



# 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>Cafe Arazu</b>		Telephone Number <b>(812-401-1768)</b>	Date of Inspection (mm/dd/yr) <b>11/27/2017</b>	ID # <b>13267</b>
Establishment Address (number and street, city, state, zip code) <b>415 Main St., Evansville, Indiana, 47713</b>		( ) Owner <b>812-205-1817</b>		
Owner <b>Ben Nejad</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>12/07/2017</b>	
Owner's Address <b>415 Main St., Evansville, Indiana, 47713</b>		Summary of Violations: <b>C 2 NC 1 R 0</b>		
Person in Charge <b>Ben Nejad</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>Desirae Tapp</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
256	NC		Walk-in cooler thermometer broken. Repair or replace.	11/29/2017
187	C		Cooling trays on prep counter not keeping food at proper cold temperature. Either time stamp food containers for 4 hour holding or less or fully submerge containers in ice bath.	11/27/2017
173	C		Improper storage of raw chicken in walk-in cooler.	11/27/2017

Received by (name and title printed): <b>Jake Schaeffer</b>	Inspected by (name and title printed): <b>David Horning</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.

Establishment Name <b>Farm 57 Market, LLC</b>	Telephone Number <b>(812-626-9315)</b>  (Owner) <b>(812-430-5945)</b>	Date of Inspection (mm/dd/yr) <b>11/29/2017</b>	ID # <b>12966</b>
Establishment Address (number and street, city, state, zip code) <b>3443 Kansas Rd, Vanderburgh, Indiana, 47725</b>		Follow-up <b>No</b>	
Owner <b>Aaron &amp; Stephanie Peckenpaugh</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>12/09/2017</b>	
Owner's Address <b>9901 Petersburg Rd, Vanderburgh, Indiana, 47725</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>Aaron &amp; Stephanie Peckenpaugh</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 Peckenpaugh</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 violations.	

Received by (name and title printed): <b>Aaron Peckenpaugh</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</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.

<b>Establishment Name</b> <b>Mojo's Boneyard</b>	<b>Telephone Number</b> (812-475-8593)	<b>Date of Inspection</b> (mm/dd/yr) 11/29/2017	<b>ID #</b> 11992
<b>Establishment Address (number and street, city, state, zip code)</b> 4920 Bellemeade, Evansville, IN, 47715	(812-475-8593)		
<b>Owner</b> John & Tiffany Wynn	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 12/09/2017
<b>Owner's Address</b> PO Box 5474, Evansville, IN, 47716		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> John & Tiffany Wynn		<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> John Wynn			

- 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.	

<b>Received by (name and title printed):</b> <b>John Wynn</b>	<b>Inspected by (name and title printed):</b> <b>Colin Ward</b>
<b>Received by (signature):</b>  	<b>Inspected by (signature):</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>Lincoln Garden</b>		Telephone Number (812-471-8881)	Date of Inspection (mm/dd/yr) 11/30/2017	ID # 11930
Establishment Address (number and street, city, state, zip code) 2001 Lincoln Ave, Evansville, IN, 47714		(812-471-8882)		
Owner Jenny 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 <b>No</b>	Release Date 12/10/2017	
Owner's Address 2001 Lincoln Ave, Evansville, IN, 47714		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>		
Person in Charge Jenny Zhang		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 Jenny Zhang				

- 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		Improper storage of knives in between equipment.	Corrected
199	NC		Improper thawing of raw meat.	Corrected

Received by (name and title printed): <b>Jenny Zhang</b>	Inspected by (name and title printed): <b>Kelly Holzmeier</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.

Establishment Name <b>Daily's Cakes</b>	Telephone Number (812-484-6635)	Date of Inspection (mm/dd/yr) 11/28/2017	ID # 11891
Establishment Address (number and street, city, state, zip code) 701 N Main, Evansville, IN, 47711	(812-423-0320)		
Owner Darla Smith	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 12/08/2017
Owner's Address 500 E Mill Rd, Evansville, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Darla Smith		Menu Type (See additional page) 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Responsible Person's E-mail			
Certified Food Handler Darla Smith			

- 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>Darla Smith</b>	Inspected by (name and title printed): <b>David Horning</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>Jeanne's Gelato &amp; More</b>		Telephone Number <b>(812-479-8272)</b>	Date of Inspection (mm/dd/yr) <b>11/30/2017</b>	ID # <b>11883</b>
Establishment Address (number and street, city, state, zip code) <b>2003 Lincoln Ave, Evansville, IN, 47714</b>		Owner <b>(812-430-1127)</b>	Follow-up <b>No</b>	
Owner <b>Valerie Ewers</b>		Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>12/10/2017</b>	
Owner's Address <b>3305 Sweetser Ave, Evansville, IN, 47714</b>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Valerie Ewers</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 <b>Valerie Ewers</b>		<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
			No noted violations.	

