



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>River City Mercantile</b>		Telephone Number <b>(812-618-5824</b>	Date of Inspection (mm/dd/yr) <b>10/06/2017</b>	ID # <b>12922</b>
Establishment Address (number and street, city, state, zip code) <b>223 Main St, Vanderburgh, Indiana, 47713</b>		<b>812-618-5824</b>		
Owner <b>Heather Vaught</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>10/16/2017</b>	
Owner's Address <b>223 Main St, Vanderburgh, Indiana, 47713</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Heather Vaught</b>			Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>NA</b>				

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

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

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



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Establishment Name <b>Pangea Kitchen</b>	Telephone Number <b>(812-401-2405)</b>	Date of Inspection (mm/dd/yr) <b>10/04/2017</b>	ID # <b>12480</b>
Establishment Address (number and street, city, state, zip code) <b>111 S Green River Rd Suite E, Vanderburgh, IN, 47715</b>	Owner <b>(812-459-3230)</b>	Follow-up <b>No</b>	
Owner <b>RANDY HOBSON</b>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>10/14/2017</b>	
Owner's Address <b>25 JOHNSON PL, EVANSVILLE , IN, 47714</b>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <b>RANDY HOBSON</b>	<input type="checkbox"/> Complaint	<b>C 0 NC 0 R 0</b>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <b>Randy Hobson, Sarah, Kory Miller, Aalessio, Wanphen</b>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" 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): <b>Kory Miller</b>	Inspected by (name and title printed): <b>Claire Will</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Herradura</b>		Telephone Number ( ) Establishment <b>812-402-0355</b>	Date of Inspection (mm/dd/yr) <b>10/06/2017</b>	ID # <b>12298</b>
Establishment Address (number and street, city, state, zip code) <b>4610 Bellemeade Ave, Evansville, IN, 47714</b>		( ) Owner		
Owner <b>Luis Antonio Perez</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>10/16/2017</b>	
Owner's Address <b>4610 Bellemeade Ave, Evansville, IN, 47714</b>		Summary of Violations: <b>C 3 NC 5 R 1</b>		
Person in Charge <b>Luis Antonio Perez</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Jorge Valles</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
257	NC		Lacking thermometers in several reach in coolers.	Corrected
294	C		Sanitizing solution below required levels.	Corrected
438	C		Spray bottle not label	Corrected
291	NC		Lacking chemical test kit not provided.	Corrected
347	NC	R	Lacking disposable towels in several hand sink stations.	Corrected
173	C		Improper storage of raw meats.	Corrected
234	NC		Ice scoop for ice machine or ice holding station should be placed in a separate container	Corrected
234	NC		Ice scoop shall not be stored in standing water.	Corrected

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



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Establishment Name <b>J's Sportsbar &amp; Grill</b>		Telephone Number (812-401-2268)	Date of Inspection (mm/dd/yr) 10/03/2017	ID # 12281
Establishment Address (number and street, city, state, zip code) 1602 S Vann Ave, Evansville, IN, 47714		(812-401-2268)		
Owner <b>John Higgins</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>Yes</b>	Release Date <b>10/13/2017</b>	
Owner's Address <b>PO Box 5154, Evansville, IN, 47716</b>		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>		
Person in Charge <b>John Higgins</b>		Menu Type (See additional page) 1 ○ 2 ○ 3 ● 4 ○ 5 ○		
Responsible Person's E-mail				
Certified Food Handler <b>Skylar Werne</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
324	C	R	Kitchen sink hose lacking air gap.	11/07/2017

Received by (name and title printed): <b>Skylar Werne</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Chavas Mexican Grill</b>	Telephone Number <b>(812-401-1977)</b>	Date of Inspection (mm/dd/yr) <b>10/05/2017</b>	ID # <b>12239</b>
Establishment Address (number and street, city, state, zip code) <b>4202A 1st Ave, Evansville, IN, 47710</b>	(812-229-5243)		
Owner <b>Mauro Martinez</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/15/2017</b>
Owner's Address <b>PO Box 374, Brazil, IN, 47834</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Mauro Martinez</b>		Menu Type ( <i>See additional page</i> ) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler <b>Needs manager's certification.</b>			

