



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 Xpress Pantry		Telephone Number (812-437-5700)	Date of Inspection (mm/dd/yr) 06/14/2017	ID # 12070
Establishment Address (number and street, city, state, zip code) 221 N Fulton Ave, Evansville, IN, 47710		Owner (917-379-2391)	Follow-up Yes	
Owner Amrinder J Kaur		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)	Release Date 06/24/2017	
Owner's Address 4509 Bellemeade Ave, Evansville, IN, 47714		Summary of Violations: C 1 NC 0 R 1		
Person in Charge Amrinder J Kaur		Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail				
Certified Food Handler Parbati Tamang				

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

Section#	C/NC	R	Narrative	To Be Corrected By
324	C	R	Three compartment sink leaking water, in need of repair.	06/16/2017

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



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Establishment Name Joshua Academy - Aramark	Telephone Number (812-401-6300) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 06/16/2017	ID # 11990
Establishment Address (number and street, city, state, zip code) 1230 E Illinois St, Evansville, IN, 47711	(812-401-6300) <small>(Owner)</small>	Follow-up No	Release Date 06/26/2017
Owner Joshua Academy/Aramark	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) summer feeding	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 1230 E Illinois St, Evansville, IN, 47711		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"/>	
Person in Charge Joshua Academy/Aramark			
Responsible Person's E-mail			
Certified Food Handler Tina Montgomery			

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

Received by (name and title printed): Tina Montgomery	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name The Inflatable Fun Factory		Telephone Number (812-471-5867)	Date of Inspection (mm/dd/yr) 06/14/2017	ID # 11975
Establishment Address (number and street, city, state, zip code) 6600 Frito Lay Dr. Ste B, Evansville, IN, 47715		Owner (812-470-0534)	Follow-up No	
Owner All Blown Up Inflatable Rentals	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 06/24/2017	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>
Owner's Address PO Box 791, Newburgh, IN, 47629-0791	Person in Charge All Blown Up Inflatable Rentals		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 Dana Hall			

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

Received by (name and title printed): Shaun Hollander		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Subway #36370		Telephone Number (812-425-8014) (270-826-3183)	Date of Inspection (mm/dd/yr) 06/15/2017	ID # 11774
Establishment Address (number and street, city, state, zip code) 335 S Red Bank Rd, Evansville, IN, 47712				
Owner Jeffrey S Troxel/Troxel Subs 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 06/25/2017	
Owner's Address PO Box 724, Henderson, KY, 42419		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Jeffrey S Troxel/Troxel Subs Inc		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Ethan Gowen				

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

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



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Establishment Name Aldi Foods Inc #3	Telephone Number (812-422-6775) (317-887-6273)	Date of Inspection (mm/dd/yr) 06/15/2017	ID # 11689
Establishment Address (number and street, city, state, zip code) 214 S Rosenberger Ave, Evansville, IN, 47712		Follow-up No	
Owner ALDI FOODS INC		Release Date 06/25/2017	
Owner's Address 486 E Stop 18 Rd, Greenwood, IN, 46143		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ALDI FOODS 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 n/a			

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

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



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Establishment Name Hartke Concessions		Telephone Number (812-477-2922)	Date of Inspection (mm/dd/yr) 06/12/2017	ID # 11547
Establishment Address (number and street, city, state, zip code) 201 N Boeke Rd, Evansville, IN, 47714		() Owner		
Owner Heath and Heather LLC		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 06/22/2017
Owner's Address 1550 Mesker Park Dr, Evansville, IN, 47710		<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Heath and Heather LLC		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Heath Matheis		<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): Heath Matheis	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Piston`s		Telephone Number (812-401-1699)	Date of Inspection (mm/dd/yr) 06/13/2017	ID # 11506
Establishment Address (number and street, city, state, zip code) 2131 W Franklin St, Evansville, IN, 47712		() Owner		
Owner Jason English	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 06/23/2017	
Owner's Address 201 B S Fulton Ave, EVANSVILLE, IN, 47708	<input type="checkbox"/> Follow-up	Summary of Violations: C 2 NC 2 R 1		
Person in Charge Jason English	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler Dante/Cory Gray	<input type="checkbox"/> Temporary	Menu Type (See additional page)		
	<input type="checkbox"/> HACCP	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)			

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Section#	C/NC	R	Narrative	To Be Corrected By
192	C		Food containers in reach in cooler lacking proper date marking.	Corrected
431	NC	R	Tiles missing under cooking equipment. Need to fix.	06/30/2017
257	NC		Thermometer missing from reach cooler, kitchen area.	06/13/2017
205	C		Shelf wooden surface needs to be of non absorbent material, replace or paint.	06/30/2017

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



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Establishment Name Wesselmans Weinbach		Telephone Number (812-424-8289) (812-479-0993)		Date of Inspection (mm/dd/yr) 06/15/2017		ID # 11441	
Establishment Address (number and street, city, state, zip code) 1 N Weinbach Ave., Evansville, IN, 47711				Owner WINKLER INC		Follow-up No	
Owner's Address 5011 Washington Ave #6, Evansville, IN, 47715				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 06/25/2017	
Person in Charge WINKLER INC				Responsible Person's E-mail		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Certified Food Handler Annie Hoffman				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"/>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 5-4-17 inspection corrected.	

Received by (name and title printed): Steve Denning		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Subway #30714		Telephone Number (812-437-3750)	Date of Inspection (mm/dd/yr) 06/15/2017	ID # 11371
Establishment Address (number and street, city, state, zip code) 3200 N St Joe Unit A, EVANSVILLE, IN, 47720		Owner (812-774-6689)	Follow-up No	
Owner Larry 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) _____		Release Date 06/25/2017	
Owner's Address 725 Lancelot Dr, Evansville, IN, 47711			Summary of Violations: C 1 NC 0 R 0	
Person in Charge Larry Patel			Menu Type (See additional page) 1 0 0 4 0 5	
Responsible Person's E-mail				
Certified Food Handler Larry Patel				

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Section#	C/NC	R	Narrative	To Be Corrected By
136	C		Employee eating and drinking in undesignated break area. Use break room or dining area.	Corrected

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



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Establishment Name Stolls Country Inn South		Telephone Number (812-867-7730)	Date of Inspection (mm/dd/yr) 06/15/2017	ID # 11358
Establishment Address (number and street, city, state, zip code) 19820 Castle Creek Dr, Evansville, IN, 47725		(812-798-7088)		
Owner Rodney Miller & Carla Miller	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 06/25/2017	
Owner's Address 3482 S 300 W, Washington, IN, 47501		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge Rodney Miller & Carla Miller		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 Carla Miller				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Vents in dish machine area need cleaning.	06/15/2017

Received by (name and title printed): Carla Miller	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name SIMPSONS SUPERMARKET		Telephone Number (812-477-5341)	Date of Inspection (mm/dd/yr) 06/14/2017	ID # 11319
Establishment Address (number and street, city, state, zip code) 1365 Covert Ave, EVANSVILLE, IN, 47714		Owner (812-477-5341)		
Owner BRIAN D & NANCY C JAMES		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 06/24/2017
Owner's Address 8310 Wolf Creek Dr, Evansville, IN, 47712			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRIAN D & NANCY C JAMES			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 Holly Williams				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 5/31/2017 corrected.	

Received by (name and title printed): Darrell Hines		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name McDonalds #11291		Telephone Number (812-421-0569)	Date of Inspection (mm/dd/yr) 06/13/2017	ID # 11197
Establishment Address (number and street, city, state, zip code) 115 S Rosenberger Ave, EVANSVILLE, IN, 47712		(812-480-4770)		
Owner PAUL SNIDER	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 06/23/2017	
Owner's Address PO BOX 6109, EVANSVILLE, IN, 47719		Summary of Violations: C 0 NC 3 R 1		
Person in Charge PAUL SNIDER		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 Heather Strickland				

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Section#	C/NC	R	Narrative	To Be Corrected By
413	NC		Back doors not completely closed and secured.	Corrected
257	NC	R	Thermometer missing in the reach in cooler containing milk shake products by the front counter	06/13/2017
226	NC		Front soda dispenser counter storage area soiled, in need of cleaning.	06/20/2017

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



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Establishment Name Cracker Barrel Old Country Store #216		Telephone Number (812-479-8788)	Date of Inspection (mm/dd/yr) 06/15/2017	ID # 11174
Establishment Address (number and street, city, state, zip code) 8215 Eagle Lake Dr., Evansville, IN, 47715		(615-444-5533)		
Owner Cracker Barrel Old Country Store, 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 06/25/2017
Owner's Address PO box 787, Lebanon, TN, 37088			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge Cracker Barrel Old Country Store, 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 Jamie Duncan				

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Section#	C/NC	R	Narrative	To Be Corrected By
245	NC	R	Wiping cloths stored outside of sanitizing bucket when not in use.	Corrected

Received by (name and title printed): Danielle Emberton	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Covert Una Pizza	Telephone Number (812-473-1122) (812-401-2280)	Date of Inspection (mm/dd/yr) 06/14/2017	ID # 11173
Establishment Address (number and street, city, state, zip code) 2950 Covert Ave, Evansville, IN, 47714			
Owner Mike Stockinger	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 06/24/2017
Owner's Address 5940 BEAVER TRAIL, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Mike Stockinger		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 Mike Stockinger			

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

Received by (name and title printed): Mike Stockinger	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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Establishment Name China Lu Market		Telephone Number (812-471-9999)	Date of Inspection (mm/dd/yr) 06/13/2017	ID # 11148
Establishment Address (number and street, city, state, zip code) 4604 Vogel Rd., Evansville, IN, 47715		(812-471-9999)		
Owner Yue Ying Yang	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 06/23/2017	
Owner's Address 4604 Vogel Rd, Evansville, IN, 47715		Summary of Violations: C <u>2</u> NC <u>2</u> R <u>3</u>		
Person in Charge Yue Ying Yang		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 Amy Yang				

- 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
177	C	R	Food not stored at least 6 inches off of the floor in both walk-ins.	06/14/2017
344	C		Hand sink inaccessible.	Corrected
179	NC	R	No cover for self service food items.	Corrected
146	NC	R	Bulk meat and nuts not properly labeled.	06/14/2017

Received by (name and title printed): Amy Yang		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Cambridge Golf Course		Telephone Number (812-868-4653)	Date of Inspection (mm/dd/yr) 06/15/2017	ID # 11124
Establishment Address (number and street, city, state, zip code) 1034 Beacon Hill Dr, Evansville, IN, 47725		(812-684-4653)		
Owner Raymond E Wright	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 06/25/2017	
Owner's Address 1034 Beacon Hill Rd, Evansville, IN, 47725		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>2</u>		
Person in Charge Raymond E Wright	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 Lisa Simpson				

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Section#	C/NC	R	Narrative	To Be Corrected By
324	C	R	Grease trap maintenance log not current.	06/15/2017
218	NC	R	Under grill refrigerator drawers not maintaining 41f or less.	06/15/2017

Received by (name and title printed): karen patton	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name G.D. Ritzy's		Telephone Number (812-421-1300)	Date of Inspection (mm/dd/yr) 06/14/2017	ID # 10979
Establishment Address (number and street, city, state, zip code) 4320 First Ave, EVANSVILLE, IN, 47711		Telephone Number (812-474-6256)		
Owner Dan Grunow/Andy Guagenti	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 06/24/2017	
Owner's Address 2641 N Cullen Ave, Evansville, IN, 47715		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Dan Grunow/Andy Guagenti		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Bonnie Bryan				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 5-24-17 corrected.	

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



Retail Food Establishment Inspection Report

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Establishment Name Evansville Otters		Telephone Number (812-435-8686)		Date of Inspection (mm/dd/yr) 06/15/2017		ID # 10954	
Establishment Address (number and street, city, state, zip code) 23 Don Mattingly Way, EVANSVILLE, IN, 47711		Owner (812-435-8686)					
Owner Wilfred C Bussing III		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 06/25/2017	
Owner's Address 2905 Bayard Park Dr, Evansville, IN, 47714				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge Wilfred C Bussing III				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 Jake Riffert							

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

Received by (name and title printed): Jake Riffert		Inspected by (name and title printed): Carol Coudret	
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 Donut Bank	Telephone Number (812-426-2311)	Date of Inspection (mm/dd/yr) 06/13/2017	ID # 10931
Establishment Address (number and street, city, state, zip code) 2128 First Ave, EVANSVILLE, IN, 47710	Owner Telephone (812-426-0011)	Follow-up No	
Owner CHRIS KEMPF	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 06/23/2017	Summary of Violations: C 1 NC 0 R 0
Owner's Address 1031 Diamond Ave, Evansville, IN, 47711	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"/>		
Person in Charge CHRIS KEMPF	Responsible Person's E-mail _____		
Certified Food Handler Mary Rosenberg	_____		

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizer in buckets for wipe clothes not strong enough.	06/13/2017

Received by (name and title printed): Maloree Cobb	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Price Less Foods #432		Telephone Number (812-471-7575)	Date of Inspection (mm/dd/yr) 06/14/2017	ID # 10884	
Establishment Address (number and street, city, state, zip code) 1550 S Vann Ave., Evansville, IN, 47714		Owner (270-843-3252)			
Owner HOUCHENS NORTH FOODS LLC		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 06/24/2017	
Owner's Address PO Box 90009, BOWLING GREEN, KY, 42102			Summary of Violations: C 0 NC 0 R 0		
Person in Charge HOUCHENS NORTH FOODS LLC			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail					
Certified Food Handler Adam Funkhouse					

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

Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 5/31/2017 corrected.	

Received by (name and title printed): Scott Griffin	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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Establishment Name Spankey's Una Pizza		Telephone Number (812-402-6776)	Date of Inspection (mm/dd/yr) 06/14/2017	ID # 13746
Establishment Address (number and street, city, state, zip code) 4404 W. Lloyd Expressway, Evansville, IN, 47712		Owner (812-402-6776)		
Owner Ryan Huck	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) Final _____	Follow-up No	Release Date 06/24/2017	
Owner's Address		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Ryan Huck		Menu Type (<i>See additional page</i>) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Megan Husk				

- 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
			OK to Open!	

Received by (name and title printed): Ryan Huck		Inspected by (name and title printed): Carol Coudret	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	