Received by (name and title printed): <b>Valerie Ewers</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</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.

Establishment Name <b>PIZZA HUT #316428</b>		Telephone Number <b>(812-474-9077)</b>		Date of Inspection (mm/dd/yr) <b>12/01/2017</b>		ID # <b>11801</b>	
Establishment Address (number and street, city, state, zip code) <b>1357 Covert Ave, Evansville, IN, 47714</b>		(317-596-3260)					
Owner <b>PIZZA HUT OF AMERICA LLC c/o DMA</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>12/11/2017</b>	
Owner's Address <b>PO Box 80600, Indianapolis, IN, 46280</b>				Summary of Violations: <b>C 0 NC 0 R 0</b>			
Person in Charge <b>PIZZA HUT OF AMERICA LLC c/o DMA</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>Shambrey Treece</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
			Violation from 11/09/2017 corrected.	

Received by (name and title printed): <b>Shambrey Treece</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</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>Ruth's House</b>		Telephone Number <b>(812) 402-0424</b> <b>(812) 402-0424</b>		Date of Inspection (mm/dd/yr) <b>11/30/2017</b>	ID # <b>11630</b>
Establishment Address (number and street, city, state, zip code) <b>321 Walnut St, Evansville, IN, 47708</b>		Owner <b>UNITED CARING SERVICES</b>		Follow-up <b>No</b>	Release Date <b>12/10/2017</b>
Owner's Address <b>324 NW 6th St, Evansville, IN, 47708</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 0 NC 0 R 0</b>	
Person in Charge <b>UNITED CARING SERVICES</b>		Responsible Person's E-mail		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>	
Certified Food Handler <b>n/a</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>Bob Shaner</b>	Inspected by (name and title printed): <b>David Horning</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.

<b>Establishment Name</b> McDonalds (CEK ENTERPRISES LLC)		<b>Telephone Number</b> (812-471-3015)	<b>Date of Inspection</b> (mm/dd/yr) 12/01/2017	<b>ID #</b> 11591
<b>Establishment Address (number and street, city, state, zip code)</b> 3350 N Green River Rd, Evansville, IN, 47715		(812-518-3079)		
<b>Owner</b> JOSEPH & KATHERINE KENWORTHY		<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 12/11/2017
<b>Owner's Address</b> 8944 WILLOWBEND DR, NEWBURGH, IN, 47630			<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> JOSEPH & KATHERINE KENWORTHY		<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> Whitney Klinock				

- 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
			Violation from 11/09/2017 corrected.	

<b>Received by (name and title printed):</b> Whitney Klinock		<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>	



# 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.

<b>Establishment Name</b> Mayse Farm Market		<b>Telephone Number</b> (812-963-3175) (812-963-9201)		<b>Date of Inspection</b> (mm/dd/yr) 11/28/2017		<b>ID #</b> 11551	
<b>Establishment Address (number and street, city, state, zip code)</b> 6400 N St Joe Ave, Evansville, IN, 47720		<b>Owner</b> PAUL MAYSE		<b>Follow-up</b> No		<b>Release Date</b> 12/08/2017	
<b>Owner's Address</b> 6638 N St Joe Ave, Evansville, IN, 47720		<b>Purpose:</b> <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) _____		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Person in Charge</b> PAUL MAYSE							
<b>Responsible Person's E-mail</b>							
<b>Certified Food Handler</b> Carol Fuchs		<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"/>					

- 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.	