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

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



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Establishment Name <b>S &amp; P Petroleum Inc.</b>		Telephone Number <b>(812-402-8210)</b>	Date of Inspection (mm/dd/yr) <b>10/05/2017</b>	ID # <b>12086</b>	
Establishment Address (number and street, city, state, zip code) <b>2801 Mt Vernon Ave, Evansville, IN, 47712</b>		Owner <b>(812-774-0946)</b>	Follow-up <b>No</b>		
Owner <b>Jagir Singh</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>10/15/2017</b>		
Owner's Address <b>5424 Chesterton Pl, Indianapolis, IN, 46237</b>			Summary of Violations: <b>C 0 NC 2 R 2</b>		
Person in Charge <b>Jagir Singh</b>			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 <b>n/a</b>					

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC	R	Lacking paper towels in self serving area.	Corrected
347	NC	R	Lacking paper towels in bathroom.	Corrected

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



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<b>Establishment Name</b> Mama Romas Pizza Express		<b>Telephone Number</b> (812) 477-6262	<b>Date of Inspection</b> (mm/dd/yr) 10/03/2017	<b>ID #</b> 11761
<b>Establishment Address (number and street, city, state, zip code)</b> 3115 Covert Ave, Evansville, IN, 47714		(812) 549-7350 <small>Owner</small>		
<b>Owner</b> Nimish Shah	<b>Purpose:</b> <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) _____	<b>Follow-up</b> Yes	<b>Release Date</b> 10/13/2017	
<b>Owner's Address</b> 3115 Covert Ave, Evansville, IN, 47714		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>		
<b>Person in Charge</b> Nimish Shah	<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
<b>Responsible Person's E-mail</b>				
<b>Certified Food Handler</b> Brittney Ruppel				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violation 118 from 9/6/2017 inspection corrected.	

<b>Received by (name and title printed):</b> Nimish Shah	<b>Inspected by (name and title printed):</b> Kelly Holzmeyer
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>

<b>cc:</b>	<b>cc:</b>	<b>cc:</b>
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Establishment Name <b>Rally's #162</b>		Telephone Number <b>(812-475-9450)</b> <small>( ) Owner</small> <b>502-895-4265</b>		Date of Inspection (mm/dd/yr) <b>10/05/2017</b>		ID # <b>11680</b>	
Establishment Address (number and street, city, state, zip code) <b>4720 E Morgan Ave, Evansville, IN, 47715</b>				Follow-up <b>No</b>		Release Date <b>10/15/2017</b>	
Owner <b>RALJOE LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>			
Owner's Address <b>4218 SHELBYVILLE RD, Louisville, KY, 40207</b>							
Person in Charge <b>RALJOE LLC</b>				Menu Type (See additional page) <b>1</b> <input type="radio"/> <b>2</b> <input type="radio"/> <b>3</b> <input checked="" type="radio"/> <b>4</b> <input type="radio"/> <b>5</b> <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler <b>David Lampert</b>							

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

Received by (name and title printed): <b>David Lampert</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	





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Establishment Name <b>The Peephole Bar &amp; Grill</b>		Telephone Number <b>(812-423-5171)</b>	Date of Inspection (mm/dd/yr) <b>10/06/2017</b>	ID # <b>11659</b>
Establishment Address (number and street, city, state, zip code) <b>201 Main St, Evansville, IN, 47708</b>		(812-760-9595)		
Owner <b>STEVE ALSOP</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/16/2017</b>	
Owner's Address <b>101 SE 3rd St Unit 2F, Evansville, IN, 47708</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>STEVE ALSOP</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Aaron K Vukovich</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Heavy grease accumulation in entire area of fryers.	11/06/2017

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



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Establishment Name <b>Las Americas Tiendas Restaurant</b>		Telephone Number <b>(812-483-3483)</b>	Date of Inspection (mm/dd/yr) <b>10/05/2017</b>	ID # <b>11580</b>
Establishment Address (number and street, city, state, zip code) <b>1016-A S Weinbach Ave, Evansville, IN, 47714</b>		Telephone Number <b>(812-475-3483)</b>		
Owner <b>Jose Miranda</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>10/15/2017</b>	
Owner's Address <b>1016-A S Weinbach Ave, Evansville, IN, 47715</b>		Summary of Violations: <b>C 2 NC 3 R 3</b>		
Person in Charge <b>Jose Miranda</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Jose Miranda</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
303	C	R	Sanitizer buckets not provided for wiping clothes	10/05/2017
295	C	R	Can opener soiled.	10/05/2017
346	NC	R	Soap not provided at hand sink.	10/05/2017
347	NC		Hand drying provisions not provided at hand sink.	10/05/2017
234	NC		Scoops with handles not being used to dispense ingredients in bulk containers.	10/09/2017

Received by (name and title printed): <b>brenda ingunza</b>	Inspected by (name and title printed): <b>Claire Will</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>PaPa Johns Mobile Unit</b>		Telephone Number <b>(812-423-9024)</b>	Date of Inspection (mm/dd/yr) <b>10/02/2017</b>	ID # <b>11544</b>
Establishment Address (number and street, city, state, zip code) <b>313 N Weinbach Ave, Evansville, IN, 47711</b>		Telephone Number <b>(812-423-9024)</b>		
Owner <b>KGK Enterprises Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/12/2017</b>	
Owner's Address <b>313 N Weinbach Ave, Evansville, IN, 47711</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>KGK Enterprises Inc</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler				

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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): <b>Claire Will</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	







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Establishment Name <b>Old Chicago Pasta &amp; Pizza</b>		Telephone Number <b>(630-364-4003)</b>	Date of Inspection (mm/dd/yr) <b>10/04/2017</b>	ID # <b>11491</b>
Establishment Address (number and street, city, state, zip code) <b>6550 E Lloyd Expressway, Evansville, IN, 47715</b>		(303-664-4000) Owner		
Owner <b>Wadsworth Old Chicago Inc</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/14/2017</b>
Owner's Address <b>8001 Arista Pl Ste 500, Broomfield, CO, 80021</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Wadsworth Old Chicago Inc</b>			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 <b>David Morton</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up inspection from 9/18/17. Violations corrected.	

Received by (name and title printed): <b>David Morton</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
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 <b>Thorntons #82</b>		Telephone Number <b>(812-477-0669)</b>	Date of Inspection (mm/dd/yr) <b>10/06/2017</b>	ID # <b>11406</b>
Establishment Address (number and street, city, state, zip code) <b>2401 Morgan Ave., EVANSVILLE, IN, 47711</b>		Owner <b>(502-425-8022)</b>		
Owner <b>THORNTONS, Inc</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/16/2017</b>
Owner's Address <b>10101 Linn Station Road, Louisville, KY, 40223</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>THORNTONS, Inc</b>		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Amy Hugo</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 10/04/17 inspection corrected.	

Received by (name and title printed): <b>Singuis Dillard</b>	Inspected by (name and title printed): <b>Claire Will</b>
-----------------------------------------------------------------	--------------------------------------------------------------

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  
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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 <b>TACO BELL #28904</b>		Telephone Number <b>(812-423-8226)</b>	Date of Inspection (mm/dd/yr) <b>10/06/2017</b>	ID # <b>11380</b>
Establishment Address (number and street, city, state, zip code) <b>2408 W Maryland St, Evansville, IN, 47712</b>		( <b>503</b> ) Owner <b>722-2825</b>		
Owner <b>Bell Indiana LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/16/2017</b>	
Owner's Address <b>PO BOX 507, WEST LINN, OR, 97068</b>		Summary of Violations: <b>C</b> <u>1</u> <b>NC</b> <u>0</u> <b>R</b> <u>1</u>		
Person in Charge <b>Bell Indiana LLC</b>		Menu Type ( <i>See additional page</i> )		
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 <b>Thomas Harris</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Soda machine dispenser in self service and kitchen area in need of cleaning.	10/06/2017

Received by (name and title printed): <b>Tawna Knebel</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
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
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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: Szechwan Chinese Restaurant
Telephone Number: (812) 479-7600
Date of Inspection: 10/04/2017
ID #: 11379
Establishment Address: 669 N Green River Rd, Evansville, IN, 47715
Owner: Jimmy Gao Associates, Inc.
Purpose: Follow-up
Follow-up No: No
Release Date: 10/14/2017
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

- 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: Follow-up from inspection on 8/31/17. Violations corrected.

Received by (name and title printed): Kim Ma
Inspected by (name and title printed): Colin Ward
Received by (signature):
Inspected by (signature):
cc:



### Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)  
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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 <b>Subway</b>		Telephone Number <b>(812-429-0090)</b>	Date of Inspection (mm/dd/yr) <b>10/06/2017</b>	ID # <b>11361</b>
Establishment Address (number and street, city, state, zip code) <b>4750 W Lloyd Expressway, Evansville, IN, 47712</b>		Owner <b>(812-573-7777)</b>	Follow-up <b>No</b>	
Owner <b>PATHIL AMIN</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Release Date <b>10/16/2017</b>	
Owner's Address <b>10082 STONECREEK CIR, NEWBURGH, IN, 47630</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>PATHIL AMIN</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Piyush Patel</b>				

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

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

Received by (name and title printed): <b>Michael Dunkin</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
Received by (signature):		Inspected by (signature):	
cc:	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 <b>Stepping Stone - 30022004</b>		Telephone Number <b>(812-473-7104)</b> <b>(866-372-3035)</b>	Date of Inspection (mm/dd/yr) <b>10/04/2017</b>	ID # <b>11353</b>
Establishment Address (number and street, city, state, zip code) <b>4001 John Street, Evansville, IN, 47714</b>				
Owner <b>Sodexo &amp; Affiliates</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/14/2017</b>	
Owner's Address <b>PO BOX 352, Buffalo, NY, 14240</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Sodexo &amp; Affiliates</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>Paula Baumgart</b>				

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

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

Received by (name and title printed): <b>Paula Baumgart</b>	Inspected by (name and title printed): <b>Claire Will</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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.

Form containing establishment details: Establishment Name (St Joe Mini Mart), Telephone Number (812-963-5761), Date of Inspection (10/06/2017), ID # (11338), Establishment Address (6000 W St. Joe Rd., Evansville, IN, 47720), Owner (Lyle Granger), Purpose (Routine), Follow-up (No), Release Date (10/16/2017), Owner's Address (6000 W St Joe Rd, Evansville, IN, 47720), Person in Charge (Lyle Granger), Responsible Person's E-mail, Certified Food Handler (n/a), and Summary of Violations (C 0, NC 0, R 0).

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

cc: (three empty fields for contact information)



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Vanderburgh County Department of Health  
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Establishment Name <b>Milano Italian Cuisine</b>		Telephone Number <b>(812) 484-2222</b>	Date of Inspection (mm/dd/yr) <b>10/05/2017</b>	ID # <b>11216</b>
Establishment Address (number and street, city, state, zip code) <b>500 Main St, EVANSVILLE, IN, 47708</b>		<b>(812) 909-1558</b>		
Owner <b>Rafic Hachem</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/15/2017</b>	
Owner's Address <b>931 Crestwood Dr E, Evansville, IN, 47715</b>		Summary of Violations: <b>C 1 NC 2 R 1</b>		
Person in Charge <b>Rafic Hachem</b>		Menu Type (See additional page) <b>1 0 2 0 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Just expired (needs to recertify)</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
189	C		Cooler in room adjacent to kitchen not at 41 degrees F. or cooler.	10/06/2017
256	NC		Thermometer needed in cooler adjacent to kitchen.	Corrected
347	NC	R	Employee bathroom missing drying towels.	Corrected

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



# Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health  
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Establishment Name <b>Co-op Country Corner</b>		Telephone Number (812-428-4593)	Date of Inspection (mm/dd/yr) 10/06/2017	ID # 11162
Establishment Address (number and street, city, state, zip code) <b>5015 N St. Joseph Ave, Evansville, IN, 47720</b>		(812-683-2809)		
Owner <b>SUPERIOR AG RESOURCES</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>10/16/2017</b>
Owner's Address <b>PO Box 420, HUNTINGBURG, IN, 47542</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>SUPERIOR AG RESOURCES</b>			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 <b>NA</b>				

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

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

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



**Retail Food Establishment Inspection Report**

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Vanderburgh County Department of Health  
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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 <b>Harrison High School</b>	Telephone Number <b>(812-477-2496)</b>	Date of Inspection (mm/dd/yr) <b>10/05/2017</b>	ID # <b>11018</b>
Establishment Address (number and street, city, state, zip code) <b>211 Fielding Rd., EVANSVILLE, IN, 47715</b>	Owner <b>(812-435-8453)</b>	Follow-up	Release Date <b>10/15/2017</b>
Owner <b>Evansville Vanderburgh School Corp.</b>	Purpose: <input checked="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 <b>951 Walnut St, Evansville, IN, 47713</b>		Menu Type (See additional page)	
Person in Charge <b>Evansville Vanderburgh School Corp.</b>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler <b>Shea Unferferth</b>			

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

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

Received by (name and title printed): <b>Shea Unferferth</b>	Inspected by (name and title printed): <b>Colin Ward</b>
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 <b>Hardees</b>		Telephone Number <b>(812-477-6743</b>	Date of Inspection (mm/dd/yr) <b>10/05/2017</b>	ID # <b>11008</b>
Establishment Address (number and street, city, state, zip code) <b>1501 N Boeke Rd., Evansville, IN, 47711</b>		(812-477-5569		
Owner <b>Sandy's Associates Inc</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>10/15/2017</b>
Owner's Address <b>1503 N Boeke Rd, Evansville, IN, 47711</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Sandy's Associates Inc</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>Rita Lowry</b>				

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

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

Received by (name and title printed): <b>Rita Lowry</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</b>
Received by (signature):	Inspected by (signature):

cc:	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 <b>Denny's #244</b>		Telephone Number <b>(812-473-1063)</b>	Date of Inspection (mm/dd/yr) <b>10/03/2017</b>	ID # <b>10902</b>
Establishment Address (number and street, city, state, zip code) <b>351 N Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-482-3212)</b>	Follow-up <b>Yes</b>	
Owner <b>SERVUS, Inc.</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>10/13/2017</b>	
Owner's Address <b>4201 Mannheim Rd Suite A, Jasper, IN, 47546</b>			Summary of Violations: <b>C 3 NC 2 R 2</b>	
Person in Charge <b>SERVUS, Inc.</b>		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 <b>Kevin Morton</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Dish machine not adequately dispensing chemical sanitizer.	10/03/2017
295	C	R	Left beverage station and ice bin soiled.	10/03/2017
294	C		Sanitizing concentration for wipe cloth buckets too weak.	Corrected
295	NC	R	Inside of right microwave unit soiled	10/03/2017
433	NC		Improper storage of mops not effectively allowing air drying.	10/03/2017

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



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Establishment Name <b>Denny's #244</b>		Telephone Number <b>(812-473-1063)</b>	Date of Inspection (mm/dd/yr) <b>10/04/2017</b>	ID # <b>10902</b>
Establishment Address (number and street, city, state, zip code) <b>351 N Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-482-3212)</b>	Follow-up <b>No</b>	
Owner <b>SERVUS, Inc.</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>10/14/2017</b>	
Owner's Address <b>4201 Mannheim Rd Suite A, Jasper, IN, 47546</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>SERVUS, Inc.</b>		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 <b>Kevin Morton</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up inspection from 10/3/17. All violations corrected.	

Received by (name and title printed): <b>Annmarie Revels</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	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 <b>Biaggi's</b>		Telephone Number (812-421-0800)	Date of Inspection (mm/dd/yr) 10/05/2017	ID # 10863
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715		(309-445-6632)		
Owner <b>Biaggis Restaurante Italiano LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>Yes</b>	Release Date <b>10/15/2017</b>
Owner's Address 1705 Clearwater Ave, Bloomington, IL, 61704			Summary of Violations: <b>C 7 NC 3 R 2</b>	
Person in Charge <b>Biaggis Restaurante Italiano LLC</b>		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 <b>Cory Halbig</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
415	C		Live pest activity present. Pest control contacted.	10/09/2017
173	C		Improper storage of raw animal food product in back reach-in cooler.	Corrected
294	C	R	Sanitizing concentration for wipe cloth buckets too weak.	Corrected
344	C		Hand sink in back kitchen area not readily accessible.	Corrected
345	C		Hand washing sink used for other purposes.	Corrected
204	C		Miscellaneous source of contamination of asparagus.	Corrected
171	C		Bare hand contact with ready to eat food item.	Corrected
218	NC	R	Bar dish machine not adequately dispensing chemical sanitizer. Called for repair.	10/06/2017
346	NC		Hand soap not available for back hand sink.	Corrected
422	NC		Personal possessions stored improperly.	Corrected

Received by (name and title printed): <b>Daniel White</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
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 <b>Comfort By the Cross Eyed-Cricket</b>	Telephone Number <b>(812-760-7167)</b>	Date of Inspection (mm/dd/yr) <b>10/06/2017</b>	ID # <b>13774</b>
Establishment Address (number and street, city, state, zip code) <b>228 Main St, Evansville, IN, 47708</b>	Owner <b>(812-760-7167)</b>	Follow-up <b>No</b>	
Owner <b>Joshua Tudela</b>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>10/16/2017</b>	
Owner's Address <b>228 Main St, Evansville, In, 47708</b>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Joshua Tudela</b>	<input type="checkbox"/> Complaint	Menu Type (See additional page)	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler	<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
			All violations from 9-28-17 corrected	

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



**Retail Food Establishment Inspection Report**

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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.

<b>Establishment Name</b> Common Ground Unity Kitchen		<b>Telephone Number</b> (812-425-7029)	<b>Date of Inspection</b> (mm/dd/yr) 10/02/2017	<b>ID #</b> 13786
<b>Establishment Address (number and street, city, state, zip code)</b> 415 NW 5th St, Evansville, IN, 47708		(812-204-1182)		
<b>Owner</b> Peggy Pirro	<b>Purpose:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) opening _____	<b>Follow-up</b> Yes	<b>Release Date</b> 10/12/2017	
<b>Owner's Address</b> 403 Locust St., Newburgh, IN, 47630		<b>Summary of Violations:</b> C <u>0</u> NC <u>1</u> R <u>0</u>		
<b>Person in Charge</b> Peggy Pirro	<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
<b>Responsible Person's E-mail</b>				
<b>Certified Food Handler</b> Needed				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Dishwashing machine in need of automatic soap dispensing.	11/02/2017

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



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Bishops</b>	Telephone Number <b>(812-202-2497)</b> <small>(Owner)</small> <b>812-202-2497</b>	Date of Inspection (mm/dd/yr) <b>10/04/2017</b>	ID # <b>13790</b>
Establishment Address (number and street, city, state, zip code) <b>6401 E. Lloyd Exp., Evansville, IN, 47715</b>		Follow-up <b>No</b>	Release Date <b>10/14/2017</b>
Owner <b>Todd Southern</b>	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) <small>final</small>	Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>	
Owner's Address		Menu Type (See additional page)	
Person in Charge <b>Todd Southern</b>		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			
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
			Approved for operations.	

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