



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 Big Bang Mongolian Grill		Telephone Number (812-602-1400)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 12346
Establishment Address (number and street, city, state, zip code) 2013 N Green River Rd, Evansville, IN, 47715		Owner (812-431-2066)		
Owner Yu Cao	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 Yes	Release Date 07/29/2017	
Owner's Address 4410 Stringtown Rd, Evansville, IN, 47711		Summary of Violations: C 1 NC 0 R 1		
Person in Charge Yu Cao		Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Yu Cao				

- 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
187	C	R	Food not being held at the required temperature.	07/19/2017
			All other violations from 6/29/2017.	

Received by (name and title printed): Jun Cao	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Big Bang Mongolian Grill		Telephone Number (812-602-1400)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 12346
Establishment Address (number and street, city, state, zip code) 2013 N Green River Rd, Evansville, IN, 47715		Owner () 812-205-1884	Follow-up No	
Owner Jun Cao	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 07/30/2017	
Owner's Address 5934 Long Pond Way, Evansville, IN, 47711			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Jun Cao			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Yu Cao				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violation from 7/19/2017 corrected.	

Received by (name and title printed): Jun Cao	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name La Campirana	Telephone Number (812-550-1585 (270-724-2172)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 12265
Establishment Address (number and street, city, state, zip code) 724 N. Burkhardt Rd. Ste 600, Evansville, IN, 47715			
Owner Josue A Brown	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 07/30/2017
Owner's Address 934 Millcreek Dr, Henderson, KY, 42420		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge Josue A Brown		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 Ezequiel Campos			

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizing solution for wiping cloths too weak	Corrected

Received by (name and title printed): Abraham Brown	Inspected by (name and title printed): Colin Ward
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Xpress Pantry - ASR Petroleum Inc.		Telephone Number (812-401-3668)	Date of Inspection (mm/dd/yr) 07/17/2017	ID # 12157
Establishment Address (number and street, city, state, zip code) 326 S Kentucky Ave, Evansville, IN, 47711		(812-401-3668) Owner (206-235-4375)		
Owner ASR Petroleum Inc.- Bhupinder Singh		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 07/27/2017
Owner's Address 6919 Yankee Ct Apt 7B, Evansville, IN, 47715			Summary of Violations: C 0 NC 1 R 0	
Person in Charge ASR Petroleum Inc.- Bhupinder Singh		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 Dharminder Singh				

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Hand drying paper towels missing from dispensers.	Corrected

Received by (name and title printed): Vinny Gee	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Kona Ice of Evansville Commissary		Telephone Number (812-965-6620)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 12101
Establishment Address (number and street, city, state, zip code) 815 JOHN ST, Evansville, IN, 47713		Owner (812-965-6620)	Follow-up No	
Owner Derek Taylor	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 07/29/2017	
Owner's Address 1911 Bell Rd, Chandler, IN, 47610-9239			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Derek Taylor			Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
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):	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Sweet Bettys Bakery		Telephone Number (812-402-3889)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 12097
Establishment Address (number and street, city, state, zip code) 5600 E Virginia St Ste E, Evansville, IN, 47715		Owner (818-402-3889)	Follow-up No	
Owner Andrea Miles		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 07/30/2017	
Owner's Address 5600 E Virginia St Ste E, Evansville, IN, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Andrea Miles			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Andrea Miles				

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

Received by (name and title printed): Andrea Miles		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Market Street Living		Telephone Number (812-402-9955)	Date of Inspection (mm/dd/yr) 07/18/2017	ID # 12062	
Establishment Address (number and street, city, state, zip code) 301 NW 3rd St, Evansville, IN, 47708		Owner (812-464-0042)	Follow-up No		
Owner Riverwalk Development LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date 07/28/2017		
Owner's Address 510 Main St, Evansville, IN, 47708			Summary of Violations: C 0 NC 0 R 0		
Person in Charge Riverwalk Development LLC			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail					
Certified Food Handler Yammie Douglas					