<b>Received by (name and title printed):</b> Paul Mayse		<b>Inspected by (name and title printed):</b> Ricardo Zacarias	
<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>Walgreens #09321</b>		Telephone Number <b>(812-426-1180)</b>	Date of Inspection (mm/dd/yr) <b>12/01/2017</b>	ID # <b>11497</b>	
Establishment Address (number and street, city, state, zip code) <b>710 N St. Joseph Ave, Evansville, IN, 47712-5557</b>		Owner <b>(847-527-4897)</b>	Follow-up		
Owner <b>Walgreen 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) _____	Release Date <b>12/11/2017</b>	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Owner's Address <b>PO Box 901, Deerfield, IL, 60015</b>			Menu Type (See additional page)		
Person in Charge <b>Walgreen Co</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 <b>n/a</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>Heather Sparks</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
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 with fields for Establishment Name (Taco Johns), Telephone Number (812-473-7841), Date of Inspection (11/27/2017), ID # (11386), Establishment Address (2509 Washington Ave., Evansville, IN, 47714), Owner (D & G Properties), Purpose (Routine checked), Follow-up (No), Release Date (12/07/2017), Owner's Address (5250 US Hwy 60 West, PADUCAH, KY, 42003), Person in Charge (D & G Properties), Responsible Person's E-mail, Certified Food Handler (Hannah Marlor), and Summary of Violations (C 0, NC 2, R 1).

• 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. Rows include violations such as 'Microwave in need of cleaning' (Corrected) and 'Bulk container needs labeling' (11/27/2017).

Signature section with fields for Received by (name and title printed: Hannah Marlor), Inspected by (name and title printed: Claire Will), Received by (signature), Inspected by (signature), 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 <b>Stans Original Una Pizza</b>		Telephone Number <b>(812-424-8882)</b>	Date of Inspection (mm/dd/yr) <b>11/30/2017</b>	ID # <b>11345</b>
Establishment Address (number and street, city, state, zip code) <b>1101 Harmony Way, Evansville, IN, 47720</b>		( ) Owner		
Owner <b>Judy Roach</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>12/10/2017</b>
Owner's Address <b>10622 FERGUSON LN, Newburgh, IN, 47630</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Judy Roach</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>Judy Roach</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>Greg Roach</b>	Inspected by (name and title printed): <b>Ricardo Zacarias</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.

Establishment Name <b>McDonalds</b>		Telephone Number <b>(812-477-0279)</b>	Date of Inspection (mm/dd/yr) <b>11/30/2017</b>	ID # <b>11203</b>
Establishment Address (number and street, city, state, zip code) <b>2960 Covert Ave, EVANSVILLE, IN, 47714</b>		Owner <b>(812-477-1602)</b>		
Owner <b>MCDONALDS/DBK VISION</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>12/10/2017</b>
Owner's Address <b>PO Box 5708, Evansville, IN, 47716</b>			Summary of Violations: <b>C 1 NC 0 R 0</b>	
Person in Charge <b>MCDONALDS/DBK VISION</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>Bobbi Yeager</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
324	C		Restroom hand washing sinks in need of repair.	12/13/2017

Received by (name and title printed): <b>Christine Simpson</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</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.

Establishment Name <b>Long John Silvers #04</b>		Telephone Number <b>(812-476-3662)</b>	Date of Inspection (mm/dd/yr) <b>11/30/2017</b>	ID # <b>11095</b>
Establishment Address (number and street, city, state, zip code) <b>1015 S 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 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>12/10/2017</b>	
Owner's Address <b>4201 Mannheim Rd Suite A, Jasper, IN, 47546</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>SERVUS, Inc.</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>Stephanie Sellers</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>Stephanie Sellers</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</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>Kipplees Stadium Inn</b>		Telephone Number <b>(812-476-1936)</b>	Date of Inspection (mm/dd/yr) <b>12/01/2017</b>	ID # <b>11071</b>
Establishment Address (number and street, city, state, zip code) <b>2350 Division St, EVANSVILLE, IN, 47711</b>		(812-457-2010) Owner		
Owner <b>Ron Schutz</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>12/11/2017</b>	
Owner's Address <b>2350 E Division St, Evansville, IN, 47711</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>Ron Schutz</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>Jimmy Ward</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
			Violation from 9/20/2017 corrected.	

Received by (name and title printed): <b>Jimmy Ward</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</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.

Establishment Name <b>Great Harvest Bread</b>		Telephone Number <b>(812-476-4999)</b>	Date of Inspection (mm/dd/yr) <b>11/28/2017</b>	ID # <b>10996</b>	
Establishment Address (number and street, city, state, zip code) <b>423 Metro, Evansville, IN, 47715</b>		Owner <b>(812-476-4999)</b>	Follow-up <b>No</b>		
Owner <b>Riland, 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) _____	Release Date <b>12/08/2017</b>		
Owner's Address <b>423 Metro Ave, Evansville, IN, 47715</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>Riland, LLC</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>Kathryn Riney</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>Amanda Holland</b>	Inspected by (name and title printed): <b>Colin Ward</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.

Establishment Name <b>Arby's #5132</b>		Telephone Number <b>(812-477-2888)</b>	Date of Inspection (mm/dd/yr) <b>12/01/2017</b>	ID # <b>10846</b>
Establishment Address (number and street, city, state, zip code) <b>1340 N Green River Rd, Evansville, IN, 47715</b>		Owner <b>(678-514-4377)</b>		
Owner <b>Arby's Restaurant Group</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>12/11/2017</b>	
Owner's Address <b>1155 Perimeter Center West, Atlanta, GA, 30338</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
Person in Charge <b>Arby's Restaurant Group</b>	Responsible Person's E-mail			
Certified Food Handler <b>Monica McKinney</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"/>			

- 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>Larry Harrington</b>	Inspected by (name and title printed): <b>Kelly Holzmeyer</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.

<b>Establishment Name</b> <b>Starbucks Coffee Co. #29444</b>		<b>Telephone Number</b> ( ) Establishment <b>206-318-8705</b>	<b>Date of Inspection</b> (mm/dd/yr) <b>11/30/2017</b>	<b>ID #</b> <b>13755</b>
<b>Establishment Address (number and street, city, state, zip code)</b> <b>4700 W Lloyd Expressway, Evansville, IN, 47712</b>		( ) Owner		
<b>Owner</b> <b>Starbucks Coffee Co.</b>	<b>Purpose:</b> <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) _____	<b>Follow-up</b> <b>Yes</b>	<b>Release Date</b> <b>12/10/2017</b>	
<b>Owner's Address</b> <b>PO Box 34442-Tax2, Seattle, WA, 98124</b>			<b>Summary of Violations:</b> <b>C</b> <u>1</u> <b>NC</b> <u>1</u> <b>R</b> <u>0</u>	
<b>Person in Charge</b> <b>Starbucks Coffee Co.</b>			<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> <b>Taylor Mohr</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
329	C		Hot water source and system not up to capacity to meet water demands. <b>System in need of repair.</b>	12/08/2017
342	NC		Hand washing station lacking hot water.	12/08/2017

<b>Received by (name and title printed):</b> <b>Bailey Benke</b>		<b>Inspected by (name and title printed):</b> <b>Ricardo Zacarias</b>	
<b>Received by (signature):</b>		<b>Inspected by (signature):</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.

Form containing establishment details: Establishment Name (Lamasco / Dapper Pig), Telephone Number (812-490-1504), Date of Inspection (11/29/2017), ID # (13756), Establishment Address (1331 W Franklin St, Evansville, IN, 47710), Owner (Amy Word), Owner's Address (724 SE 2nd Street, Evansville, IN, 47713), Person in Charge (Amy Word), Responsible Person's E-mail, Certified Food Handler, Purpose (Routine checked), Follow-up, Complaint, Pre-Operational, Temporary, HACCP, Other (list), Follow-up No, Release Date (12/09/2017), Summary of Violations (C 0, NC 0, R 0), Menu Type (See additional page).

- 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 content: No noted violations.

Received by (name and title printed): David Smith; Inspected by (name and title printed): Ricardo Zacarias. Received by (signature); Inspected by (signature). 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 <b>The Steak Burger Company</b>		Telephone Number <b>(812-319-3327)</b>	Date of Inspection (mm/dd/yr) <b>11/30/2017</b>	ID # <b>13833</b>
Establishment Address (number and street, city, state, zip code) <b>800 N Green River Rd Ste 104, Evansville, IN, 47715</b>		Owner <b>(812-319-3327)</b>	Follow-up <b>No</b>	
Owner <b>Eduardo Ruiz</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>		Release Date <b>12/10/2017</b>	
Owner's Address <b>800 n green river rd suite 104, Evansville, IN, 47715</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Eduardo Ruiz</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				

- 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 Operation.	

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