





# 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>Nachos Grill Mexican Restaurant</b>		Telephone Number <b>(812-459-3871)</b>	Date of Inspection (mm/dd/yr) <b>11/13/2017</b>	ID # <b>12377</b>
Establishment Address (number and street, city, state, zip code) <b>821 S Green River Rd, Evansville, IN, 47715</b>		Owner <b>(812-480-6580)</b>	Follow-up <b>Yes</b>	
Owner <b>Jose M Mosqueda-Lopez</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>11/23/2017</b>	
Owner's Address <b>825 S Green River Rd, Evansville, IN, 47716</b>		Summary of Violations: <b>C 3 NC 0 R 1</b>		
Person in Charge <b>Jose M Mosqueda-Lopez</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				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand washing sink used for purpose other than hand washing.	Corrected
187	C	R	Hot food not being maintained at the required temperature.	Corrected
136	C		Employee eating in food prep area.	Corrected
			Ice bin guard and lack of thermometer violations from 11/6/2017 inspection corrected.	

Received by (name and title printed): <b>Jose M Mosqueda-Lopez</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>Freddy's Frozen Custard of Evansville</b>		Telephone Number <b>(812-909-4395)</b> <small>(316-706-7170)</small>	Date of Inspection (mm/dd/yr) <b>11/16/2017</b>	ID # <b>12291</b>
Establishment Address (number and street, city, state, zip code) <b>2848 N Green River Rd, Evansville, IN, 47715</b>		Owner <b>(316-706-7170)</b>	Follow-up <b>No</b>	Release Date <b>11/26/2017</b>
Owner <b>Indiana Custard Co</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 1 NC 0 R 1</b>		
Owner's Address <b>300 Main St Ste 36, Evansville, IN, 47708</b>	Person in Charge <b>Indiana Custard Co</b>	Menu Type (See additional page) <b>1 0 3 4 5</b>		
Responsible Person's E-mail	Certified Food Handler <b>Andrew Park</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Chemical dishwasher not sanitizing.	11/17/2017

Received by (name and title printed): <b>Koelle Klepinin</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>Kitchen Sink Pizza's of Evansville</b>		Telephone Number <b>(812-305-4412)</b>	Date of Inspection (mm/dd/yr) <b>11/13/2017</b>	ID # <b>11918</b>
Establishment Address (number and street, city, state, zip code) <b>807 E. Franklin, Evansville, IN, 47711</b>		Owner <b>(812-305-4412)</b>		
Owner <b>Kathy Groves</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>11/23/2017</b>	
Owner's Address <b>109 Springhaven Dr, Evansville, IN, 47710</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Kathy Groves</b>		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 <b>Tom Groves</b>				

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

Received by (name and title printed): <b>Kathy Groves</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>Gas &amp; Food Mart</b>	Telephone Number <b>(812-477-2920)</b>	Date of Inspection (mm/dd/yr) <b>11/15/2017</b>	ID # <b>11692</b>
Establishment Address (number and street, city, state, zip code) <b>2912 Lincoln Ave, Evansville, IN, 47715</b>	( ) Owner		
Owner <b>Shiva Hari Khatri</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>11/25/2017</b>
Owner's Address <b>300 Harrison Blvd, Evansville, IN, 47714</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Shiva Hari Khatri</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>n/a</b>			

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

Received by (name and title printed): <b>shiva khatri</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>Crazy Buffet</b>	Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 11/14/2017	ID # 11494
Establishment Address (number and street, city, state, zip code) 701 N Burkhardt Rd, Evansville, IN, 47715	(812-437-8833)		
Owner Fei En Pan	Purpose: <input 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 11/24/2017
Owner's Address 3228 Oakley Dr, EVANSVILLE, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Fei En Pan		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 Yim Wan Lee			

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

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



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Establishment Name <b>Texas Roadhouse</b>		Telephone Number <b>(812-477-7427)</b>	Date of Inspection (mm/dd/yr) <b>11/14/2017</b>	ID # <b>11393</b>
Establishment Address (number and street, city, state, zip code) <b>7900 Eagle Crest, EVANSVILLE, IN, 47716</b>		Owner <b>(502-855-5512)</b>	Follow-up <b>No</b>	
Owner <b>Texas Roadhouse</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>11/24/2017</b>	
Owner's Address <b>6040 Dutchmans Ln , LOUISVILLE, KY, 40205</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Texas Roadhouse</b>		Menu Type (See additional page) <b>1 0 2 0 3 0 4 1 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>Rod Patmore</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 10/24/17. Violations corrected.	

