



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 Gale's Specialty Popcorn		Telephone Number (812-454-5880)	Date of Inspection (mm/dd/yr) 11/03/2017	ID # 13324
Establishment Address (number and street, city, state, zip code) 800 N. Green River Rd., Evansville, Indiana, 47715		(812-454-5880) Owner		
Owner Gale Harper	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 11/13/2017	
Owner's Address 12915 Rolling Meadows Dr., Evansville, Indiana, 47725		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Gale Harper		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 Gale W. Harper				

- 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 violations.	

Received by (name and title printed): Gale Harper	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

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 Target-Starbucks T-1481	Telephone Number (812-402-8500)	Date of Inspection (mm/dd/yr) 11/02/2017	ID # 11976
Establishment Address (number and street, city, state, zip code) 6625 E Lloyd Expressway, Evansville, IN, 47715	() Owner 612-761-1015		
Owner Target Corporation	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 11/12/2017
Owner's Address 33 S 6th St, CC-1028, Minneapolis, MN, 55402-9471	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Target Corporation			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 Cathy Gerrard			

- 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): Neil Crowley	Inspected by (name and title printed): Colin Ward
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 (Subway #49125), Telephone Number (812-228-0454), Date of Inspection (10/31/2017), ID # (11851), Owner (RT Wolf Inc), Purpose (Routine), Follow-up (No), Release Date (11/10/2017), Summary of Violations (C 0, NC 0, R 0), Menu Type (1, 2, 3, 4, 5).

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

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

Signature lines for Received by (Tiffanie Wolf) and Inspected by (David Horning).

cc: lines for distribution tracking.



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 Wired Coffee House		Telephone Number (812)3057395	Date of Inspection (mm/dd/yr) 11/03/2017	ID # 11729
Establishment Address (number and street, city, state, zip code) 111 NW Fourth St, Evansville, IN, 47708		Owner (812)4575177	Follow-up No	
Owner Youth Incorporated of Southern Indiana		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 11/13/2017	
Owner's Address 111 NW FOURTH ST, Evansville, IN, 47708		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge David Rudibaugh		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				

- 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): David Rudibaugh		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



Retail Food Establishment Inspection Report

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

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

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 Show Me's East		Telephone Number (812-401-7469)	Date of Inspection (mm/dd/yr) 11/03/2017	ID # 11683
Establishment Address (number and street, city, state, zip code) 1700 Morgan Center, Evansville, IN, 47715		(812-430-5194)		
Owner STEVE HAZLETT	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 11/12/2017	
Owner's Address 3010 Cypress Ct, Evansville, IN, 47711		Summary of Violations: C 3 NC 0 R 0		
Person in Charge STEVE HAZLETT		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
345	C		Hand washing sink used for purpose other than hand washing.	Corrected
294	C		Chemical dishwasher machine not sanitizing.	11/07/2017
295	C		Ice bin shield soiled.	11/03/2017

Received by (name and title printed): Nathan Presley	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

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 Crazy Buffet		Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 10/31/2017	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 11/10/2017	
Owner's Address 3228 Oakley Dr, EVANSVILLE, IN, 47711		Summary of Violations: C <u>13</u> NC <u>2</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				

- 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	R	Live pest activity present.	10/31/2017
189	C		Improper cooling of potentially hazardous foods.	10/31/2017
173	C	R	Improper storage of raw animal food products in walk-in coolers.	10/31/2017
191	C	R	Food items lacking date marking in walk-in refrigeration units.	10/31/2017
177	C	R	Food items in walk-ins stored on floor.	10/31/2017
177	C	R	Food items in walk-in coolers not covered.	10/31/2017
295	C	R	Knives and meat grinder stored soiled.	10/31/2017
129	C	R	Employees not washing hands when necessary.	10/31/2017
229	C		Beverage ice guards soiled.	10/31/2017
294	C	R	Chemical sanitizing solution for wipe cloths too weak.	10/31/2017
441	C	R	Chemical sanitizing solution for wipe cloths too strong.	10/31/2017
187	C	R	Potentially hazardous food items on buffet line near Mongolian grill not maintained	
			at 41 degrees Fahrenheit or less.	10/31/2017
324	C		Cleaning schedule for grease trap not maintained.	10/31/2017
416	NC	R	Dead pest present in back storage room.	10/31/2017
413	NC	R	Gap in threshold at back door.	10/31/2017
			Due to repeat violations the facility is hereby closed.	

Received by (name and title printed): Yim Wan Lee	Inspected by (name and title printed): Colin Ward
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.

