



**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>St. Mary's West Side Crossing</b>		Telephone Number <b>(812-485-4800)</b>	Date of Inspection (mm/dd/yr) <b>05/02/2017</b>	ID # <b>13264</b>
Establishment Address (number and street, city, state, zip code) <b>100 S Rosenberger Ave, Evansville, Indiana, 47712</b>		(812-485-4413) Owner		
Owner <b>Touchpoint</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date <b>05/12/2017</b>	
Owner's Address <b>3700 Washington Ave, Evansville, Indiana, 47714</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Touchpoint</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>Chelsea Carver</b>				

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

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

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



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Establishment Name <b>Target-Starbucks T-1481</b>		Telephone Number <b>(812-402-8500)</b>	Date of Inspection (mm/dd/yr) <b>05/03/2017</b>	ID # <b>11976</b>
Establishment Address (number and street, city, state, zip code) <b>6625 E Lloyd Expressway, Evansville, IN, 47715</b>		Owner <b>(612-761-1015)</b>	Follow-up <b>No</b>	
Owner <b>Target Corporation</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>05/13/2017</b>	
Owner's Address <b>33 S 6th St, CC-1028, Minneapolis, MN, 55402-9471</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Target Corporation</b>		<input type="checkbox"/> Complaint	Menu Type (See additional page)	
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>Tyler Hunt</b>		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

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

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



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<b>Establishment Name</b> Subway - Berry Plastic Site		<b>Telephone Number</b> (812-228-0453)	<b>Date of Inspection</b> (mm/dd/yr) 05/03/2017	<b>ID #</b> 11851
<b>Establishment Address (number and street, city, state, zip code)</b> 101 Oakley St, Evansville, IN, 47710		(812-228-0453) Owner		
<b>Owner</b> Tiffanie Wolf	<b>Purpose:</b> <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) Opening _____	<b>Follow-up</b> Yes	<b>Release Date</b> 05/13/2017	
<b>Owner's Address</b> 3324 Oaklyn Dr., Evansville, IN, 47711		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>		
<b>Person in Charge</b> Tiffanie Wolf		<b>Menu Type (See additional page)</b> 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> Tiffanie Wolf				

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

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



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Establishment Name <b>K.C.'s Time Out Lounge &amp; Grill</b>		Telephone Number <b>(812-437-9920)</b>	Date of Inspection (mm/dd/yr) <b>05/02/2017</b>	ID # <b>11842</b>
Establishment Address (number and street, city, state, zip code) <b>1121 Washington Square Mall, Evansville, IN, 47715</b>		Owner <b>(812-437-9920)</b>	Follow-up <b>Yes</b>	
Owner <b>Kerry Chesser Jr</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>05/12/2017</b>	
Owner's Address <b>1121 Washington Sq Mall, Evansville, IN, 47715</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 1 NC 6 R 5</b>	
Person in Charge <b>Kerry Chesser Jr</b>		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) <b>1 2 3 4 5</b>	
Certified Food Handler		<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
441	C	R	Chemical sanitizer for wiping cloths is too strong.	Corrected
431	NC	R	Floors and walls soiled in kitchen area near hand washing sink and deep fryer.	05/09/2017
291	NC		Facility lacking means of testing chemical sanitizer strength.	05/02/2017
295	NC	R	Inside bottom of mug frosting cooler soiled.	05/02/2017
217	NC		Plastic spatula falling apart. Thrown away.	Corrected
347	NC	R	Hand drying provisions not provided at hand sink in main bar area.	Corrected
346	NC	R	Hand soap not provided for hand sink in main bar area.	Corrected

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



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Establishment Name <b>Edible Arrangements</b>		Telephone Number <b>(812-437-5999)</b>	Date of Inspection (mm/dd/yr) <b>05/03/2017</b>	ID # <b>11741</b>
Establishment Address (number and street, city, state, zip code) <b>240 N Burkhardt Rd, Evansville, IN, 47715</b>		Owner <b>(812-437-5999)</b>		
Owner <b>David A &amp; Terri J Miller</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>05/13/2017</b>
Owner's Address <b>3400 AVONDALE DR, Newburgh, IN, 47630</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>David A &amp; Terri J Miller</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Terri Miller</b>				

