



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 Pond Flat Party - Franklin St Bazaar		Telephone Number (812) 867-3142	Date of Inspection (mm/dd/yr) 07/11/2017	ID # 13007
Establishment Address (number and street, city, state, zip code) 14134 Darmstadt Rd, Evansville, Indiana, 47725		() Owner 812-483-6904		
Owner Victoria Langton	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 07/21/2017	
Owner's Address 17500 St Joseph Ave, Evansville, Indiana, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Victoria Langton		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				

• 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
			@Franklin Street Bazaar - No noted violations.	

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

cc:	cc:	cc:
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Establishment Name Laughing Lab Acres YMCA IPICK		Telephone Number (812-449-1163)	Date of Inspection (mm/dd/yr) 07/11/2017	ID # 12973
Establishment Address (number and street, city, state, zip code) 11135 HWY 1078 N, Henderson, KY, 42420		Owner (812-449-1163)		
Owner Aaron & Laura Briner	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 07/21/2017	
Owner's Address 11135 HWY 1078 N, Henderson, KY, 42420		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Aaron & Laura Briner		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				

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Section#	C/NC	R	Narrative	To Be Corrected By
			@Franklin Street Bazaar - No noted violations.	

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

cc:	cc:	cc:
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Form fields: Establishment Name (3 Chicks Fudgery), Telephone Number (812-457-2633), Date of Inspection (07/11/2017), ID # (12250), Establishment Address (133 Main St, MT VERNON, IN, 47620), Owner (Rachel Rainey), Purpose (Routine), Follow-up (No), Release Date (07/21/2017), Owner's Address (1820 Tanglewood Dr, Mt Vernon, IN, 47620), Person in Charge (Rachel Rainey), Summary of Violations (C 0, NC 0, R 0), Menu Type (3 selected), Responsible Person's E-mail, Certified Food Handler.

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: @Franklin Street Bazaar - No noted violations.

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

cc: cc: cc:



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Establishment Name: Ritter Farms @ DT Farmer's Mkt
Telephone Number: 812-664-7803
Date of Inspection: 07/11/2017
ID #: 12190
Establishment Address: 2195 S Old State Rd 65, OWENSVILLE, IN, 47665
Owner: Richard Ritter
Purpose: Routine
Follow-up: No
Release Date: 07/21/2017
Owner's Address: 2195 S Old State Rd 65, Owensboro, IN, 47665
Person in Charge: Richard Ritter
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: @Franklin Street Bazaar - No noted violations.

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

cc: (three empty fields)



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Establishment Name Boogie Nights/Tropicana		Telephone Number (812) 401-0460	Date of Inspection (mm/dd/yr) 07/12/2017	ID # 12142
Establishment Address (number and street, city, state, zip code) 701A&C NW Riverside Dr, Evansville, IN, 47708		(812) 433-4000		
Owner Aztar Indiana Gaming Co 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 07/22/2017	
Owner's Address 421 NW Riverside Dr, Evansville, IN, 47708		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Aztar Indiana Gaming Co LLC		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 n/a				

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

Received by (name and title printed): Chuck Subra	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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Establishment Name Chick-fil-A At Cross Pointe		Telephone Number (812) 471-9203	Date of Inspection (mm/dd/yr) 07/12/2017	ID # 11935
Establishment Address (number and street, city, state, zip code) 7101 E Indiana St, Evansville, IN, 47715		(812) 305-1355		
Owner Jack R Stierwalt II	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	Release Date 07/22/2017	
Owner's Address 2400 Briarcliff Drive, Newburgh, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Jack R Stierwalt II		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 Rich Stierwalt				

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

Received by (name and title printed): jeffrey johnson	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Shadetree Fruit	Telephone Number (812-480-1787)	Date of Inspection (mm/dd/yr) 07/11/2017	ID # 13189
Establishment Address (number and street, city, state, zip code) 6525 Hogue Rd, Evansville, Indiana, 47712	(812-480-1787)		
Owner Paul & Cecilia Reising	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/21/2017
Owner's Address 6525 Hogue Rd, Evansville, Indiana, 47712	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Paul & Cecilia Reising	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler	<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
			@Franklin Street Bazaar - No noted violations.	
			Verbal warning - Hand swashing station needed.	

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

cc:	cc:	cc:
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Establishment Name Stonewall Farm - Farmer`s Market		Telephone Number (812) 290-1879	Date of Inspection (mm/dd/yr) 07/11/2017	ID # 11849
Establishment Address (number and street, city, state, zip code) Downtown FM and Franklin St Bazaar, EVANSVILLE, IN, 47708		(812) 290-1879		
Owner Robert Cannon	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 07/21/2017	
Owner's Address 9200 Amber Ln, Mt Vernon, IN, 47620		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Robert Cannon		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
			@Franklin Street Bazaar - No noted violations.	

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

cc:	cc:	cc:
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Establishment Name River City Dawgs		Telephone Number (812-306-1487)	Date of Inspection (mm/dd/yr) 07/11/2017	ID # 11644
Establishment Address (number and street, city, state, zip code) 302 S Bosse Ave, Evansville, IN, 47712		Telephone Number (812-306-1487)		
Owner Kent Greathouse	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 07/21/2017	
Owner's Address 302 S Bosse Ave, EVANSVILLE, IN, 47712		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Kent Greathouse		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			@Franklin Street Bazaar - No noted violations.	

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



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Establishment Name Crazy Buffet		Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 07/14/2017	ID # 11494
Establishment Address (number and street, city, state, zip code) 701 N Burkhardt Rd, Evansville, IN, 47715		(812-437-8833)		
Owner Fei En Pan	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 07/24/2017	
Owner's Address 3228 Oakley Dr, EVANSVILLE, IN, 47711			Summary of Violations: C <u>11</u> NC <u>5</u> R <u>12</u>	
Person in Charge Fei En Pan			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler Yim Wan Lee				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C	R	Improper storage of raw animal product.	07/14/2017
177	C	R	Food items in walk-in cooler not covered.	07/14/2017
187	C	R	Food items in kitchen reach-in not held at 41 degrees Fahrenheit or lower.	Corrected
191	C	R	Food items lacking date marking in walk-in refrigeration units.	07/14/2017
295	C	R	Can opener and knives stored soiled.	Corrected
344	C	R	Hand sink not accessible.	Corrected
345	C	R	Hand sink utilized for purposes other than hand washing.	07/14/2017
171	C	R	Employees not washing hands when necessary.	07/14/2017
438	C		Chemical spray bottles not labeled.	Corrected
294	C	R	Chemical dish machine not adequately dispensing sanitizer.	Corrected
441	C		Chemical sanitizer for wiping cloths too strong.	Corrected
430	NC		Vent cover missing. Opening in drop ceiling with duct work exposed.	07/21/2017
204	NC	R	Duct work with exposed insulation near hood vents.	07/14/2017
297	NC		Beverage dispensers soiled.	07/14/2017
218	NC	R	Knives in poor repair.	Corrected
431	NC	R	Facility in need of cleaning.	07/31/2017

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



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Establishment Name Little Italy		Telephone Number (812) 401-0588	Date of Inspection (mm/dd/yr) 07/12/2017	ID # 11478
Establishment Address (number and street, city, state, zip code) 4430 First Ave, Evansville, IN, 47710		(812) 401-0588		
Owner Ammar Jawabrah	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 07/22/2017	
Owner's Address 1157 S Lombard, Evansville, IN, 47714		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>3</u>		
Person in Charge Ammar Jawabrah		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 Ammar Jawabrah				

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Section#	C/NC	R	Narrative	To Be Corrected By
413	NC	R	Screens needed to protect outer openings.	07/21/2017
245	NC	R	Improper storage of wet wiping cloths.	Corrected
430	NC	R	Facility floors and baseboards in need of repair.	07/31/2017

Received by (name and title printed): Ammar Jawabrah	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name: Tropicana Evansville Casino
Telephone Number: (812) 433-4000
Date of Inspection: 07/12/2017
ID #: 11133
Establishment Address: 700 NW Riverside Dr, Evansville, IN, 47708
Owner: Aztar Indiana Gaming Co LLC / dba Tropicana Evansville
Purpose: Follow-up
Follow-up: No
Release Date: 07/22/2017
Owner's Address: 421 NW Riverside Dr, Evansville, IN, 47708
Person in Charge: Aztar Indiana Gaming Co LLC / dba Tropicana Evansville
Responsible Person's E-mail:
Certified Food Handler: Stephen Bushur
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Previous violations corrected.

Received by (name and title printed): Chuck Subra
Inspected by (name and title printed): David Horning
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name The Kitchen Buffet/Tropicana Hotel/Conference Center		Telephone Number (812) 433-4000	Date of Inspection (mm/dd/yr) 07/12/2017	ID # 11132
Establishment Address (number and street, city, state, zip code) 421 NW Riverside Dr, Evansville, IN, 47708		() () 812-433-4034		
Owner Aztar Indiana Gaming Co LLC / dba Tropicana Evansville	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 07/22/2017	
Owner's Address 421 NW Riverside Dr, Evansville, IN, 47708		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Aztar Indiana Gaming Co LLC / dba Tropicana Evansville		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler Chuck Subra				

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
			Previous violations corrected.	

Received by (name and title printed): Chuck Subra		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Canton Inn		Telephone Number (812) 428-6611	Date of Inspection (mm/dd/yr) 07/13/2017	ID # 11127
Establishment Address (number and street, city, state, zip code) 947 North Park Dr, Evansville, IN, 47710		(812) 428-6611		
Owner Wai Yim Seto	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 07/23/2017	
Owner's Address 947 North Park Dr, Evansville, IN, 47710		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>		
Person in Charge Wai Yim Seto		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler Mary Ann Seto				
<input checked="" type="checkbox"/> CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"				
<input checked="" type="checkbox"/> 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
177	NC	R	Some items not under sneeze guard on buffet.	Corrected
205	C		Scoops needed for bulk items dispensing.	07/13/2017
Received by (name and title printed): Wai Yim Seto			Inspected by (name and title printed): Carol Coudret	
Received by (signature):			Inspected by (signature):	
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

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: Fazoli's #1632
Telephone Number: (812) 474-9167
Date of Inspection: 07/13/2017
ID #: 10964
Establishment Address: 899 N Green River Rd, Evansville, IN, 47715
Owner: FAZOLI'S JOINT VENTURE, LTD
Purpose: Routine
Follow-up: Yes
Release Date: 07/23/2017
Owner's Address: 2470 Palumbo Dr, LEXINGTON, KY, 40509
Person in Charge: FAZOLI'S JOINT VENTURE, LTD
Summary of Violations: C 4 NC 0 R 0
Menu Type: 1 0 2 0 3 0 4 0 5 0
Certified Food Handler: Larry Bowers

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 4 rows of violations: 415 (Fruit flies), 294 (Chemical sanitizer strength), 345 (Hand washing sink), 118 (Facility lacking a certified food handler).

Received by (name and title printed): Larry Bowers
Inspected by (name and title printed): Colin Ward
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name: Ba's Kitchen Konnection
Telephone Number: (812) 464-3003
Date of Inspection: 07/11/2017
ID #: 10855
Establishment Address: 416 N Main St, Evansville, IN, 47711
Owner: Billie Faulstick
Purpose: Routine
Follow-up: No
Release Date: 07/21/2017
Owner's Address: 4518 Meadowridge Rd, Evansville, IN, 47710
Person in Charge: Billie Faulstick
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 (selected)
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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

Received by (name and title printed): Billie Faulstick
Inspected by (name and title printed): David Horning
Received by (signature):
Inspected by (signature):
cc:

