-up No	
Owner Jeff Troxel	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 02/06/2017		
Owner's Address PO BOX 724, Henderson, KY, 42420		Summary of Violations: C 2 NC 0 R 0		
Person in Charge Jeff Troxel	Menu Type (See additional page) 1 0 2 0 3 4 5 0			
Responsible Person's E-mail				
Certified Food Handler Cynthia Martin				

- 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		Chemical sanitizer bucket not provided for wiping cloths.	Corrected
345	C		Kitchen hand sink used for purposes other than hand washing.	Corrected

Received by (name and title printed): Cynthia Martin	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

Establishment Name Market Street Living		Telephone Number (812-402-9955)	Date of Inspection (mm/dd/yr) 01/24/2017	ID # 12062
Establishment Address (number and street, city, state, zip code) 301 NW 3rd St, Evansville, IN, 47708		(812-464-0042)		
Owner Riverwalk Development 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 02/03/2017	
Owner's Address 510 Main St, Evansville, IN, 47708		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Riverwalk Development LLC		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 Yammie Douglas				

- 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): Savannah Brogden	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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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 Popeye's Chicken	Telephone Number (812-423-4291)	Date of Inspection (mm/dd/yr) 01/26/2017	ID # 12072
Establishment Address (number and street, city, state, zip code) 3300 N 1st Ave, Evansville, IN, 47710	Owner (847-840-2064)	Follow-up No	Release Date 02/05/2017
Owner Evansville's Favorite Chicken	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C 2 NC 1 R 1	
Owner's Address 700 W Van Buren St Ste 1507, Chicago, IL, 60607	<input type="checkbox"/> Follow-up		
Person in Charge Evansville's Favorite Chicken	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler Christy Mitchell	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP	Menu Type (See additional page)	
	<input type="checkbox"/> Other (list)	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
218	NC		Reach-in not maintaining 41f oe less.	Corrected
187	C		Raw chicken not maintained at 41f less-discarded	Corrected
294	C	R	Chemical sanitizer below required concentration.	Corrected

Received by (name and title printed): Ricco Mitchell	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

Establishment Name Jimmy Johns		Telephone Number (812-402-9944) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 01/24/2017	ID # 12075
Establishment Address (number and street, city, state, zip code) 130 N St Joe Ave, Evansville, IN, 47712		(812-319-1558) <small>(Owner)</small>		
Owner KEN BUTLER, II	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 02/03/2017	
Owner's Address PO Box 1172, Evansville, IN, 47706		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge KEN BUTLER, II		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 Tiffany Simmons				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 01-20-17 corrected.	

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



Retail Food Establishment Inspection Report

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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 Courtyard Evansville East		Telephone Number (812-424-4242 (716-839-4000)	Date of Inspection (mm/dd/yr) 01/23/2017	ID # 12090
Establishment Address (number and street, city, state, zip code) 8105 E Walnut, 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 02/02/2017
Owner Hamister Hospitality Fund II, LP			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 10 Lafayette Sq Ste 1900, Buffalo, NY, 14203		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 Hamister Hospitality Fund II, LP				
Responsible Person's E-mail				
Certified Food Handler Sarah Keown				

- 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): Sarah Keown		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	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 Dream Creamery		Telephone Number (816-248-9803)	Date of Inspection (mm/dd/yr) 01/27/2017	ID # 12295
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 122, Evansville, IN, 47715		Owner (816-248-9803)	Follow-up Yes	Release Date 02/06/2017
Owner Muhammad Ali	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Summary of Violations: C 7 NC 5 R 1	
Owner's Address 633 Normandy Dr, Evansville, IN, 47715	Person in Charge Muhammad Ali		Menu Type (See additional page)	
Responsible Person's E-mail	Certified Food Handler Muhammad Ali		<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 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"

Section#	C/NC	R	Narrative	To Be Corrected By
324	C		Both hand sinks in need of repair.	01/28/2017
303	C		No sanitizer available to sanitize dishes at 3-compartment sink.	01/27/2017
294	C		No sanitizer available for buckets and wiping cloths.	01/27/2017
343	C		No hand washing sinks provided for facility.	01/28/2017
295	C		Soda machine soiled.	01/27/2017
295	C		Ice cream scoops soiled	Corrected
324	C		Grease trap maintenance log not available.	01/31/2017
119	NC		Person in charge not following proper procedures.	01/28/2017
431	NC		Facility in need of cleaning	01/28/2017
430	NC		Baseboard coving in need of repair/replacing.	01/31/2017
293	NC		Warewashing sink is being utilized as a hand sink.	01/28/2017
257	NC	R	Temperature measuring device missing in front reach-in cooler.	01/27/2017

Received by (name and title printed): Gita Kaur	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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

Establishment Name Kite and Key Cafe		Telephone Number (812-401-0275)	Date of Inspection (mm/dd/yr) 01/27/2017	ID # 12972
Establishment Address (number and street, city, state, zip code) 2301 W Franklin St, Evansville, Indiana, 47712		(812-459-4517)		
Owner Mary Jo Brugmann	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 02/06/2017	
Owner's Address 8845 Vienna Rd, Evansville, Indiana, 47725		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Mary Jo Brugmann		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
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
			No noted violations.	

Received by (name and title printed): Mary Jo Brugmann	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Vanderburgh County Department of Health
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Fax 812-435-5871

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Establishment Name Meijer Store #287		Telephone Number (812-647-2200)	Date of Inspection (mm/dd/yr) 01/27/2017	ID # 13006
Establishment Address (number and street, city, state, zip code) 2622 Menards Drive, Evansville, IN, 47715		(616-791-5602)		
Owner Meijer Stores Limited Partnership		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 02/06/2017
Owner's Address 2929 Walker Ave NW, Grand Rapids, MI, 49544			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Meijer Stores Limited Partnership			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Jennifer Cable				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 1/20/2017 corrected.	

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



Retail Food Establishment Inspection Report

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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 Lin's Asian Express		Telephone Number (812-781-1998)	Date of Inspection (mm/dd/yr) 01/25/2017	ID # 13158	
Establishment Address (number and street, city, state, zip code) 520 N 1st Ave, Evansville, Indiana, 47713		Owner (812-499-1322)	Follow-up No		
Owner Yangyong Lin		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 02/04/2017	Summary of Violations: C 1 NC 2 R 0	
Owner's Address 2612 W Illinois St, Evansville, Indiana, 47713			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 Yangyong Lin					
Responsible Person's E-mail					
Certified Food Handler Yangyong Lin					

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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
192	C		Date marking not being done for prepared foods in coolers.	01/26/2017
177	NC		Some refrigerated foods not covered.	01/26/2017
234	NC		Utensils being stored in standing water	Corrected

Received by (name and title printed): Yangyong lin		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	