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

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



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<b>Establishment Name</b> Ri Ra Irish Pub	<b>Telephone Number</b> (812) 426-0000	<b>Date of Inspection</b> (mm/dd/yr) 05/04/2017	<b>ID #</b> 11568
<b>Establishment Address</b> (number and street, city, state, zip code) 701-B NW Riverside Dr, Evansville, IN, 47708	(914) 579-2113		
<b>Owner</b> RIRA Evansville LLC	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 05/14/2017
<b>Owner's Address</b> PO Box 1750, Briarcliff Manor, NY, 10541		<b>Summary of Violations:</b>	
<b>Person in Charge</b> RIRA Evansville LLC		C <u>1</u> NC <u>2</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page)	
<b>Certified Food Handler</b> Ryan Costello		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Fish held in kitchen reach in cooler not date marked.	05/05/2017
226	NC		Condensation at bottom of kitchen reach in cooler.	05/12/2017
413	NC		Back kitchen door to outside not closing properly and creating air gap.	05/12/2017

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



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<b>Establishment Name</b> Gordon Food Service Store LLC	<b>Telephone Number</b> (812-473-0096)	<b>Date of Inspection</b> (mm/dd/yr) 05/01/2017	<b>ID #</b> 11490
<b>Establishment Address (number and street, city, state, zip code)</b> 1500 N Burkhardt Rd, Evansville, IN, 47715	(616-717-7017)		
<b>Owner</b> Gordon Food Service Store LLC	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 05/11/2017
<b>Owner's Address</b> 1300 Gezon Parkway SW, Wyoming, MI, 49509		<b>Summary of Violations:</b>	
<b>Person in Charge</b> Gordon Food Service Store LLC		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b> Akoussoum Adiki		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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



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Establishment Name: Cold Stone Creamery
Telephone Number: (812) 454-0156
Date of Inspection: 05/02/2017
ID #: 11475
Establishment Address: 6401 E Lloyd Expressway, Evansville, IN, 47715
Owner: Wayne Kinney
Purpose: Routine
Follow-up: No
Release Date: 05/12/2017
Summary of Violations: C 1 NC 1 R 0
Menu Type: 1 2 3 4 5

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two rows of violations: 303 C No sanitizer container available for wiping cloths. Corrected; 245 NC Wet wiping cloths improperly stored. Corrected.

Received by (name and title printed): Sam Daywalt
Inspected by (name and title printed): Colin Ward

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

cc: (Three empty fields for contact information)





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<b>Establishment Name</b> <b>Willow Park</b>		<b>Telephone Number</b> (812) 473-5828	<b>Date of Inspection</b> (mm/dd/yr) 05/02/2017	<b>ID #</b> 11452	
<b>Establishment Address (number and street, city, state, zip code)</b> 5050 Lincoln Ave., Evansville, IN, 47715		(503) 586-7367			
<b>Owner</b> EVANSVILLE RETIREMENT RESIDENCE Limited Partnership		<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> 05/12/2017	
<b>Owner's Address</b> 5885 Meadows Rd Ste 500, Lake Oswego, OR, 97035			<b>Summary of Violations:</b> C <u>  1  </u> NC <u>  0  </u> R <u>  1  </u>		
<b>Person in Charge</b> EVANSVILLE RETIREMENT RESIDENCE Limited Partnership			<b>Menu Type (See additional page)</b> 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> Rebecca Henry					

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Section#	C/NC	R	Narrative	To Be Corrected By
324	C	R	Dish machine not properly functioning. Utilizing 3 compartment sink. Maintenance called.	05/08/2017

<b>Received by (name and title printed):</b> <b>Rebecca Henry (Chef)</b>	<b>Inspected by (name and title printed):</b> <b>Colin Ward</b>
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>cc:</b>	<b>cc:</b>



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<b>Establishment Name</b> Wesselmans Weinbach	<b>Telephone Number</b> (812-424-8289)	<b>Date of Inspection</b> (mm/dd/yr) 05/04/2017	<b>ID #</b> 11441
<b>Establishment Address</b> (number and street, city, state, zip code) 1 N Weinbach Ave., Evansville, IN, 47711	(812-479-0993)		
<b>Owner</b> WINKLER INC	<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> 05/14/2017
<b>Owner's Address</b> 5011 Washington Ave #6, Evansville, IN, 47715		<b>Summary of Violations:</b> C <u>1</u> NC <u>1</u> R <u>2</u>	
<b>Person in Charge</b> WINKLER INC		<b>Menu Type</b> ( <i>See additional page</i> ) 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> Annie Hoffman			

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC	R	Incomplete labeling on deli grab & go items.	05/04/2017
295	C	R	Meat grinding equipment soiled.	05/04/2017

<b>Received by</b> (name and title printed): Cindy Gentry	<b>Inspected by</b> (name and title printed): Carol Coudret
<b>Received by</b> (signature):	<b>Inspected by</b> (signature):
cc:	cc:



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Establishment Name <b>Target T-1481</b>		Telephone Number <b>(812-402-8500)</b>	Date of Inspection (mm/dd/yr) <b>05/03/2017</b>	ID # <b>11389</b>
Establishment Address (number and street, city, state, zip code) <b>6625 E Lloyd Expressway, Evansville, IN, 47715</b>		Owner <b>(612-761-1015)</b>	Follow-up <b>No</b>	
Owner <b>Target Corporation</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Release Date <b>05/13/2017</b>	
Owner's Address <b>33 S 6th St, CC-1028, Minneapolis, MN, 55402-9471</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Target Corporation</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Tyler Hunt</b>				

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

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



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<b>Establishment Name</b> Schnucks #704		<b>Telephone Number</b> (812-464-3920 (314-994-4718)	<b>Date of Inspection</b> (mm/dd/yr) 05/01/2017	<b>ID #</b> 11305
<b>Establishment Address (number and street, city, state, zip code)</b> 3700 First Ave, EVANSVILLE, IN, 47710		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 05/11/2017
<b>Owner</b> Schnucks Markets Inc			<b>Summary of Violations:</b> C <u> 1 </u> NC <u> 0 </u> R <u> 0 </u>	
<b>Owner's Address</b> 11420 Lackland Rd, St Louis, MO, 63146			<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Person in Charge</b> Schnucks Markets Inc		<b>Responsible Person's E-mail</b>		
<b>Certified Food Handler</b> Janette Cardarelle				

- 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
294	C		Chemical sanitizer below required limits.	Corrected

<b>Received by (name and title printed):</b> James Terry	<b>Inspected by (name and title printed):</b> Carol Coudret
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>cc:</b>	<b>cc:</b>



# 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>The Rathbone</b>		Telephone Number <b>(812) 428-7600</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>05/02/2017</b>	ID # <b>11277</b>	
Establishment Address (number and street, city, state, zip code) <b>1320 SE Second St., Evansville, IN, 47713</b>					
Owner <b>Charles J Ludwyck</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>05/12/2017</b>	
Owner's Address <b>1320 SE 2nd St Apt 2116, EVANSVILLE, IN, 47713</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Charles J Ludwyck</b>			Menu Type ( <i>See additional page</i> ) 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>Rosetta Eastwood</b>					

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <b>Rosetta Eastwood</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>The Pie Pan</b>	Telephone Number <b>(812-425-2261)</b>	Date of Inspection (mm/dd/yr) <b>05/02/2017</b>	ID # <b>11255</b>
Establishment Address (number and street, city, state, zip code) <b>905 North Park Dr, Evansville, IN, 47710</b>	Owner <b>(812-425-2261)</b>	Follow-up <b>No</b>	
Owner <b>Elizabeth Lear</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>05/12/2017</b>	Summary of Violations: <b>C 0 NC 0 R 0</b>
Owner's Address <b>905 North Prark, Evansville, IN, 47710</b>	Person in Charge <b>Elizabeth Lear</b>	Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Responsible Person's E-mail	Certified Food Handler <b>Libby Lear</b>		

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violations from 4-19-17 corrected.	
			Continue increased pest control.	

Received by (name and title printed): <b>Libby Lear</b>	Inspected by (name and title printed): <b>Carol Coudret</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Order of Owls Nest #30</b>		Telephone Number (812-422-2556)	Date of Inspection (mm/dd/yr) 05/04/2017	ID # 11237
Establishment Address (number and street, city, state, zip code) 2427 N Sherman Ave, Evansville, IN, 47710		(812-422-2556)		
Owner <b>ORDER OF OWLS NEST #30</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up	Release Date 05/14/2017	
Owner's Address 2427 N Sherman, Evansville, IN, 47711		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>2</u>		
Person in Charge <b>ORDER OF OWLS NEST #30</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>Michael Cutteridge</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Ready to eat items lacking proper date marking.	05/04/2017
245	NC		Wet wiping cloths improperly stored.	Corrected
438	C	R	Spray bottles not labeled with content.	Corrected

Received by (name and title printed): <b>jim wall</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name <b>Culvers</b>		Telephone Number <b>(812-437-3333)</b>	Date of Inspection (mm/dd/yr) <b>05/01/2017</b>	ID # <b>11178</b>
Establishment Address (number and street, city, state, zip code) <b>1734 Hirschland Rd, EVANSVILLE, IN, 47715</b>		Owner <b>(812-402-9322)</b>		
Owner <b>TOM &amp; KRISTIN GRIFFIN</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>05/11/2017</b>	
Owner's Address <b>PO Box 5748, EVANSVILLE, IN, 47716</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>TOM &amp; KRISTIN GRIFFIN</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>Brad Feldkamp</b>				

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

Received by (name and title printed): <b>collette crow general manager</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>Lic's Ice Cream</b>		Telephone Number <b>(812-473-3428)</b> <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) <b>05/01/2017</b>	ID # <b>11087</b>
Establishment Address (number and street, city, state, zip code) <b>11 NW Fifth St, Evansville, IN, 47708</b>		Owner <b>(812-424-3066)</b> <small>(Owner)</small>	Follow-up <b>No</b>	
Owner <b>Don Smith</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Release Date <b>05/11/2017</b>	Summary of Violations: <b>C 0 NC 0 R 0</b>
Owner's Address <b>11 N 5th Street, Evansville, IN, 47708</b>	Person in Charge <b>Don Smith</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>Jamia Brown</b>			

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

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



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<b>Establishment Name</b> Just Rennie's		<b>Telephone Number</b> (812) 401-8098		<b>Date of Inspection</b> (mm/dd/yr) 05/03/2017		<b>ID #</b> 11065	
<b>Establishment Address</b> (number and street, city, state, zip code) 100 SE Fourth St, Evansville, IN, 47708		(812) 401-8098					
<b>Owner</b> Doug & Marla Rennie		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		<b>Follow-up</b> No		<b>Release Date</b> 05/13/2017	
<b>Owner's Address</b> 100 SE Fourth St, Evansville, IN, 47708				<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Person in Charge</b> Doug & Marla Rennie				<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> Doug Rennie							

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

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



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Establishment Name <b>Golden Corral # 683</b>		Telephone Number <b>(812-473-2853)</b>	Date of Inspection (mm/dd/yr) <b>05/04/2017</b>	ID # <b>10989</b>
Establishment Address (number and street, city, state, zip code) <b>130 Cross Point Blvd., Evansville, IN, 47715</b>		Owner <b>(919-881-4598)</b>	Follow-up <b>No</b>	
Owner <b>TNYZ CORRAL LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>05/14/2017</b>		
Owner's Address <b>PO Box 29502, Raleigh, NC, 27626</b>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 4 NC 3 R 4</b>		
Person in Charge <b>TNYZ CORRAL LLC</b>	<input type="checkbox"/> Complaint	Menu Type (See additional page)		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Ira Higgins, Rick Riddle</b>	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous food items at salad bar not held at 41 degrees Fahrenheit or less.	Corrected
303	C		Sanitize bucket was not provided for wiping cloths in meat cooler.	Corrected
295	C	R	Can opener soiled.	Corrected
294	C		Soda dispenser soiled at front line.	05/04/2017
204	NC	R	Magnetic knife holder in meat room deteriorated. Replace.	05/06/2017
218	NC	R	Replace seals on door to meat room.	05/20/2017
430	NC	R	Walls, coving, and flooring in need of repair in various areas throughout.	05/31/2017

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



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Establishment Name <b>Evansville Athletic Club</b>		Telephone Number <b>(812-422-1819)</b>		Date of Inspection (mm/dd/yr) <b>05/06/2017</b>		ID # <b>10949</b>	
Establishment Address (number and street, city, state, zip code) <b>321 W Oregon St, EVANSVILLE, IN, 47710</b>		(812-422-1819)					
Owner <b>Evansville Athletic Club Inc</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow-up <b>No</b>		Release Date <b>05/16/2017</b>	
Owner's Address <b>321 W oregon St, Evansville, IN, 47710</b>				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <b>Evansville Athletic Club Inc</b>				Menu Type (See additional page)			
Responsible Person's E-mail				1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler <b>Debra Mulvey</b>							

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

Received by (name and title printed): <b>Sandy Dillbeck</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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<b>Establishment Name</b> Price Less Foods #430		<b>Telephone Number</b> (812-426-7080)	<b>Date of Inspection</b> (mm/dd/yr) 05/02/2017	<b>ID #</b> 10885
<b>Establishment Address (number and street, city, state, zip code)</b> 4851 W Pennsylvania St., Evansville, IN, 47712		(270-843-3252)		
<b>Owner</b> HOUCHENS NORTH FOODS LLC		<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>Release Date</b> 05/12/2017
<b>Owner's Address</b> PO Box 90009, BOWLING GREEN, KY, 42102			<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> HOUCHENS NORTH FOODS LLC		<b>Menu Type (See additional page)</b> 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> Calie Lucera				

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

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



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Establishment Name <b>Buehlers IGA #453</b>		Telephone Number <b>(812-467-7255)</b>	Date of Inspection (mm/dd/yr) <b>05/02/2017</b>	ID # <b>10881</b>
Establishment Address (number and street, city, state, zip code) <b>4635 First Ave, Evansville, IN, 47710</b>		Owner <b>(270-843-3252)</b>	Follow-up <b>No</b>	Release Date <b>05/12/2017</b>
Owner <b>HOUCHENS NORTH FOODS LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: <b>C 0 NC 1 R 1</b>	
Owner's Address <b>PO Box 90009, BOWLING GREEN, KY, 42102</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Person in Charge <b>HOUCHENS NORTH FOODS LLC</b>				
Responsible Person's E-mail				
Certified Food Handler <b>Sheila Austin</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
245	NC	R	Wiping cloths not properly stored.	Corrected

Received by (name and title printed): <b>Sheila Austin</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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<b>Establishment Name</b> Bits & Bytes		<b>Telephone Number</b> (812-423-5113)	<b>Date of Inspection</b> (mm/dd/yr) 05/04/2017	<b>ID #</b> 10867
<b>Establishment Address (number and street, city, state, zip code)</b> 216 NW Fourth St, Evansville, IN, 47708		(812-422-8002)		
<b>Owner</b> FRED MARTIN FLOORS INC		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 05/14/2017
<b>Owner's Address</b> 212 NW 4th St, Evansville, IN, 47708			<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> FRED MARTIN FLOORS INC			<b>Menu Type (See additional page)</b> 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> Nancy/Mary				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

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



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Establishment Name: Bru Burger Bar
Telephone Number: (812) 302-3005
Date of Inspection: 05/02/2017
ID #: 13378
Establishment Address: 222 Sycamore St, Evansville, Indiana, 47708
Owner: CRG Holdings, LLC
Owner's Address: 530 Fulton St Ste 100, Indianapolis, IN, 46202
Person in Charge: CRG Holdings, LLC
Responsible Person's E-mail:
Certified Food Handler: Laura Ingersoll
Purpose: [X] Routine, [ ] Follow-up, [ ] Complaint, [ ] Pre-Operational, [ ] Temporary, [ ] HACCP, [ ] Other (list)
Follow-up: No
Release Date: 05/12/2017
Summary of Violations: C 1 NC 0 R 0
Menu Type: 1 2 3 4 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 294, C, Sanitizer concentration for multiple wiping rags low, Corrected.

Received by (name and title printed): Laura Ingersoll
Inspected by (name and title printed): David Horning
Received by (signature):
Inspected by (signature):
cc:





# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Acropolis Express</b>		Telephone Number <b>(812-475-9320)</b>	Date of Inspection (mm/dd/yr) <b>05/03/2017</b>	ID # <b>13729</b>
Establishment Address (number and street, city, state, zip code) <b>501 N. Green River Rd., Evansville, IN, 47715</b>		Owner <b>(270-860-8215)</b>	Follow-up <b>No</b>	
Owner <b>Doros Hadjisavva</b>	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) Final _____		Release Date <b>05/13/2017</b>	
Owner's Address <b>501 N. Green River Rd., Evansville, Indiana, 47715</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Doros Hadjisavva</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>Doros Hadjisavva</b>				

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

Received by (name and title printed): <b>Doros Hadjisavva</b>	Inspected by (name and title printed): <b>Colin Ward</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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# Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health  
Telephone 812-435-5695  
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Establishment Name <b>Hong Kong Foodie to Go</b>		Telephone Number <b>(270-577-2715)</b>	Date of Inspection (mm/dd/yr) <b>05/03/2017</b>	ID # <b>13728</b>
Establishment Address (number and street, city, state, zip code) <b>136 2nd St GF, Henderson, KY, 42420</b>		Owner <b>(270-577-2715)</b>		
Owner <b>David &amp; Rian Meyers</b>	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) Opening _____	Follow-up <b>No</b>	Release Date <b>05/13/2017</b>	
Owner's Address <b>2366 Dundee Dr, Henderson , KY, 42420</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>David &amp; Rian Meyers</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Ready to operate.	

Received by (name and title printed): <b>David Meyers</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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# 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>Ivy Tech Cafe</b>		Telephone Number <b>(812)482-0574</b>	Date of Inspection (mm/dd/yr) <b>05/04/2017</b>	ID # <b>13730</b>
Establishment Address (number and street, city, state, zip code) <b>3501 First Ave., Evansville, IN, 47710</b>		( ) Owner		
Owner <b>Ivy Tech</b>	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) opening _____	Follow-up <b>No</b>	Release Date <b>05/14/2017</b>	
Owner's Address		Summary of Violations: <b>C 1 NC 0 R 0</b>		
Person in Charge <b>W Phelps</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>Brad Hunt</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
191	C		Sandwiches not date marked to reflect 7 day hold.	Corrected

Received by (name and title printed): <b>Brad Hunt</b>	Inspected by (name and title printed): <b>Carol Coudret</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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Establishment Name <b>KC'S Marina Point</b>		Telephone Number <b>(812-422-0400)</b>	Date of Inspection (mm/dd/yr) <b>05/05/2017</b>	ID # <b>13732</b>	
Establishment Address (number and street, city, state, zip code) <b>830 LST Drive, Evansville, IN, 47713</b>		Owner <b>(812-422-0400)</b>	Follow-up		
Owner	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) _____ <small>final</small>	Release Date <b>05/15/2017</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address		Menu Type (See additional page)			
Person in Charge <b>Chad Brady</b>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail					
Certified Food Handler					

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Section#	C/NC	R	Narrative	To Be Corrected By
			Ok to open!	
			Outside bars pending State variance approval.	

Received by (name and title printed): <b>Chad Brady</b>		Inspected by (name and title printed): <b>Carol Coudret</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	