



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 Express Mart		Telephone Number (812-228-1077)	Date of Inspection (mm/dd/yr) 02/28/2017	ID # 13240
Establishment Address (number and street, city, state, zip code) 325 S Kentucky Ave, Evansville, Indiana, 47714		() Owner		
Owner Shree Mahadev 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 03/10/2017
Owner's Address 13414 Prairie Dr, Evansville, Indiana, 47725			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Shree Mahadev inc			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Not yet needed				

- 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 violations.	

Received by (name and title printed): Andy Patel		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Milk & Sugar Scoop Shoppe		Telephone Number (812-202-0136)	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 13185
Establishment Address (number and street, city, state, zip code) 2021 W Franklin St, Evansville, Indiana, 47712		(812-202-0136)		
Owner John A Didia	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 03/13/2017	
Owner's Address 2021 W Franklin St, Evansville, Indiana, 47712		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge John A Didia		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				

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

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

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Establishment Name Embroidery Plus Specialty Popcorn Kiosh		Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 12296
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		() Owner		
Owner Gale Harper		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 03/13/2017
Owner's Address			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Gale Harper			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 Gale Harper				

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

Received by (name and title printed): Gale Harper	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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Establishment Name McAlister's Deli		Telephone Number (812-618-2050)	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 12175
Establishment Address (number and street, city, state, zip code) 2220 N Green River Rd, Evansville, IN, 47715		Owner (812-319-1714)	Follow-up No	
Owner LLD Investments, Inc.		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 03/09/2017	
Owner's Address 1141 Pine Gate Rd, Evansville, IN, 47725		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge LLD Investments, Inc.		<input type="checkbox"/> Complaint	Menu Type (See additional page)	
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Clifton Duckworth		<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): Clifton Duckworth		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Vendair Vending @ Berry Plastics		Telephone Number (812-425-2621	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 12137
Establishment Address (number and street, city, state, zip code) 101 Oakley St, Evansville, IN, 47710		(812-425-2621)		
Owner Vendair Vending	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 03/13/2017	
Owner's Address 810 N Fares Ave, Evansville, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Vendair Vending		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				

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

Received by (name and title printed): Alice Seibert	Inspected by (name and title printed): David Horning
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Culinary Innovations by April Boeke, LLC		Telephone Number (812-228-7626)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 12083
Establishment Address (number and street, city, state, zip code) 2308 W Franklin St, Evansville, IN, 47712		Owner (812-228-7626)	Follow-up No	
Owner April Schmuck-Boeke		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 03/12/2017	
Owner's Address 6001 N St Joseph Rd, Evansville, IN, 47713			Summary of Violations: C 0 NC 0 R 0	
Person in Charge April Schmuck-Boeke		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler April Boeke				

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

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



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Establishment Name Lyle's Sportszone Pizza & Pub LLC		Telephone Number (812-425-7729) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 11934
Establishment Address (number and street, city, state, zip code) 1404 E Morgan Ave, Evansville, IN, 47711		(812-550-3921) <small>(Owner)</small>		
Owner Lyle V Kinder	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 03/13/2017	
Owner's Address 500 W Berkeley, Evansville, IN, 47710		Summary of Violations: C 1 NC 0 R 1		
Person in Charge Lyle V Kinder		Menu Type (See additional page) 1 0 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Donald Higgs				

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Section#	C/NC	R	Narrative	To Be Corrected By
136	C	R	Employee smoking in the kitchen.	Corrected

Received by (name and title printed): Lyle Kinder	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Vendair Vending	Telephone Number (812-425-2621)	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 11892
Establishment Address (number and street, city, state, zip code) 810 N Fares Ave, Evansville, IN, 47711	(812-425-2621)		
Owner Vendair Vending	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 03/13/2017
Owner's Address 810 N Fares Ave, Evansville, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Vendair Vending		Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler NA			

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

Received by (name and title printed): Alice Seibert	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name: Mama Romas Pizza Express
Telephone Number: (812) 477-6262
Date of Inspection: 02/27/2017
ID #: 11761
Establishment Address: 3115 Covert Ave, Evansville, IN, 47714
Owner: Nimish Shah
Purpose: [X] Follow-up
Follow-up: No
Release Date: 03/09/2017
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0
Certified Food Handler: in process

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

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: All violation from 02/03/2017 corrected.