Establishment Name Crazy Buffet		Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 11/02/2017	ID # 11494
Establishment Address (number and street, city, state, zip code) 701 N Burkhardt Rd, Evansville, IN, 47715		Owner (812-437-8833)	Follow-up No	
Owner Fei En Pan	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 11/12/2017		
Owner's Address 3228 Oakley Dr, EVANSVILLE, IN, 47711	Summary of Violations: C 0 NC 0 R 0			
Person in Charge Fei En Pan	Menu Type (See additional page) 1 0 2 0 3 0 4 1 5 0			
Responsible Person's E-mail				
Certified Food Handler Yim Wan Lee				

- 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 from inspection on 10/31/17. All violations corrected.	
			Facility approved for reopening.	

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:



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 Gordon Food Service Store LLC		Telephone Number (812-473-0096)	Date of Inspection (mm/dd/yr) 10/30/2017	ID # 11490
Establishment Address (number and street, city, state, zip code) 1500 N Burkhardt Rd, Evansville, IN, 47715		Owner (616-717-7017)	Follow-up No	
Owner Gordon Food Service Store LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date 11/09/2017	
Owner's Address 1300 Gezon Parkway SW, Wyoming, MI, 49509			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Gordon Food Service Store LLC			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Akoussoum Adiki				

- 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): James Collins	Inspected by (name and title printed): Colin Ward
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.

Establishment Name Cold Stone Creamery		Telephone Number (812-454-0156)	Date of Inspection (mm/dd/yr) 10/30/2017	ID # 11475
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715		Owner (812-454-0156)	Follow-up No	
Owner Wayne Kinney	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 11/09/2017	
Owner's Address 6401 E Lloyd Expry, EVANSVILLE, IN, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Wayne Kinney			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Jennifer Dillard				

- 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): Sam Daywalt	Inspected by (name and title printed): Colin Ward
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.

Establishment Name Target T-1481		Telephone Number (812-402-8500)	Date of Inspection (mm/dd/yr) 11/02/2017	ID # 11389
Establishment Address (number and street, city, state, zip code) 6625 E Lloyd Expressway, Evansville, IN, 47715		Owner (612-761-1015)	Follow-up	
Owner Target Corporation		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 11/12/2017	Summary of Violations: C 0 NC 0 R 0
Owner's Address 33 S 6th St, CC-1028, Minneapolis, MN, 55402-9471		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Person in Charge Target Corporation		Responsible Person's E-mail		
Responsible Person's E-mail		Certified Food Handler Neil Crowley		

- 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): Neil Crowley		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



Retail Food Establishment Inspection Report

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

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

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 Subway #26631		Telephone Number (812-471-2933)		Date of Inspection (mm/dd/yr) 11/03/2017		ID # 11369	
Establishment Address (number and street, city, state, zip code) 2744 N Green River Rd, Evansville, IN, 47715		(812-457-8611)					
Owner ED KUCER		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 11/13/2017	
Owner's Address PO Box 2245, EVANSVILLE, IN, 47728				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge ED KUCER				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 Marla Groves							

- 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): Ashley Moore		Inspected by (name and title printed): Kelly Holzmeyer	
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 Circle H		Telephone Number (812-422-4474)	Date of Inspection (mm/dd/yr) 11/01/2017	ID # 11243
Establishment Address (number and street, city, state, zip code) 5817 Stringtown Rd, Evansville, IN, 47711		(812-421-1460)		
Owner HARBHJAN SINGH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 11/11/2017	
Owner's Address 3800 E Morgan Ave, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge HARBHJAN SINGH		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				

- 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
297	NC		Ice guard within ice machine soiled.	11/01/2017

Received by (name and title printed): sammy	Inspected by (name and title printed): Claire Will
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 (Culvers), Telephone Number (812-437-3333), Date of Inspection (10/30/2017), ID # (11178), Owner (TOM & KRISTIN GRIFFIN), Address (1734 Hirschland Rd, Evansville, IN, 47715), Purpose (Routine), Follow-up (No), Release Date (11/09/2017), Person in Charge (TOM & KRISTIN GRIFFIN), Certified Food Handler (Joanna Hoehn).

- 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.

Signature section: Received by (name and title printed): Joanna Hoehn; Inspected by (name and title printed): Colin Ward. Includes signature lines and cc: fields.