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

Received by (name and title printed): Yammie Douglas		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Crazy Buffet II		Telephone Number (812-437-5050)	Date of Inspection (mm/dd/yr) 07/17/2017	ID # 12048
Establishment Address (number and street, city, state, zip code) 5435 Pearl Dr Ste 3D, Evansville, IN, 47712		Owner (917-770-4643)	Follow-up Yes	Release Date 07/27/2017
Owner Yong Hua Liu	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 9 NC 8 R 13		
Owner's Address 2433 Waterfront Way, Evansville, IN, 47715	Person in Charge Yong Hua Liu	Menu Type (See additional page) 1 0 2 0 3 0 4 1 5 0		
Responsible Person's E-mail	Certified Food Handler Yao Chen			

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Section#	C/NC	R	Narrative	To Be Corrected By
204	C	R	Use of bug zapper in kitchen leading to possible source of miscellaneous contamination.	Corrected, 07/31/2017
324	C	R	Kitchen hand sink in need of repair.	07/19/2017, 07/17/2017
171	C	R	Employees not washing hands when necessary.	07/17/2017
173	C	R	Improper storage of raw animal product.	Corrected
177	C	R	Food items in walk-in cooler lacking cover.	Corrected
191	C	R	Food items in walk-in cooler lacking date marking.	Corrected
187	C	R	Food items on buffet line not held at appropriate temperature of 135 degrees Fahrenheit or greater.	Corrected
177	C	R	Vegetable food items not elevated at least 6 inches off of the floor.	Corrected
437	C		Poisonous or toxic materials not properly labeled.	Corrected
218	NC	R	Buffet line steam table not properly functioning.	07/17/2017
297	NC	R	Ice guard within ice bin soiled.	07/17/2017
430	NC	R	Duct tape being use to cover gaps in stainless steel in kitchen. Use appropriate sealant.	07/18/2017
346	NC	R	Hand soap not provided for hand sink in kitchen and employee restroom.	Corrected
347	NC	R	Lacking hand drying provisions for employee restroom.	Corrected
342	NC		Warm water not provided for hand sink in kitchen area.	07/19/2017

Received by (name and title printed): Yao Chen	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:

NARRATIVE REPORT

Establishment Name Crazy Buffet II	Address 5435 Pearl Dr Ste 3D, Evansville, IN, 47712	Inspection Date 07/17/2017
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Item #	C/NC	R	REMARKS	TO BE CORRECTED BY
430	NC		Floors in walk-in units and rubber based coving in kitchen area in need of repair or replaced.	
226	NC		Ice accumulation in walk-in freezer unit.	

Received By (Name & Title) <p style="text-align: center; font-size: 1.2em;">Yao Chen</p>	Inspected By (Name & Title) <p style="text-align: center; font-size: 1.2em;">Colin Ward</p>	Page ___ of ___
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Establishment Name Hot Head Burritos	Telephone Number (812-437-5010)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 12035
Establishment Address (number and street, city, state, zip code) 5625 Pearl Dr Ste A, Evansville, IN, 47712	Owner (985-640-5619)	Follow-up No	Release Date 07/29/2017
Owner Jason Grubb	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 101 SE 3RD ST UNIT 2A, EVANSVILLE, IN, 47708		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 Jason Grubb			
Responsible Person's E-mail			
Certified Food Handler Joshua Vanderveer			

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

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



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Establishment Name Ruler Food Store #227		Telephone Number (812-471-9970)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11984
Establishment Address (number and street, city, state, zip code) 2040 E Morgan Ave, Evansville, IN, 47711		(615-232-9575)		
Owner Jay C Food Stores - Attn: Business License		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 07/29/2017
Owner's Address PO Box 305103, Nashville, TN, 37230			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Jay C Food Stores - Attn: Business License			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 N/A				

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

Received by (name and title printed): Tiffani Farley	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Kwik Stop		Telephone Number (812-473-7008)	Date of Inspection (mm/dd/yr) 07/17/2017	ID # 11945
Establishment Address (number and street, city, state, zip code) 4301 Pollack Ave, Evansville, IN, 47714		Owner (214-781-4532)	Follow-up	Release Date 07/27/2017
Owner Dhanji Patel	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C 0 NC 1 R 0		
Owner's Address 2605 E Walnut St, Evansville, IN, 47714	<input type="checkbox"/> Follow-up	Menu Type (See additional page)		
Person in Charge Dhanji Patel	<input type="checkbox"/> Complaint	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	<input type="checkbox"/> Pre-Operational			
Certified Food Handler n/a	<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
232	NC		Drink dispenser nozzle in need of cleaning	07/17/2017

Received by (name and title printed): rikesh	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Empty Nester's Enterprises	Telephone Number (812-459-4379)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11815
Establishment Address (number and street, city, state, zip code) 815 John St, Evansville, IN, 47713	Owner (812-459-4379)	Follow-up No	
Owner Susan Swader	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 07/29/2017	
Owner's Address 8510 Clarendon Dr, Evansville, IN, 47725	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Susan Swader	<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 Susan Seader	<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): Susan Swader	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name YWCA Domestic Violence Housing		Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 11808
Establishment Address (number and street, city, state, zip code) 118 Vine St 2nd Floor, Evansville, IN, 47708		() Owner		
Owner YWCA	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 07/30/2017	
Owner's Address 118 VINE ST, Evansville, IN, 47708		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge YWCA		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 NA				

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

Received by (name and title printed): Linda Riddle		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name YWCA Transition Housing Recovery Program	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 11795
Establishment Address (number and street, city, state, zip code) 118 Vine Street 3rd Floor, Evansville, IN, 47708	() Owner		
Owner YWCA	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 07/30/2017
Owner's Address 118 VINE ST, Evansville, IN, 47708		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge YWCA		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 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): Cassandra Smallings	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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Establishment Name OV Water Sports Grill		Telephone Number (812-425-1912)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11717
Establishment Address (number and street, city, state, zip code) 325 LST Drive, Evansville, IN, 47713		(812-613-0046)		
Owner Oscar Velez	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 07/29/2017	
Owner's Address 4277 Hilldale Dr, Newburgh, IN, 47630		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Oscar Velez		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Oscar Velez				

- 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): Oscar Velez	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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Establishment Name Meals & More	Telephone Number (812) 423-1113	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11708
Establishment Address (number and street, city, state, zip code) 7801 Bussing Dr, Evansville, IN, 47725	() Owner		
Owner Ayse Schablik	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 07/29/2017
Owner's Address 7801 BUSSING DR, Evansville, IN, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Ayse Schablik		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 Ayse Schablik			

• 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): Ayse Schablik	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Elberts Natural Food Market Inc		Telephone Number (812-471-5071)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11557
Establishment Address (number and street, city, state, zip code) 5614 E Virginia St, Evansville, IN, 47715		Owner (812-430-9388)		
Owner Catherine Elbert-Burkemper		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 07/29/2017
Owner's Address 6133 Brighton Dr, Evansville, IN, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Catherine Elbert-Burkemper			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				

- 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): Catherine Elbert-Burkemper	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Ray's Produce	Telephone Number (812-401-0183)	Date of Inspection (mm/dd/yr) 07/18/2017	ID # 11549
Establishment Address (number and street, city, state, zip code) Fulton & Columbia, Evansville, IN, 47710	(812-401-0183)	Follow-up No	
Owner Ervin J Baker III	Purpose: <input checked="" type="checkbox"/> Routine		
Owner's Address 6409 N St Joe, Evansville, IN, 47712	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge Ervin J Baker III	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Certified Food Handler n/a	<input type="checkbox"/> Temporary		
<ul style="list-style-type: none"> • 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" 			

- 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): Carla Cox	Inspected by (name and title printed): Ricardo Zacarias
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Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name The Grill @ PGW		Telephone Number (812-386-5804) () Owner	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11530
Establishment Address (number and street, city, state, zip code) 424 E Inglefield Rd, Evansville, IN, 47725		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 07/29/2017
Owner Lisa Whitten			Summary of Violations: C 2 NC 0 R 1	
Owner's Address 105 N First Ave, Princeton, IN, 47670		Menu Type (See additional page)		
Person in Charge Lisa Whitten		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 Lisa Whitten				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Ready to eat foods lacking date marking.	Corrected
294	C		Chemical sanitizer over allowable concentration.	Corrected