Received by (name and title printed): <b>Rod Patmore</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>Someplace Else</b>		Telephone Number (812-470-7772)	Date of Inspection (mm/dd/yr) 11/17/2017	ID # 11326
Establishment Address (number and street, city, state, zip code) <b>930 Main St, Evansville, IN, 47708</b>		(812-470-7772)		
Owner <b>Belinda Breivogel</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>11/27/2017</b>	
Owner's Address <b>919 S Lombard Ave, Evansville, IN, 47714</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Belinda Breivogel</b>		Menu Type (See additional page) <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		
Responsible Person's E-mail				
Certified Food Handler <b>N/A</b>				

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

Received by (name and title printed): <b>Ryan Jones</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>O'Brians Sports Bar &amp; Grill</b>		Telephone Number (812-401-4630)	Date of Inspection (mm/dd/yr) 11/15/2017	ID # 11322	
Establishment Address (number and street, city, state, zip code) 1801 N Green River Rd, Evansville, IN, 47715		(812-205-9899)			
Owner O'Brians Sports Bar & Grill		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 11/25/2017	
Owner's Address 3900 Timber Pte, Evansville, IN, 47715			Summary of Violations: <b>C</b> <u>3</u> <b>NC</b> <u>4</u> <b>R</b> <u>4</u>		
Person in Charge O'Brians Sports Bar & Grill			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 Matt Madden					

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Wood floor under bar absorbing water. Replace with non-absorbent material.	02/28/2018
295	C	R	Guard in ice bin soiled.	11/16/2017
191	C	R	Food in walk in cooler lacking proper date mark.	Corrected
431	NC	R	Kitchen walls and floors in need of cleaning. Floor in bar area in need of cleaning.	11/20/2017
256	NC	R	Reach in cooler/prep table lacking thermometer.	11/16/2017
294	C		Sanitizer concentration for wiping cloths too weak.	Corrected
295	NC		Non-food contact surface soiled.	11/16/2017

Received by (name and title printed): <b>Doug Anoskey</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>Charlies Mongolian BBQ</b>		Telephone Number <b>(812-303-2214)</b>	Date of Inspection (mm/dd/yr) <b>11/13/2017</b>	ID # <b>11139</b>
Establishment Address (number and street, city, state, zip code) <b>315 E Diamond Ave, Evansville, IN, 47711</b>		Owner <b>(812-484-6709)</b>	Follow-up	Release Date <b>11/23/2017</b>
Owner <b>SHOU ZHU QIN</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 3 NC 3 R 3</b>		
Owner's Address <b>5934 Long Pond Way, Evansville, IN, 47711</b>	Person in Charge <b>SHOU ZHU QIN</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>Jun Cao</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
245	NC	R	Wiping cloths improperly stored.	Corrected
416	NC		Remove any dead pest.	11/13/2017
449	C		Improper use of open baiting station.	Corrected
179	NC		All foods need covered or under buffet glass cover.	11/13/2017
324	C	R	No grease trap information available.	11/14/2017
118	C	R	Certified food safety employee needed.	12/13/2017

Received by (name and title printed): <b>Charlie</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>Engler Wholesale, Inc.</b>		Telephone Number <b>(812-471-0235)</b>	Date of Inspection (mm/dd/yr) <b>11/17/2017</b>	ID # <b>10945</b>
Establishment Address (number and street, city, state, zip code) <b>4315 E Morgan Ave., EVANSVILLE, IN, 47715</b>		(812-385-3762)		
Owner <b>Dan Engler</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>11/27/2017</b>	
Owner's Address <b>PO Box 1232, Princeton, IN, 47670</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Dan Engler</b>		Menu Type (See additional page) 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 <b>n/a</b>				

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

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