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 Buslers		Telephone Number (812) 426-2787		Date of Inspection (mm/dd/yr) 11/02/2017	ID # 11122
Establishment Address (number and street, city, state, zip code) 2601 N St. Joseph Ave, Evansville, IN, 47720		Owner (812) 424-7511			
Owner Busler Enterprises 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 11/12/2017
Owner's Address 2601 N St Joe Ave, Evansville, IN, 47720		Summary of Violations:			
Person in Charge Busler Enterprises Inc		C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail		Menu Type (See additional page)			
Certified Food Handler n/a		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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): Brian Vaughn		Inspected by (name and title printed): Ricardo Zacarias	
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 Circle K #120		Telephone Number (812) 424-1185	Date of Inspection (mm/dd/yr) 11/02/2017	ID # 11109
Establishment Address (number and street, city, state, zip code) 4101 N Highway 41, Evansville, IN, 47711		Telephone Number (812) 379-9227		
Owner Mac's Convenience Store 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 11/12/2017
Owner's Address PO Box 347, Columbus, IN, 47202			Summary of Violations:	
Person in Charge Mac's Convenience Store LLC			C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail			Menu Type (See additional page)	
Certified Food Handler Kelly Moore			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- 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): Kelly Moore	Inspected by (name and title printed): Claire Will
---	--

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 Happy Garden		Telephone Number (812-479-8933)	Date of Inspection (mm/dd/yr) 10/30/2017	ID # 11007
Establishment Address (number and street, city, state, zip code) 1927 Pollack Ave., Evansville, IN, 47714		() Owner		
Owner Zu Xing Zhang	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 11/09/2017	
Owner's Address 1927 Pollack Ave, Evansville, IN, 47714		Summary of Violations: C 2 NC 0 R 2		
Person in Charge Zu Xing Zhang		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 Yajuan Zheng				

- 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
173	C	R	Improper storage of raw animal product.	Corrected
177	C	R	Food items not covered in walk in cooler.	10/30/2017

Received by (name and title printed): Yajuan Zheng		Inspected by (name and title printed): Claire Will	
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 Evansville Christian Life		Telephone Number (812-423-9222)	Date of Inspection (mm/dd/yr) 11/02/2017	ID # 10950
Establishment Address (number and street, city, state, zip code) 509 S Kentucky Ave, Evansville, IN, 47714		Owner (812-423-9222)	Follow-up No	
Owner Evansville Christian Life		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 11/12/2017	
Owner's Address 509 S Kentucky Ave, Evansville, IN, 47714		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge Evansville Christian Life		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler Kelsey Bieber		<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)		

- 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): Kelsey Bieber	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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 Acropolis Express Mobile Unit		Telephone Number (812-475-9320)	Date of Inspection (mm/dd/yr) 11/03/2017	ID # 13729
Establishment Address (number and street, city, state, zip code) 501 N. Green River Rd., Evansville, IN, 47715		Owner (270-860-8215)	Follow-up No	
Owner Doros Hadjisavva	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 11/13/2017	
Owner's Address 501 N. Green River Rd., Evansville, Indiana, 47715			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Doros Hadjisavva			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Doros Hadjisavva				

- 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): Eddie Meredith	Inspected by (name and title printed): Colin Ward
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.

Establishment Name Home 2 Suites by Hilton Evansville		Telephone Number (812-303-1200	Date of Inspection (mm/dd/yr) 10/31/2017	ID # 13702
Establishment Address (number and street, city, state, zip code) 7901 E. Walnut St, Evansville, IN, 47715		812-471-9300		
Owner Dunn Hospitality Group	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/10/2017	
Owner's Address 300 SE Riverside Dr., Evansville, Indiana, 47713		Summary of Violations: C 1 NC 0 R 0		
Person in Charge Dunn Hospitality Group		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Noah Rasche				

- 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
177	C		Grab and go apples not wrapped.	Corrected

Received by (name and title printed): Patrick Quinn	Inspected by (name and title printed): Colin Ward
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.

Establishment Name Fresh. by Gene's		Telephone Number (270-684-5052)	Date of Inspection (mm/dd/yr) 11/03/2017	ID # 13720	
Establishment Address (number and street, city, state, zip code) 1738 Sweeney Street, Owensboro, ky, 42303		Owner (270-684-5052)	Follow-up No		
Owner Andrew Keller		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 11/13/2017		
Owner's Address 1738 Sweeney Street, Owensboro, Kentucky, 42303			Summary of Violations: C 0 NC 0 R 0		
Person in Charge Andrew Keller			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
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
			No noted violations.	

Received by (name and title printed): Marcy Lambert		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	