Received by (name and title printed): Nimish Shah
Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name Albion Fellows		Telephone Number (812-422-9372)		Date of Inspection (mm/dd/yr) 02/28/2017	ID # 11677	
Establishment Address (number and street, city, state, zip code) 650 Judson, Evansville, IN, 47713		() Owner				
Owner KATHY MURRAY		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 03/10/2017		
Owner's Address PO BOX 3164, Evansville, IN, 47731			Summary of Violations: C 0 NC 0 R 0			
Person in Charge KATHY MURRAY			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0			
Responsible Person's E-mail						
Certified Food Handler n/a						

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

Received by (name and title printed): Kathy Murray		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Darmstadt Inn		Telephone Number (812-867-7300) (812-708-0118)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 11543
Establishment Address (number and street, city, state, zip code) 13130 Darmstadt Rd, Evansville, IN, 47725		Owner Richard Kennedy - JLK Bar Holdings II Inc.	Follow-up Yes	Release Date 03/12/2017
Owner's Address 10833 Lilly Pad Rd, Elberfeld, IN, 47613		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>2</u> R <u>1</u>	
Person in Charge Richard Kennedy - JLK Bar Holdings II 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 Rick Kennedy				

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Section#	C/NC	R	Narrative	To Be Corrected By
199	NC		Improper thawing methods used.	Corrected
218	NC	R	Reach in beer cooler by bar area, temp. above 41 F and in need of cleaning, soiled walls and bottom part. Water pooling is visible in the inside of the cooler.	03/10/2017

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



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Establishment Name HORIZON HOMES SWIRCA		Telephone Number <input type="checkbox"/> Establishment <input type="checkbox"/> Owner		Date of Inspection (mm/dd/yr) 02/27/2017	ID # 11503
Establishment Address (number and street, city, state, zip code) 1450 Luther Square, 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 03/09/2017
Owner Horizon Homes		Owner's Address 1450 Luther Sq.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Horizon Homes		Responsible Person's E-mail		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"/>	
Certified Food Handler n/a					

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

Received by (name and title printed): Julie Osha		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Moe's Southwest Grill		Telephone Number (812-491-6637)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 11499
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715		(770-817-1950)		
Owner Brian Ferris	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 03/12/2017	
Owner's Address 1867-C McFarland Pkwy, Alpharetta, GA, 30005		Summary of Violations: C 1 NC 0 R 0		
Person in Charge Brian Ferris		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input checked="" type="radio"/>		
Certified Food Handler Khaled Abutaqa				

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C		Food establishment does not have a certified food safety employee.	04/27/2017

Received by (name and title printed): Khaled Abutaqa	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Crazy Buffet		Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 11494
Establishment Address (number and street, city, state, zip code) 701 N Burkhardt Rd, Evansville, IN, 47715		Owner (812-437-8833)	Follow-up No	
Owner Fei En Pan		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 03/12/2017	
Owner's Address 3228 Oakley Dr, EVANSVILLE, IN, 47711		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Fei En Pan		Menu Type (See additional page) 1 0 2 0 3 0 4 1 5 0		
Responsible Person's E-mail				
Certified Food Handler Yim Wan Lee				

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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
			Follow-up from inspection on 2/2/17. All violations corrected.	

Received by (name and title printed): Feien Pan		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name JAZZMANS 79404005		Telephone Number (812-488-2952) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 11471
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722		(866-372-3035) <small>(Owner)</small>		
Owner Sodexo Services of Indiana LLP	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 03/09/2017	
Owner's Address PO BOX 352, Buffalo, NY, 14240		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Sodexo Services of Indiana LLP			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 James Welfen				

- 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): James Welfen	Inspected by (name and title printed): Kelly Holzmeyer
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 Chuckles Food Mart #26	Telephone Number (812-475-0493)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 11470
Establishment Address (number and street, city, state, zip code) 1601 S Weinbach Ave., Evansville, IN, 47714	(812-602-3920)		
Owner C E TAYLOR OIL INC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/12/2017
Owner's Address 10105 Hedden Rd, Evansville, IN, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge C E TAYLOR OIL INC		Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____			
Certified Food Handler _____			

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

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

Received by (name and title printed): Andrea Fenwick	Inspected by (name and title printed): Kelly Holzmeyer
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 Zesto		Telephone Number (812-424-1416)	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 11460
Establishment Address (number and street, city, state, zip code) 102 W Franklin St, EVANSVILLE, IN, 47710		(812-550-7110)		
Owner Big Cone 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 03/09/2017	
Owner's Address 870 S Kentucky Ave, Evansville, IN, 47714		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>		
Person in Charge Big Cone Inc.	Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail				
Certified Food Handler Kay McAtee				

