



**Retail Food Establishment Inspection Report**

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

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

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

Establishment Name <b>Lincoln Market</b>		Telephone Number (812-746-1170)	Date of Inspection (mm/dd/yr) 04/12/2017	ID # 13232
Establishment Address (number and street, city, state, zip code) <b>751 Lincoln Ave, Evansville, Indiana, 47713</b>		Telephone Number (812-746-1170)		
Owner <b>Fouzia Khan &amp; Maquesood A Khan</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>04/22/2017</b>
Owner's Address <b>751 Lincoln Ave, Evansville, Indiana, 47713</b>			Summary of Violations: <b>C 1 NC 1 R 0</b>	
Person in Charge <b>Fouzia Khan &amp; Maquesood A Khan</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <b>Fouzia Khan</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
232	NC		Basement refrigerator needs cleaned	04/13/2017
294	C		Sanitizer for warewashing not in establishment	04/13/2017

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



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Establishment Name <b>Kona Ice Trailer</b>		Telephone Number (812-965-6620)	Date of Inspection (mm/dd/yr) 04/15/2017	ID # 13005
Establishment Address (number and street, city, state, zip code) 1911 Bell Rd, Chandler, IN, 47610		(812-965-6620)		
Owner <b>Derek Taylor</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>04/25/2017</b>	
Owner's Address 1911 Bell Rd, Chandler, Indiana, 47610-9239		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Derek Taylor</b>		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): <b>Kim Taylor</b>		Inspected by (name and title printed): <b>David Horning</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Nachos Grill Mexican Restaurant</b>		Telephone Number (812) 459-3871	Date of Inspection (mm/dd/yr) 04/10/2017	ID # 12377
Establishment Address (number and street, city, state, zip code) 821 S Green River Rd, Evansville, IN, 47715		(812) 480-6580		
Owner Jose M Mosqueda-Lopez	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date 04/20/2017	
Owner's Address 825 S Green River Rd, Evansville, IN, 47716		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Jose M Mosqueda-Lopez		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 Padro Lopez				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			All violation from 04/03/2017 corrected.	

Received by (name and title printed): <b>Jose M Mosqueda-Lopez</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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

Establishment Name <b>Walmart Market #5452</b>		Telephone Number <b>(812) 647-9499</b> <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) <b>04/11/2017</b>	ID # <b>12349</b>
Establishment Address (number and street, city, state, zip code) <b>2500 N First Ave, Evansville, IN, 47710</b>		<b>(479) 209-4738</b> <small>(Owner)</small>		
Owner <b>Wal-mart Stores East, LP</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>04/21/2017</b>	
Owner's Address <b>508 SW 8th ST, Bentonville, AR, 72716-0500</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Wal-mart Stores East, LP</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Heather Moore</b>				

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

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

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





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Establishment Name <b>Lydia Moving Kitchen LLC "Chef Bruce Li"</b>		Telephone Number <b>(812-618-6816)</b> <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) <b>04/10/2017</b>	ID # <b>13198</b>
Establishment Address (number and street, city, state, zip code) <b>4005 Hunter Trace, Evansville, Indiana, 47715</b>		<b>(812-618-6816)</b> <small>(Owner)</small>		
Owner <b>Hu Li</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>Yes</b>	Release Date <b>04/20/2017</b>	
Owner's Address <b>4005 Hunter Trace, Evansville, IN, 47715</b>		Summary of Violations: <b>C 1 NC 1 R 0</b>		
Person in Charge <b>Hu Li</b>		Menu Type (See additional page) <b>1 0 2 0 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Hu Li</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
256	NC		Reach in coolers lacking thermometer.	04/10/2017
294	C		Sanitizer concentration in wiping cloth bucket too weak.	04/10/2017

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



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Establishment Name <b>Kona Ice of Evansville II</b>		Telephone Number <b>(812-965-6620)</b>	Date of Inspection (mm/dd/yr) <b>04/15/2017</b>	ID # <b>12095</b>
Establishment Address (number and street, city, state, zip code) <b>1911 Bell Rd, Evansville, IN, 47610</b>		Telephone Number <b>(812-965-6620)</b>		
Owner <b>Derek Taylor</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>04/25/2017</b>
Owner's Address <b>1911 Bell Rd, Chandler, IN, 47610-9239</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Derek Taylor</b>			Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler				

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

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



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<b>Establishment Name</b> <b>Kona Ice of Evansville I</b>		<b>Telephone Number</b> (812-965-6620) <small>(Establishment)</small> (812-965-6620) <small>(Owner)</small>	<b>Date of Inspection</b> (mm/dd/yr) <b>04/15/2017</b>	<b>ID #</b> <b>12094</b>
<b>Establishment Address (number and street, city, state, zip code)</b> <b>1911 Bell Rd, Chandler , IN, 47610</b>				
<b>Owner</b> <b>Derek Taylor</b>	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> <b>No</b>	<b>Release Date</b> <b>04/25/2017</b>	
<b>Owner's Address</b> <b>1911 Bell Rd, Chandler, IN, 47610-9239</b>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>		
<b>Person in Charge</b> <b>Derek Taylor</b>		<b>Menu Type (See additional page)</b> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<b>Responsible Person's E-mail</b>  				
<b>Certified Food Handler</b>  				

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

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





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

Establishment Name <b>Crazy Buffet II</b>		Telephone Number (812) 437-5050	Date of Inspection (mm/dd/yr) 04/13/2017	ID # 12048
Establishment Address (number and street, city, state, zip code) 5435 Pearl Dr Ste 3D, Evansville, IN, 47712		Telephone Number (917) 770-4643		
Owner <b>Yong Hua Liu</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>04/23/2017</b>	
Owner's Address 2433 Waterfront Way, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Yong Hua Liu</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Yao Chen</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 04-04-2017 corrected.	

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



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

Establishment Name <b>Taj Mahal</b>	Telephone Number <b>(812) 476-5000</b>	Date of Inspection (mm/dd/yr) <b>04/10/2017</b>	ID # <b>11724</b>
Establishment Address (number and street, city, state, zip code) <b>900 E Tutor Ln, Evansville, IN, 47715</b>	Telephone Number <b>(309) 533-5322</b>		
Owner <b>Harjit Singh</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>04/20/2017</b>
Owner's Address <b>3788 Trey Ct, Newburgh, IN, 47630</b>		Summary of Violations: C <b>0</b> NC <b>0</b> R <b>0</b>	
Person in Charge <b>Harjit Singh</b>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Dharminder Singh</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 3/22/17. Violations corrected.	

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



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Form header containing: Establishment Name (Show Me's East), Telephone Number (812-401-7469), Date of Inspection (04/13/2017), ID # (11683), Owner (STEVE HAZLETT), Address (1700 Morgan Center, Evansville, IN, 47715), Purpose (Routine), Follow-up (No), Release Date (04/23/2017), Person in Charge (STEVE HAZLETT), Certified Food Handler (Tyler Francis), and Summary of Violations (C 0 NC 0 R 0).

• 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 violations from 4/7/2017 corrected.

Signature section: Received by (name and title printed): Tyler Francis; Inspected by (name and title printed): Kelly Holzmeyer. Includes fields for signatures and CC.



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Establishment Name <b>Golden Buddha</b>		Telephone Number <b>(812-473-4855)</b>	Date of Inspection (mm/dd/yr) <b>04/10/2017</b>	ID # <b>11660</b>
Establishment Address (number and street, city, state, zip code) <b>3221 Taylor Ave, Evansville, IN, 47714</b>		(Establishment) <b>(812-473-4855)</b>		
Owner <b>YOU BI HENG</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>04/20/2017</b>
Owner's Address <b>3221 Taylor ave, Evansville, IN, 47714</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>YOU BI HENG</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <b>Bi Lei You</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violation from 04/05/2017 corrected.	

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



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Establishment Name <b>Evansville Christian School - Aramark</b>		Telephone Number (812) 477-7777 <small>Establishment</small> (812) 476-4973 <small>Owner</small>	Date of Inspection (mm/dd/yr) 04/11/2017	ID # 11586
Establishment Address (number and street, city, state, zip code) 4400 Lincoln Ave, Evansville, IN, 47715		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>04/21/2017</b>
Owner <b>Aramark</b>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 4400 Lincoln Ave, Evansville, IN, 47714	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge <b>Aramark</b>				
Responsible Person's E-mail				
Certified Food Handler <b>Jeannine Rhew</b>				
<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>				
Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	
Received by (name and title printed): <b>Jeannine Rhew</b>		Inspected by (name and title printed): <b>Colin Ward</b>		
Received by (signature):		Inspected by (signature):		
cc:	cc:		cc:	



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Establishment Name <b>Wassmer Golf Shop/Wesselmans Par 3</b>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>04/10/2017</b>	ID # <b>11445</b>
Establishment Address (number and street, city, state, zip code) <b>551 N Boeke Rd., Evansville, IN, 47711</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>04/20/2017</b>
Owner <b>Michael Wassmer</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <b>2905 E Morgan Ave, Evansville, IN, 47711</b>			Menu Type (See additional page)	
Person in Charge <b>Michael Wassmer</b>			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler				

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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

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

Received by (name and title printed): <b>Michael Wassmer</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
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 <b>Wendy's #324</b>		Telephone Number (812) 425-2359	Date of Inspection (mm/dd/yr) 04/13/2017	ID # 11435
Establishment Address (number and street, city, state, zip code) <b>3351 First Ave, Evansville, IN, 47710</b>		(812) 482-3212		
Owner <b>SERVUS, Inc.</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>04/23/2017</b>	
Owner's Address <b>4201 Mannheim Rd Suite A, Jasper, IN, 47546</b>		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>		
Person in Charge <b>SERVUS, Inc.</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Robert O'Neil</b>				

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Section#	C/N/C	R	Narrative	To Be Corrected By
324	C	R	Grease trap maintenance log not current.	04/13/2017
218	NC		Chest cooler in need of temperature adjustment.	Corrected

Received by (name and title printed): <b>Robert O'Neil</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



### Retail Food Establishment Inspection Report

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Establishment Name <b>Steve's Una Pizza</b>		Telephone Number <b>(812) 477-5411</b>	Date of Inspection (mm/dd/yr) <b>04/13/2017</b>	ID # <b>11354</b>
Establishment Address (number and street, city, state, zip code) <b>1005 S St. James Blvd., Evansville, IN, 47714</b>		(Establishment) <b>(812) 477-5411</b>		
Owner <b>Josh Adkins</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>04/23/2017</b>
Owner's Address <b>2224 E Virginia Street, Evansville, IN, 47711</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Josh Adkins</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Josh Adkins</b>				

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

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

Received by (name and title printed): <b>Josh Adkins</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
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

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<b>Establishment Name</b> Crossroads IGA	<b>Telephone Number</b> (812-867-0828)	<b>Date of Inspection</b> (mms/dd/yr) 04/12/2017	<b>ID #</b> 13440
<b>Establishment Address</b> (number and street, city, state, zip code) 6401 N Greenriver Rd, Evansville, Indiana, 47725	(812-867-0828)		
<b>Owner</b> Houchen's Food Group	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow-up</b> Yes	<b>Release Date</b> 04/22/2017
<b>Owner's Address</b> 6401 N Greenriver Rd, Evansville, Indiana, 47725		<b>Summary of Violations:</b> C <u>1</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> Houchen's Food Group		<b>Menu Type</b> (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b> Brian Spillman			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
334	C		Hose at three compartment sink in produce/deli prep area lacking air gap.	04/26/2017

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