Received by (name and title printed): Shayln Marvell	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name White Castle #37		Telephone Number (812-474-9901)		Date of Inspection (mm/dd/yr) 07/20/2017	ID # 11449
Establishment Address (number and street, city, state, zip code) 6940 Logan Dr, Evansville, IN, 47715		Telephone Number (502-361-2317)			
Owner White Castle		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 07/30/2017
Owner's Address 4730 Allmond Ave, LOUISVILLE, KY, 40209				Summary of Violations: C 2 NC 2 R 2	
Person in Charge White Castle				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail					
Certified Food Handler Mary Poindexter					

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
303	C	R	No sanitizing container provided for wipe cloths.	Corrected
187	C		Food items in reach in cooler not held at 41 degrees Fahrenheit or colder.	Corrected
218	NC		Refrigerated reach in cooler not working properly. Call for repair.	07/24/2017
431	NC	R	Soil build up behind equipment.	07/22/2017

Received by (name and title printed): Mary Kightly		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Turoni's		Telephone Number (812-424-9871) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 07/17/2017	ID # 11414
Establishment Address (number and street, city, state, zip code) 408 N Main St, EVANSVILLE, IN, 47711		(812-437-0194) <small>(Owner)</small>		
Owner Turoni's Pizza Inc/Jerry Turner		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 07/27/2017
Owner's Address 5709 Spring Lake Dr, Evansville, IN, 47711			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge Turoni's Pizza Inc/Jerry Turner			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 Brian Mallow				

• 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
234	NC	R	Some clean utensils in holder in front kitchen not stored with handles facing up.	Corrected

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



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Establishment Name Thorntons #88		Telephone Number (812-477-4886)	Date of Inspection (mm/dd/yr) 07/17/2017	ID # 11409
Establishment Address (number and street, city, state, zip code) 6300 Morgan Ave., EVANSVILLE, IN, 47715		Owner (502-425-8022)	Follow-up No	
Owner THORNTONS, Inc		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 07/27/2017	
Owner's Address 10101 Linn Station Road, Louisville, KY, 40223		<input type="checkbox"/> Follow-up	Summary of Violations: C 1 NC 1 R 1	
Person in Charge THORNTONS, 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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Michele Morris		<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
187	C		Food items not held at proper temperature of 135 degrees Fahrenheit or greater.	Corrected
			Items were discarded.	
297	NC	R	Ice guard within ice bin soiled.	07/17/2017

Received by (name and title printed): Michele Morris	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name TGI Fridays #432		Telephone Number (812-491-8443)	Date of Inspection (mm/dd/yr) 07/18/2017	ID # 11394
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 101, Evansville, IN, 47715		(510-792-3393)		
Owner Central Florida Restaurants, 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 07/28/2017
Owner's Address 3550 Mowry Ave Ste 301, Fremont, CA, 94538			Summary of Violations: C 2 NC 2 R 0	
Person in Charge Central Florida Restaurants, Inc.			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Donald Krohn				

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

Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Dish machine not properly dispensing sanitizer.	Corrected
415	C		Insects present in mop and dish sink area.	07/18/2017
218	NC		Make table not maintaining 41 degrees or less.	07/18/2017
438	C		Spray bottle not labeled with content.	Corrected

Received by (name and title printed): Donald Krohn		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name: TACO BELL #28864
Telephone Number: (812) 464-2374
Date of Inspection: 07/17/2017
ID #: 11382
Establishment Address: 4501 First Ave, Evansville, IN, 47710
Owner: Bell Indiana LLC
Purpose: Routine
Follow-up: No
Release Date: 07/27/2017
Owner's Address: PO BOX 507, WEST LINN, OR, 97068
Person in Charge: Bell Indiana LLC
Responsible Person's E-mail:
Certified Food Handler: Austin Moll
Summary of Violations: C 1 NC 1 R 1
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. Contains two rows of violations: Grease trap maintenance log not current (Section 324, C, R, 07/17/2017) and Non-food contact surfaces in need of cleaning (Section 295, NC, 07/17/2017).