- 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	R	Microwave and cart shelving in cook area soiled.	02/28/2017

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



Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health
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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 Walmart #1341		Telephone Number (812-424-5475) <small>() Owner</small> 479-204-4738	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 11430
Establishment Address (number and street, city, state, zip code) 335 S Red Bank Rd, Evansville, IN, 47712				
Owner Wal-mart Stores East, LP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/13/2017	
Owner's Address 508 SW 8th St, Bentonville, AR, 72716-0500		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Wal-mart Stores East, LP		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 Kristina Knapp				

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



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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Vanderburgh County Department of Health
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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 CAFÉ COURT 79404001	Telephone Number (812-488-2952) (866-372-3035)	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 11418
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		Follow-up No	Release Date 03/09/2017
Owner Sodexo Services of Indiana LLP	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 PO BOX 352, Buffalo, NY, 14240		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 Sodexo Services of Indiana LLP			
Responsible Person's E-mail			
Certified Food Handler James Welfen			

- 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): James Welfen	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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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 Una-Tu-Pizza	Telephone Number (812-424-8400)	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 11417
Establishment Address (number and street, city, state, zip code) 709 N Governor St., Evansville, IN, 47711	(812-424-8400)		
Owner Kevin Holtz	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 03/09/2017
Owner's Address 709 N Governor, Evansville, IN, 47710		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kevin Holtz		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 Brandon Burkes and one more to get			

- 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 violations	

Received by (name and title printed): Dennis	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)
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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 CARRIAGE HOUSE SWIRCA		Telephone Number () Establishment 8124647800	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 11378
Establishment Address (number and street, city, state, zip code) 5300 Carriage Dr., EVANSVILLE, IN, 47715		() Owner		
Owner SWIRCA	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 03/09/2017
Owner's Address 16 W Virginia St, Evansville, IN, 47710			Summary of Violations: C 0 NC 0 R 0	
Person in Charge SWIRCA			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler n/a				

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

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

Received by (name and title printed): Dennis Richter	Inspected by (name and title printed): Colin Ward
--	---

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

cc:	cc:	cc:
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Retail Food Establishment Inspection Report

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Establishment Name Xcess	Telephone Number (812-760-5387) <small>() Owner</small>	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 11309						
Establishment Address (number and street, city, state, zip code) 201B S Fulton Ave, Evansville, IN, 47708		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Follow-up No </td> <td style="width:50%;"> Release Date 03/13/2017 </td> </tr> <tr> <td colspan="2"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2"> 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"/> </td> </tr> </table>		Follow-up No	Release Date 03/13/2017	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		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"/>	
Follow-up No	Release Date 03/13/2017								
Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>									
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"/>									
Owner Jason English	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) _____	Person in Charge Jason English							
Owner's Address 201 B S Fulton Ave, EVANSVILLE, IN, 47708	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): dawn buntuing	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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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 Resurrection School	Telephone Number (812-963-5556) () Owner	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 11282
Establishment Address (number and street, city, state, zip code) 5301 New Harmony Rd., EVANSVILLE, IN, 47720		Follow-up: No Release Date: 03/13/2017 Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner RESURRECTION 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) _____		
Owner's Address		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 RESURRECTION SCHOOL			
Responsible Person's E-mail		Certified Food Handler Shari Weinzapfel	
Certified Food Handler Shari Weinzapfel			

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



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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Establishment Name China Express		Telephone Number (812-428-3838)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 11145
Establishment Address (number and street, city, state, zip code) 1505 S Governor St., Evansville, IN, 47713		(502-510-5655)		
Owner Quan Tran	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/12/2017	
Owner's Address 605 Ravenswood Dr, Evansville, IN, 47713		Summary of Violations: C 1 NC 2 R 3		
Person in Charge Quan Tran		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Quan Tran				

- 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	R	Facility and hood vents in need of cleaning	03/05/2017
426	NC	R	Storing personal items throughout.	03/05/2017
173	C	R	Raw egg stored above lettuce in reach-in cooler.	03/02/2017

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



Retail Food Establishment Inspection Report

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Establishment Name Burger King #119		Telephone Number (812-479-5968)	Date of Inspection (mm/dd/yr) 03/01/2017	ID # 11117
Establishment Address (number and street, city, state, zip code) 1301 Covert Ave, EVANSVILLE, IN, 47714		Owner (315-424-0513)	Follow-up No	
Owner Carrols, LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date 03/11/2017	
Owner's Address 968 James St, Syracuse, NY, 13212		Summary of Violations: C 1 NC 0 R 1		
Person in Charge Carrols, LLC		Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Clarke Johnson				

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

Section#	C/NC	R	Narrative	To Be Corrected By
324	C	R	Manifest of grease trap cleaning could not be shown.	03/02/2017

Received by (name and title printed): Clarke Johnson		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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Establishment Name Hucks # 337	Telephone Number (812-477-5232) (618-382-2334)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 11047
Establishment Address (number and street, city, state, zip code) 3951 N Green River Rd, Evansville, IN, 47715		Owner MARTIN & BAYLEY INC	Follow-up No
Owner's Address 1311 A West Main, Carmi, IL, 62821	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 03/12/2017	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>
Person in Charge MARTIN & BAYLEY INC	Responsible Person's E-mail	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Melissa Beard			

• 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): Melissa Beard	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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Establishment Name Highland Elementary School		Telephone Number (812-867-2428)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 11028
Establishment Address (number and street, city, state, zip code) 6701 Darmstadt Rd., EVANSVILLE, IN, 47725		Owner (812-435-8453)	Follow-up No	
Owner Evansville Vanderburgh School Corp.		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 03/12/2017	
Owner's Address 951 Walnut St, Evansville, IN, 47713		<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Evansville Vanderburgh School Corp.		<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 Louise Kroeger		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

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

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

Received by (name and title printed): Louise Kroeger		Inspected by (name and title printed): Carol Coudret	
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 Ace's Convenient Store		Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 11015
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		Owner (866-372-3035)	Follow-up No	
Owner Sodexo Services of Indiana LLP		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 03/09/2017	
Owner's Address PO BOX 352, Buffalo, NY, 14240			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Sodexo Services of Indiana LLP			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler James Welfen				

- 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): James Welfen	Inspected by (name and title printed): Kelly Holzmeyer
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 EL RIO MEXICAN RESTAURANT		Telephone Number (812-471-1400)	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 10942
Establishment Address (number and street, city, state, zip code) 1919 N Green River Rd, Evansville, IN, 47715		() Owner		
Owner Gustavo Soto		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 03/09/2017
Owner's Address 1919 N Green River Rd, Evansville, IN, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Gustavo Soto			Menu Type (<i>See additional page</i>) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Gustavo Soto				

- 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): Gustavo Soto		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

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Establishment Name Jimmy John's		Telephone Number (812-402-5653)	Date of Inspection (mm/dd/yr) 02/27/2017	ID # 13619
Establishment Address (number and street, city, state, zip code) 330 Main St. Unit A, Evansville, IN, 47708		Owner (812-319-1558)	Follow-up No	
Owner Ken Stinler		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 03/09/2017	
Owner's Address 2466 Hidden Oak Ct, Newburgh, IN , 47630			Summary of Violations: C 1 NC 0 R 0	
Person in Charge Ken Stinler			Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail				
Certified Food Handler Will get.				

- 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
345	C		Handwashing sink obstructed with container.	Corrected

Received by (name and title printed): Angela Rupert	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 51-0001Vanderburgh County Department of Health
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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 Ginmiya Asian Diner		Telephone Number (812-471-8100)	Date of Inspection (mm/dd/yr) 03/03/2017	ID # 10815
Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Drive Ste F, Evansville, IN, 47715		(812-213-5177)		
Owner De Hui Yu	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 03/13/2017	
Owner's Address 4921 Country Lane Dr, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge De Hui Yu		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 De Hui Yu				

- 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): De Hui Yu	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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Vanderburgh County Department of Health
Telephone 812-435-5695
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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 Autumn Barn Farms		Telephone Number (812-550-1085)	Date of Inspection (mm/dd/yr) 03/02/2017	ID # 13700
Establishment Address (number and street, city, state, zip code) 5922 Vogel Rd, Evansville, IN, 47715		(812-550-1085) Owner		
Owner Chris Wintner	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) Final _____	Follow-up No	Release Date 03/12/2017	
Owner's Address 10818 Decatur Ct., Evansville, Indiana, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Chris Wintner		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				

- 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
			Approved for operation.	

Received by (name and title printed): Chris Wintner	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc: