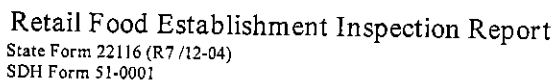


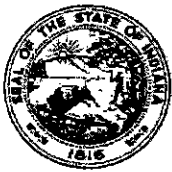
[illegible]



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.

[illegible]



Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health

Telephone 812-435-5695

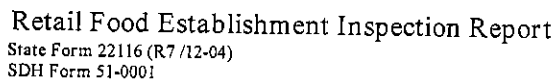
Fax 812-435-5871

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[illegible]

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[illegible]



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[illegible]



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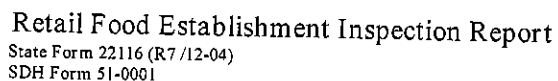
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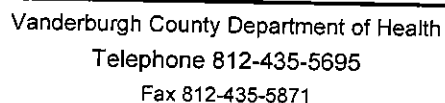
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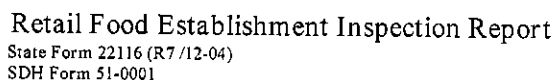


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[illegible]

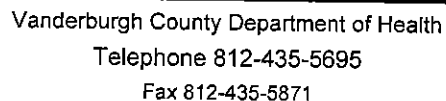


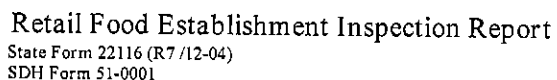


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Establishment Name A & A Food Mart Inc.			Telephone Number (812) 402-2101 (812) 422-0701		Date of Inspection (mm/dd/yr) 08/28/2017		ID # 11999	
Establishment Address (number and street, city, state, zip code) 1000 Washington Ave, Evansville, IN, 47714			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 09/07/2017	
Owner Amit Arora					Summary of Violations: C <u>3</u> NC <u>1</u> R <u>1</u> 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"/>			
Owner's Address 900 W Columbia St, Evansville, IN, 47710								
Person in Charge Amit Arora								
Responsible Person's E-mail								
Certified Food Handler Fastilia DeCastro								
<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	
344	C	R	Hand washing sink is inaccessible.				Corrected	
345	C		Hand washing sink being used for storage.				Corrected	
431	NC		Three compartment sink in need of cleaning.				08/28/2017	
295	C		Ice bin guard soiled and in need of cleaning.				08/30/2017	
Received by (name and title printed): Neeraj Solanki			Inspected by (name and title printed): Kelly Holzmeyer					
Received by (signature):			Inspected by (signature):					
cc:			cc:			cc:		





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[illegible]



Retail Food Establishment Inspection Report

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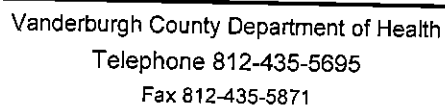
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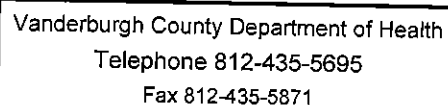
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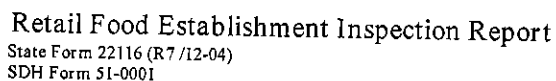
[illegible]

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[illegible]



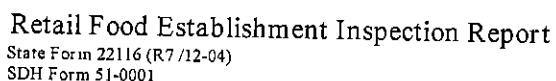




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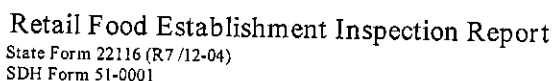
Establishment Name KC's Corner Pocket						Telephone Number 812-428-2255 () Extension 812-437-9920 () Owner		Date of Inspection (mm/dd/yr) 08/30/2017		ID # 11507
Establishment Address (number and street, city, state, zip code) 1819 N Fulton Ave, Evansville, IN, 47710										
Owner Kerry Chesser Jr.						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 09/09/2017
Owner's Address 1121 Washington Sq Mall, Evansville, IN, 47715								Summary of Violations:		
Person in Charge Kerry Chesser Jr.								C 0 NC 0 R 0		
Responsible Person's E-mail								Menu Type (See additional page)		
Certified Food Handler Will obtain (new person)								1 ○ 2 ○ 3 ● 4 ○ 5 ○		
<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						
			All violations from 8-23-17 corrected.							
Received by (name and title printed): Tamela Thomas					Inspected by (name and title printed): Ricardo Zacarias					
Received by (signature):					Inspected by (signature):					
cc:		cc:			cc:					



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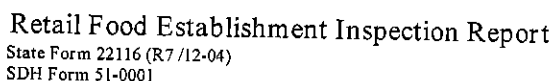
[illegible]



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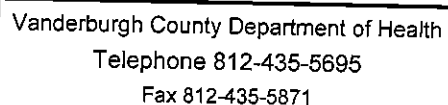
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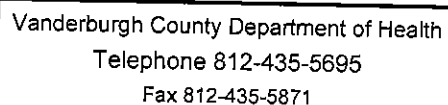


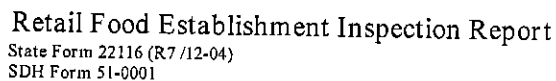
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[illegible]



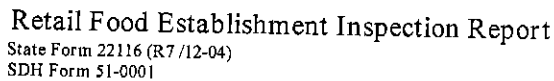




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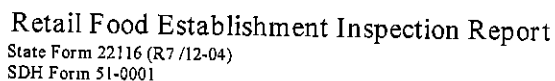
[illegible]



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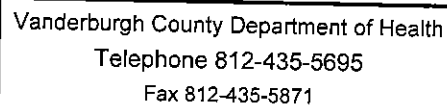
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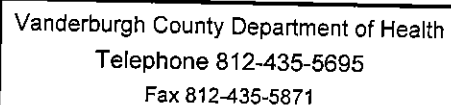


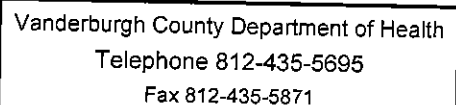
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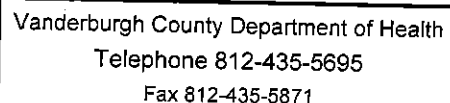
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[illegible]









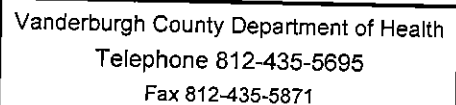


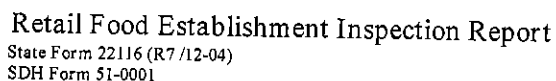
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Establishment Name LAQUINTA INN & SUITES		Telephone Number (812) 477-2677 <small>(Establishment)</small> (812) 477-2677 <small>(Owner)</small>	Date of Inspection (mm/dd/yr) 08/29/2017	ID # 11270
Establishment Address (number and street, city, state, zip code) 8015 Division St, Evansville, IN, 47715				
Owner HASU 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 09/08/2017	
Owner's Address 8015 E Division St, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>		
Person in Charge HASU PATEL		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 Tasia L. Phillips				
<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
346	NC		Hand soap not provided at hand sink.	08/29/2017
347	NC		Lacking hand drying provisions for hand sink.	08/29/2017
Received by (name and title printed): Tasia Phillips		Inspected by (name and title printed): Colin Ward		
Received by (signature):		Inspected by (signature):		
cc:		cc:		cc:

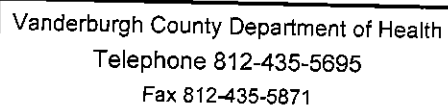


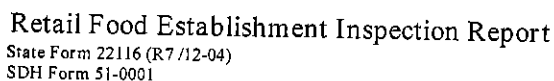


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[illegible]

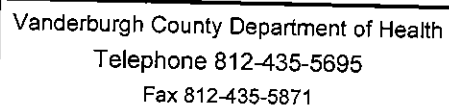


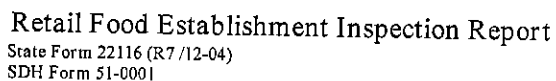


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[illegible]

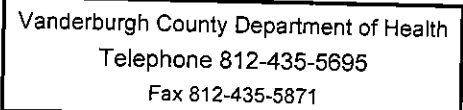


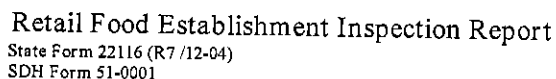


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[illegible]

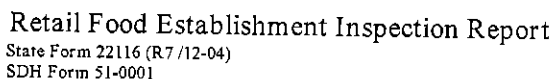




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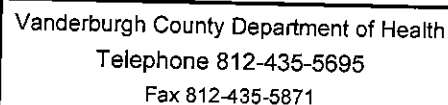
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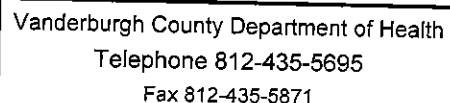


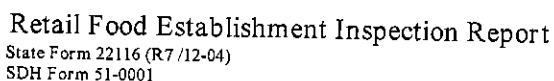
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[illegible]



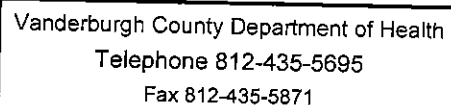


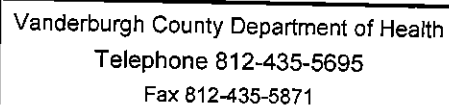


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[illegible]







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Establishment Name DeerHead Sidewalk Cafe		Telephone Number (812) 425-2515 (812) 760-6780	Date of Inspection (mm/dd/yr) 08/31/2017	ID # 10900
Establishment Address (number and street, city, state, zip code) 222 E Columbia St., Evansville, IN, 47711		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 09/10/2017
Owner Charles Johnson Jr			Summary of Violations: C 1 NC 2 R 0	
Owner's Address 1901 Wolverine Dr, Evansville, IN, 47720			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 Charles Johnson Jr				
Responsible Person's E-mail _____				
Certified Food Handler Expired.				
<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
118	C		Certified food safety license by an employee needed.	09/30/2017
234	NC		Utensils being stored either in water or sanitizer.	Corrected
232	NC		Bar counter surface in need of resurfacing or replacement.	09/08/2017
Received by (name and title printed): Chuck Johnson			Inspected by (name and title printed): David Horning	
Received by (signature): _____			Inspected by (signature): _____	
cc:		cc:	cc:	