Received by (name and title printed): Arron Voight
Inspected by (name and title printed): Carol Coudret

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

cc: (three empty fields for contact information)



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Establishment Name Subway	Telephone Number (812-477-5432)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11362	
Establishment Address (number and street, city, state, zip code) 200 S Green River Rd Ste C, Evansville, IN, 47715				
Owner Rupal Patel	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 07/29/2017	
Owner's Address 200 S Green River Rd Ste C, Evansville, IN, 47715		Summary of Violations: C <u> 0 </u> NC <u> 0 </u> R <u> 0 </u>		
Person in Charge Rupal Patel		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 Rupal Patel		

- 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): yagnesh patel	Inspected by (name and title printed): Claire Will
Received by (signature): 	Inspected by (signature):
cc: 	cc:



Retail Food Establishment Inspection Report

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Establishment Name AMC Theatres Evansville 16	Telephone Number (812) 423-7566	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11344
Establishment Address (number and street, city, state, zip code) 5600 Pearl Dr, Evansville, IN, 47712	Owner (913) 213-2000	Follow-up No	
Owner American Multi-Cinema, Inc.	Purpose:	Release Date 07/29/2017	
Owner's Address 11500 Ash St, Leawood, KS, 66211-7804	<input checked="" type="checkbox"/> Routine	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge American Multi-Cinema, Inc.	<input type="checkbox"/> Follow-up		
Responsible Person's E-mail	<input type="checkbox"/> Complaint		
Certified Food Handler Josh McBride	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP	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"/>	
	<input type="checkbox"/> Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	
			Signed by Mike Rohner - Actual signature did not stay for some reason.	

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



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Establishment Name Schnucks #728	Telephone Number (812-473-4510)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11307
Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, EVANSVILLE, IN, 47715	(314-994-4718) Owner		
Owner Schnucks Markets Inc	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/29/2017
Owner's Address 11420 Lackland Rd, St Louis, MO, 63146		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Schnucks Markets 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 Jason Schutte			

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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 6/26/2017 corrected.	

Received by (name and title printed): Jason Schutte	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

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Establishment Name Pizza Depot		Telephone Number (812-867-9131)	Date of Inspection (mm/dd/yr) 07/18/2017	ID # 11257
Establishment Address (number and street, city, state, zip code) 2801 W Bnvl-New Harmony Rd., Evansville, IN, 47725		Owner (812-746-7081)		
Owner Derek Ungethiem		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/28/2017
Owner's Address 13815 Castle Brook Rd, Evansville, IN, 47725			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Derek Ungethiem			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 Amber Driskell				

- 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
			Violation from 6/27/2017 corrected.	

Received by (name and title printed): Megan Morgan	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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Vanderburgh County Department of Health
Telephone 812-435-5695
Fax 812-435-5871

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Establishment Name SISCO ENTERPRISES LLC DBA PIECE OF CAKE		Telephone Number (812-424-2253	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 11256
Establishment Address (number and street, city, state, zip code) 210 Main St, Evansville, IN, 47708) 812-426-0168		
Owner Cate Sisco	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 07/30/2017	
Owner's Address 10 TAYLOR AVE, Evansville, IN, 47713		Summary of Violations: C 2 NC 2 R 1		
Person in Charge Cate Sisco		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Amelia R Cottrell				

- 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
171	C		Employees not wearing gloves with ready to eat foods.	07/20/2017
234	NC		Spatulas need handles facing up for vertical storage	07/20/2017
431	NC	R	Basement floors and shelving soiled.	07/23/2017
187	C		Dairy products not being held at required cold temperature. Dairy products discarded.	Corrected

Received by (name and title printed): Lora Gossard	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Olive Garden #1022		Telephone Number (812-473-2903)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 11235
Establishment Address (number and street, city, state, zip code) 1100 N Green River Rd, Evansville, IN, 47715		() Owner (407-245-6787)		
Owner GMRI 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 Yes	Release Date 07/30/2017	
Owner's Address PO BOX 695016, Orlando, FL, 32869		Summary of Violations: C 0 NC 2 R 0		
Person in Charge GMRI Inc		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Kaitlyn Payne				

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Section#	C/NC	R	Narrative	To Be Corrected By
115	NC		Records for HACCP cooling chart not properly maintained.	07/20/2017
116	NC		Variance for cooling process not followed	07/20/2017

Received by (name and title printed): Blaine Laufer		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name McDonalds #10878		Telephone Number (812-867-0480)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 11204
Establishment Address (number and street, city, state, zip code) 19700 N Highway 41, Evansville, IN, 47725		(201-654-1244)		
Owner Ivan Carvajal	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 07/30/2017	
Owner's Address 7000 Stonewick Dr., Newburgh, IN, 47630		Summary of Violations: C 2 NC 0 R 2		
Person in Charge Ivan Carvajal		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 Nathanial Pointer				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Chemical sanitizer below required concentration.	Corrected
295	C	R	Ice guard soiled.	Corrected

Received by (name and title printed): Nathanial Pointer	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Coconut Cafe @ Walther's Golf-N-Fun Center		Telephone Number (812-464-4472)	Date of Inspection (mm/dd/yr) 07/21/2017	ID # 11163
Establishment Address (number and street, city, state, zip code) 2301 N First Ave, EVANSVILLE, IN, 47710		(812-459-8419)		
Owner NORTH RANGE 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 07/31/2017
Owner's Address 601 Pfeiffer, Evansville, IN, 47711			Summary of Violations: C 0 NC 0 R 0	
Person in Charge NORTH RANGE INC.			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Kara Grangier				

- 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): Kara Grangier	Inspected by (name and title printed): Claire Will
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 Casey's General Store #2296		Telephone Number (812-423-2804)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11131
Establishment Address (number and street, city, state, zip code) 3100 N St. Joseph Ave, EVANSVILLE, IN, 47720		(812-423-2804) Owner 515-965-6555		
Owner CASEY'S MARKETING CO		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/29/2017
Owner's Address PO Box 3001, Ankeny, IA, 50021			Summary of Violations: C 0 NC 0 R 0	
Person in Charge CASEY'S MARKETING CO			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Kim Kinchell				

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



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Establishment Name Canteen Service Company		Telephone Number (812-423-8410)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 11126
Establishment Address (number and street, city, state, zip code) 2130 Bergdolt Rd, Evansville, IN, 47711		(270-683-2471)		
Owner CANTEEN Service Company		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 07/30/2017
Owner's Address PO Box 1785, Owensboro, KY, 42302			Summary of Violations:	
Person in Charge CANTEEN Service Company			C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail			Menu Type (See additional page)	
Certified Food Handler n/a		1 <input checked="" type="radio"/> 2 <input 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
			Inspected warehouse, 2 micro-markets and 3 vending machine facilities.	
			No noted violations.	

Received by (name and title printed): Scott Sterling	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Logans Roadhouse #381		Telephone Number (812-421-0908)	Date of Inspection (mm/dd/yr) 07/21/2017	ID # 11091
Establishment Address (number and street, city, state, zip code) 5645 Pearl Dr, Evansville, IN, 47712		Owner (615-885-9056)	Follow-up Yes	Release Date 07/31/2017
Owner LOGANS ROADHOUSE 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) _____	Summary of Violations: C 0 NC 3 R 0	
Owner's Address 3011 Armory Dr Suite 300, Nashville, TN, 37204			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Person in Charge LOGANS ROADHOUSE INC				
Responsible Person's E-mail				
Certified Food Handler Joseph S Risley				

- 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
218	NC		Reach in cooler in kitchen area, door seal in need of repair. Parts in order/service order placed.	07/28/2017
218	NC		Water/soda leak from under soda machine, need to repair. / Service order placed.	07/28/2017
430	NC		Concrete floor by soda machine in need of repair / Repair order placed.	08/31/2017

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



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Establishment Name Jaya's Authentic Foods		Telephone Number (812-422-6667)	Date of Inspection (mm/dd/yr) 07/21/2017	ID # 11058
Establishment Address (number and street, city, state, zip code) 119 SE Fourth St, EVANSVILLE, IN, 47708		(812-422-6667)		
Owner Jaya Dodd	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 07/31/2017	
Owner's Address 119 SE 4th St, Evansville, IN, 47708		Summary of Violations: C <u>4</u> NC <u>0</u> R <u>2</u>		
Person in Charge Jaya Dodd		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Certified Food Handler Appears needed (Obtain one within 1 month)				

- 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
118	C		Refrigerated prepared ready to eat foods lacking date marking.	07/21/2017
177	C		Some refrigerated food containers not covered.	07/21/2017
173	C	R	Refrigerated raw chicken not stored properly.	07/21/2017
295	C	R	Bottom of refrigerator shelving soiled.	07/21/2017

Received by (name and title printed): Chris Dodd		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Hadi Shrine Temple		Telephone Number (812-423-4285)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 11002
Establishment Address (number and street, city, state, zip code) 6 Walnut St, Evansville, IN, 47708		Owner (812-423-4285)	Follow-up No	
Owner HADI SHRINE TEMPLE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Release Date 07/29/2017	
Owner's Address PO BOX 1, Evansville, IN, 47701			Summary of Violations: C 1 NC 1 R 1	
Person in Charge HADI SHRINE TEMPLE			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Thendis R Compton				

- 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
199	NC		Improper thawing of chicken.	07/19/2017
415	C	R	Drain gnats seen within facility.	07/26/2017

Received by (name and title printed): Derek Smith		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Motomart #3202	Telephone Number (812) 476-8621	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 10953
Establishment Address (number and street, city, state, zip code) 6328 E Lloyd Expwy, Evansville, IN, 47715	(812) 618-233-6754		
Owner FKG Oil Co	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 07/30/2017
Owner's Address 721 W Main Street PO Box 122, Belleville, IL, 62222		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge FKG Oil Co	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			

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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice chute soiled on beverage dispenser.	07/20/2017

Received by (name and title printed): amy moore	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Domino's Pizza #2571		Telephone Number (812-477-5544) () Owner	Date of Inspection (mm/dd/yr) 07/17/2017	ID # 10923
Establishment Address (number and street, city, state, zip code) 1300 S Green River Rd, Evansville, IN, 47715		Owner E`-VILLE PIZZA, INC		Follow-up No
Owner's Address 1021 Broadway, BOWLING GREEN, KY, 42104		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 07/27/2017	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>
Person in Charge E`-VILLE PIZZA, 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 Theo Matthews		

- 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 violations	

Received by (name and title printed): Theo Matthews		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Dilegge's Restaurant		Telephone Number (812-428-3004)		Date of Inspection (mm/dd/yr) 07/17/2017		ID # 10909	
Establishment Address (number and street, city, state, zip code) 607 N Main St, Evansville, IN, 47711		(812-428-3004)					
Owner Daniel F Dilegge		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow-up No		Release Date 07/27/2017	
Owner's Address 607 N Main, Evansville, IN, 47711				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>			
Person in Charge Daniel F Dilegge				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 David Dilegge/ Emily Brinkmeyer							

- 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
232	NC	R	Bar soda gun needs cleaned.	Corrected

Received by (name and title printed): Dan Dilegge		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Denny's #316		Telephone Number (812-867-7156)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 10905
Establishment Address (number and street, city, state, zip code) 19501 Elpers Rd., Evansville, IN, 47725		Owner (812-482-3212)	Follow-up No	
Owner SERVUS, 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) _____	Release Date 07/30/2017	
Owner's Address 4201 Mannheim Rd Suite A, Jasper, IN, 47546			Summary of Violations: C 1 NC 1 R 2	
Person in Charge SERVUS, Inc.			Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail				
Certified Food Handler Ashlee Madison				

- 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
187	C	R	Egg station not maintaining 41f or less.	Corrected
324	NC	R	No grease trap maintenance log.	Corrected

Received by (name and title printed): Ashlee Madison		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	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 America's Best Value		Telephone Number (812-473-7944	Date of Inspection (mm/dd/yr) 07/17/2017	ID # 10899
Establishment Address (number and street, city, state, zip code) 4819 Tecumseh, Evansville, IN, 47715		(812-473-7966		
Owner Shiv Vandan LLC	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 07/27/2017	
Owner's Address 4819 Tecumseh, Evansville, IN, 47715		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Shiv Vandan LLC		Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○		
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): Dixi Patel		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Buehlers IGA #456		Telephone Number (812-867-8610)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 10886
Establishment Address (number and street, city, state, zip code) 12500 N Highway 41, Evansville, IN, 47725		Owner (270-843-3252)	Follow-up No	
Owner HOUCHENS NORTH FOODS 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 07/29/2017	
Owner's Address PO Box 90009, BOWLING GREEN, KY, 42102			Summary of Violations: C 0 NC 1 R 1	
Person in Charge HOUCHENS NORTH FOODS LLC			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail _____			_____	
Certified Food Handler _____		_____		

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC	R	Grab & go items not properly labeled.	07/28/2017

Received by (name and title printed): Tracy Arndell		Inspected by (name and title printed): Carol Coudret	
Received by (signature): _____		Inspected by (signature): _____	
cc:	cc:	cc:	cc:



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Establishment Name Arby's #6004		Telephone Number (812-867-2030)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 10849
Establishment Address (number and street, city, state, zip code) 19620 Highway 41, Evansville, IN, 47725		(678-514-4377)		
Owner Arby's Restaurant Group	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 07/30/2017	
Owner's Address 1155 Perimeter Center West, Atlanta, GA, 30338		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Arby's Restaurant Group		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Brian Cherry				

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

Received by (name and title printed): Brian Cherry	Inspected by (name and title printed): Carol Coudret
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Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name Applebee's Neighborhood Grill	Telephone Number (812-471-0942)	Date of Inspection (mm/dd/yr) 07/20/2017	ID # 10844
Establishment Address (number and street, city, state, zip code) 5100 E Morgan Ave, Evansville, IN, 47715	(917-270-5626)		
Owner Apple Central, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/30/2017
Owner's Address PO Box 780732, Wichita, KS, 67278		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge Apple Central, LLC		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Aymee Harvey			

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Dish machine ceiling tiles peeling paint and open studding at ice machine.	08/18/2017

Received by (name and title printed): Aymee Harvey	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Aramark Fifth Third Cafe		Telephone Number (812-456-3445)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 10825
Establishment Address (number and street, city, state, zip code) 20 NW Third St, Evansville, IN, 47708		(812-456-3445) Owner		
Owner Aramark - 5/3 Bank	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 07/29/2017	
Owner's Address 20 NW 3rd St 15th Floor, Evansville, IN, 47708		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Aramark - 5/3 Bank		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Sherri Hurm				

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

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



Retail Food Establishment Inspection Report

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Establishment Name Beans & Baristas		Telephone Number (812-457-8566)		Date of Inspection (mm/dd/yr) 07/20/2017	ID # 10811
Establishment Address (number and street, city, state, zip code) 800 N Green River, Evansville, IN, 47715		(812-459-8551)			
Owner Regina Smith & Phyllis Wolf		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No	Release Date 07/30/2017
Owner's Address 1855 Willow Lake Dr, Newburgh, IN, 47630		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Regina Smith & Phyllis Wolf		<input type="checkbox"/> Complaint			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational		Menu Type (See additional page)	
Certified Food Handler Adrian Smith		<input type="checkbox"/> Temporary		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
		<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): Elaine Creamer		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Twisted Tomato		Telephone Number (812-401-2323)	Date of Inspection (mm/dd/yr) 07/19/2017	ID # 13712
Establishment Address (number and street, city, state, zip code) 2333 St. George Rd., Evansville, IN, 47711		(812-401-2323)		
Owner Evansville Twisted Tomato Pizza Co.	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	Release Date 07/29/2017	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Evansville Twisted Tomato Pizza Co.		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 Gary Schnell				

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

Received by (name and title printed): Taylor Norrington	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name The Taqueria		Telephone Number (812-297-0258)	Date of Inspection (mm/dd/yr) 07/18/2017	ID # 13761
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		Owner (812-319-3327)	Follow-up No	
Owner Eduardo Ruiz	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 07/28/2017		Summary of Violations: C 0 NC 0 R 0
Owner's Address 2300 Belize Dr., Evansville, IN, 47725		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Person in Charge Eduardo Ruiz	Responsible Person's E-mail		Certified Food Handler	

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

Received by (name and title printed): Eduardo Ruiz	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc: