



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 Sweet Schmitt's Candy		Telephone Number (812-568-2795)	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 13214
Establishment Address (number and street, city, state, zip code) 422 N Main St, Evansville, Indiana, 47711		(812-568-2795) Owner		
Owner Michael & DeAnn Schmitt	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 01/19/2018	
Owner's Address 1105 Baker Ave, Evansville, Indiana, 47710		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Michael & DeAnn Schmitt		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
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):	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Sushi Maru Express @ Meijer		Telephone Number (201-654-0422)	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 13012
Establishment Address (number and street, city, state, zip code) 2622 Menards Dr, Evansville, IN, 47715		(201-654-0422)		
Owner Sushi Maru Express 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 01/18/2018	
Owner's Address 65 Challenger Rd Ste 202, Ridgefield Pk, NJ, 07660		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Sushi Maru Express Inc		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 Sui Mang				

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

Received by (name and title printed): David Molden	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Meijer Store #287		Telephone Number (812-647-2200)		Date of Inspection (mm/dd/yr) 01/08/2018		ID # 13006	
Establishment Address (number and street, city, state, zip code) 2622 Menards Drive, Evansville, IN, 47715		(616-791-5602)					
Owner Meijer Stores Limited Partnership		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 01/18/2018	
Owner's Address 2929 Walker Ave NW, Grand Rapids, MI, 49544				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>			
Person in Charge Meijer Stores Limited Partnership				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 Gordon Venema							

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Hand washing sinks lacking paper towels.	Corrected

Received by (name and title printed): David Molden		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name CVS Pharmacy #6251		Telephone Number (812) 424-3894	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 12228
Establishment Address (number and street, city, state, zip code) 609 N St Joseph Ave, Evansville, IN, 47712		(401) 770-2816		
Owner HOOK-SUPERX 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 01/21/2018
Owner's Address 1 CVS Dr/Mail Code 1160, Woonsocket, RI, 02895			Summary of Violations: C 0 NC 0 R 0	
Person in Charge HOOK-SUPERX LLC			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler n/a				

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- 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): Mark Hertel		Inspected by (name and title printed): Ricardo Zacarias	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Zuki		Telephone Number (812-423-9854) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 12201
Establishment Address (number and street, city, state, zip code) 222 Main St, Evansville, IN, 47708		(812-677-0564) <small>(Owner)</small>		
Owner Rosabel Manalo-Ibay	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 01/19/2018	
Owner's Address 8548 Cape Cod Cir, Evansville, IN, 47725		Summary of Violations: C 2 NC 1 R 2		
Person in Charge Rosabel Manalo-Ibay		Menu Type (See additional page) 1 ○ 2 ○ 3 ○ 4 ● 5 ○		
Responsible Person's E-mail				
Certified Food Handler Certified employee just left. New one needed by March 2018.				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Dishwasher machine was not sanitizing.	Corrected
347	NC		No paper towels at employee bathroom hand sink.	Corrected
324	C	R	Updated grease trap maintenance log not shown.	02/01/2018

Received by (name and title printed): Joe Ibay		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name GaylaCake LLC		Telephone Number (812) 454-9791 <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 12130
Establishment Address (number and street, city, state, zip code) 422 N Main St, Evansville, IN, 47711		(812) 893-0341 <small>(Owner)</small>		
Owner Gayla Bell	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 01/19/2018	
Owner's Address 11501 Tere Lane, Evansville, IN, 47712		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Gayla Bell		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Gayla Bell				

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

Received by (name and title printed): Gayla Bell	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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Establishment Name Murphy USA #7114	Telephone Number (812-422-9519)	Date of Inspection (mm/dd/yr) 01/10/2018	ID # 11971
Establishment Address (number and street, city, state, zip code) 5210 Pearl Dr, Evansville, IN, 47712		Owner (870-875-7558)	
Owner Murphy Oil USA 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 01/20/2018
Owner's Address PO Box 7300, Eldorado, AR, 71731-7300		Summary of Violations:	
Person in Charge Murphy Oil USA 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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

Received by (name and title printed): Lisa Saubier	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Murphy USA #7114	Telephone Number (812-422-9519) (870-875-7558)	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 11971
Establishment Address (number and street, city, state, zip code) 5210 Pearl Dr, Evansville, IN, 47712		Owner Murphy Oil USA Inc	
Owner's Address PO Box 7300, Eldorado, AR, 71731-7300	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 01/20/2018
Person in Charge Murphy Oil USA Inc		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	Menu Type (<i>See additional page</i>) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler n/a			

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

Received by (name and title printed): Lisa Saubier	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name By the Slice		Telephone Number (812-402-8518)	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 11534	
Establishment Address (number and street, city, state, zip code) 2011 Lincoln Ave, Evansville, IN, 47714		Owner (812-626-1313)	Follow-up No		
Owner Eric Weber		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 01/18/2018		
Owner's Address 10201 Beatty Ln, Evansville, IN, 47725			Summary of Violations: C 0 NC 2 R 0		
Person in Charge Eric Weber			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail					
Certified Food Handler Trevor Scarlett					

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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice guard within ice machine soiled.	01/08/2018
297	NC		Drink dispenser nozzle in need of cleaning.	01/08/2018

Received by (name and title printed): Eric Weber		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Wesselmans Weinbach		Telephone Number (812-424-8289)	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 11441
Establishment Address (number and street, city, state, zip code) 1 N Weinbach Ave., Evansville, IN, 47711		Owner (812-479-0993)	Follow-up No	
Owner WINKLER 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)		Release Date 01/19/2018	
Owner's Address 5011 Washington Ave #6, Evansville, IN, 47715			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge WINKLER INC			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 Annie Hoffman				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Seals on meat cooler in need of repair.	01/26/2018

Received by (name and title printed): Steve Denning		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Turoni's		Telephone Number (812-424-9871)	Date of Inspection (mm/dd/yr) 01/10/2018	ID # 11414
Establishment Address (number and street, city, state, zip code) 408 N Main St, EVANSVILLE, IN, 47711		Owner (812-437-0194)	Follow-up No	
Owner Turoni's Pizza Inc/Jerry Turner		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 01/20/2018	
Owner's Address 5709 Spring Lake Dr, Evansville, IN, 47711		<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Turoni's Pizza Inc/Jerry Turner		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	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"/>	
Certified Food Handler Brian Mallow		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list) _____		

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

Received by (name and title printed): Lydia Mueller		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Sunset Market	Telephone Number (812-424-3533)	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 11346						
Establishment Address (number and street, city, state, zip code) 507 E Powell Ave., Evansville, IN, 47713	(812-424-3533)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Follow-up No</td> <td style="width: 50%;">Release Date 01/21/2018</td> </tr> <tr> <td colspan="2" style="text-align: center;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2"> 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"/> </td> </tr> </table>		Follow-up No	Release Date 01/21/2018	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		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"/>	
Follow-up No	Release Date 01/21/2018								
Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>									
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"/>									
Owner MAHMOUD BAYER	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) _____		Person in Charge MAHMOUD BAYER						
Owner's Address 507 E Powell, Evansville, IN, 47713	Responsible Person's E-mail _____								
Certified Food Handler N/A									
<ul style="list-style-type: none"> • 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): Mahmoud Bayer	Inspected by (name and title printed): David Horning
Received by (signature): _____	Inspected by (signature): _____
cc: _____	cc: _____



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Establishment Name Schnucks #704		Telephone Number (812-464-3920)	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 11305
Establishment Address (number and street, city, state, zip code) 3700 First Ave, EVANSVILLE, IN, 47710		(812-464-3920) Owner (314-994-4718)		
Owner Schnucks Markets 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 01/21/2018
Owner's Address 11420 Lackland Rd, St Louis, MO, 63146			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Schnucks Markets Inc		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 Janette Cardarelle				

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

Received by (name and title printed): Tammy Nilson	Inspected by (name and title printed): Carol Coudret
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Roca Bar		Telephone Number (812-422-7782) () Owner	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 11286
Establishment Address (number and street, city, state, zip code) 1618 S Kentucky Ave, Evansville, IN, 47714		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/19/2018
Owner Roca Bar of Evansville Inc			Summary of Violations: C 0 NC 0 R 0	
Owner's Address 7124 E Olive St, Evansville, IN, 47715			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Person in Charge Roca Bar of Evansville Inc		Responsible Person's E-mail		
Certified Food Handler Jerry Ritter				

- 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): Jerry Ritter		Inspected by (name and title printed): David Horning	
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

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Establishment Name Circle Nine	Telephone Number (812-430-7838)	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 11272												
Establishment Address (number and street, city, state, zip code) 1526 Judson St, Evansville, IN, 47713	(812-550-3577)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Follow-up No </td> <td style="width: 50%; padding: 5px;"> Release Date 01/19/2018 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: <table style="width: 100%; text-align: center;"> <tr> <td style="font-size: 2em;">C</td> <td style="font-size: 2em;">0</td> <td style="font-size: 2em;">NC</td> <td style="font-size: 2em;">2</td> <td style="font-size: 2em;">R</td> <td style="font-size: 2em;">2</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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"/> </td> </tr> </table>		Follow-up No	Release Date 01/19/2018	Summary of Violations: <table style="width: 100%; text-align: center;"> <tr> <td style="font-size: 2em;">C</td> <td style="font-size: 2em;">0</td> <td style="font-size: 2em;">NC</td> <td style="font-size: 2em;">2</td> <td style="font-size: 2em;">R</td> <td style="font-size: 2em;">2</td> </tr> </table>		C	0	NC	2	R	2	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"/>	
Follow-up No	Release Date 01/19/2018														
Summary of Violations: <table style="width: 100%; text-align: center;"> <tr> <td style="font-size: 2em;">C</td> <td style="font-size: 2em;">0</td> <td style="font-size: 2em;">NC</td> <td style="font-size: 2em;">2</td> <td style="font-size: 2em;">R</td> <td style="font-size: 2em;">2</td> </tr> </table>		C	0	NC	2	R	2								
C	0	NC	2	R	2										
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"/>															
Owner Gurpreet-Kaur	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) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 5px;"> Person in Charge Manjit Singh </td> </tr> <tr> <td style="padding: 5px;"> Responsible Person's E-mail </td> </tr> </table>		Person in Charge Manjit Singh	Responsible Person's E-mail 										
Person in Charge Manjit Singh															
Responsible Person's E-mail 															
Owner's Address 7588 Young Ct, Newburgh, IN, 47630	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 5px;"> Certified Food Handler Gurpreet-Kaur </td> </tr> </table>			Certified Food Handler Gurpreet-Kaur											
Certified Food Handler Gurpreet-Kaur															

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC	R	Ceiling water leak in walk-in cooler.	02/09/2018
431	NC	R	Walk in cooler fan units in need of cleaning.	01/16/2018

Received by (name and title printed): Manjit Singh	Inspected by (name and title printed): David Horning
Received by (signature): 	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-5695
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Establishment Name SISCO ENTERPRISES LLC DBA PIECE OF CAKE	Telephone Number (812-424-2253)	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 11256
Establishment Address (number and street, city, state, zip code) 210 Main St, Evansville, IN, 47708	(812-426-0168)		
Owner Cate Sisco	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 01/18/2018
Owner's Address 10 TAYLOR AVE, Evansville, IN, 47713		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Cate Sisco		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 Amelia R Cottrell			

- 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
			No noted violations.	

Received by (name and title printed): Kristi White	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Penny Lane Coffeehouse		Telephone Number (812-421-8741)	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 11253
Establishment Address (number and street, city, state, zip code) 600 SE Second St., Evansville, IN, 47713		Owner (812-421-8741)	Follow-up No	
Owner WGB Coffee LLC	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 01/18/2018		
Owner's Address 3113 E Cherry St, Evansville, IN, 47714	<input type="checkbox"/> Follow-up	Summary of Violations: C 1 NC 0 R 0		
Person in Charge WGB Coffee LLC	<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 Just expired (needs to recertify)	<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
118	C		Food safety certification expired.	02/08/2018

Received by (name and title printed): Gracie Langley	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Papa Johns	Telephone Number (812-477-7700)	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 11250	
Establishment Address (number and street, city, state, zip code) 303 N Weinbach Ave., Evansville, IN, 47711	Owner (812-423-9024)	Follow-up No		
Owner KGK Enterprises Inc	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 01/21/2018	Summary of Violations: C 0 NC 0 R 0	
Owner's Address 313 N Weinbach Ave, Evansville, IN, 47711	<input type="checkbox"/> Follow-up	Menu Type (<i>See additional page</i>) 1 0 2 0 3 ● 4 0 5 0		
Person in Charge KGK Enterprises Inc	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler Andrew Patterson	<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): Jessica Cremeens	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name Order of Owls Nest #30		Telephone Number (812-422-2556)	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 11237
Establishment Address (number and street, city, state, zip code) 2427 N Sherman Ave, Evansville, IN, 47710		(812-422-2556)		
Owner ORDER OF OWLS NEST #30	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 01/21/2018	
Owner's Address 2427 N Sherman, Evansville, IN, 47711		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>		
Person in Charge ORDER OF OWLS NEST #30		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 Michael Cutteridge				

- 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
176	NC		Bottle stored in beverage ice.	Corrected
177	C	R	Items in dry storage area not store 6" off floor.	Corrected

Received by (name and title printed): whitney cutteridge	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name McDonalds		Telephone Number (812-477-7041)	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 11205
Establishment Address (number and street, city, state, zip code) 4701 Lincoln Ave., EVANSVILLE, IN, 47715		Owner (812-477-1602)	Follow-up No	
Owner MCDONALDS/DBK VISION		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 01/18/2018	
Owner's Address PO Box 5708, Evansville, IN, 47716			Summary of Violations: C 2 NC 0 R 2	
Person in Charge MCDONALDS/DBK VISION			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 Jason Brothers				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Chemical sanitizer concentration below required level.	Corrected
324	C	R	Grease trap maintenance log not up to date.	01/12/2018

Received by (name and title printed): Jason Brothers		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name McDonalds		Telephone Number (812-425-1712	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 11202
Establishment Address (number and street, city, state, zip code) 1148 Washington Ave., EVANSVILLE, IN, 47714		(812-477-1602		
Owner MCDONALDS/DBK VISION		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 01/18/2018
Owner's Address PO Box 5708, Evansville, IN, 47716			Summary of Violations: C 0 NC 0 R 0	
Person in Charge MCDONALDS/DBK VISION			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Marcella Wisdom				

- 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
			No noted violations.	

Received by (name and title printed): Marcella Wisdom		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Marigold Bar		Telephone Number (812-475-8780)	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 11190
Establishment Address (number and street, city, state, zip code) 2112 S Weinbach Ave., Evansville, IN, 47714		Owner (812-598-0954)	Follow-up No	
Owner Bush Investments		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 01/19/2018	
Owner's Address 2322 Boeke Place, Evansville, IN, 47714			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Bush Investments			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler Dave Bush				

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

Received by (name and title printed): David Bush	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name China Lu Market		Telephone Number (812-471-9999)	Date of Inspection (mm/dd/yr) 01/10/2018	ID # 11148
Establishment Address (number and street, city, state, zip code) 4604 Vogel Rd., Evansville, IN, 47715		Owner (812-471-9999)	Follow-up Yes	
Owner Yue Ying Yang	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 01/20/2018		Summary of Violations: C 2 NC 4 R 4
Owner's Address 4604 Vogel Rd, Evansville, IN, 47715		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Person in Charge Yue Ying Yang	Responsible Person's E-mail		Certified Food Handler Amy Yang	

- 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
177	C	R	Food items improperly stored on floor.	01/10/2018
181	C	R	Food items not to be offered for consumer self service.	Corrected
179	NC	R	Food on display not protected from cross contamination.	01/10/2018
218	NC		Cold case needs to be properly maintained.	01/10/2018
146	NC	R	Products not properly identified with labels in English.	01/10/2018
413	NC		Back door in need of repair/replacing.	01/17/2018

Received by (name and title printed): Amy Yang	Inspected by (name and title printed): Colin Ward
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name The Kitchen Buffet/Tropicana Hotel/Conference Center		Telephone Number (812-433-4000)	Date of Inspection (mm/dd/yr) 01/10/2018	ID # 11132
Establishment Address (number and street, city, state, zip code) 421 NW Riverside Dr, Evansville, IN, 47708		(812-433-4034) Owner		
Owner Aztar Indiana Gaming Co LLC / dba Tropicana Evansville	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 01/20/2018	
Owner's Address 421 NW Riverside Dr, Evansville, IN, 47708		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>		
Person in Charge Aztar Indiana Gaming Co LLC / dba Tropicana Evansville			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 Chuck Subra				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Some food items lacking proper date marking.	01/10/2018

Received by (name and title printed): Chuck Subra		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Horstketter		Telephone Number (812) 423-0692	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 11043
Establishment Address (number and street, city, state, zip code) 5809 Stringtown Rd, Evansville, IN, 47711		(812) 499-1777		
Owner Joe Horstketter		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 01/18/2018
Owner's Address 5809 Stringtown Rd, Evansville, IN, 47711			Summary of Violations:	
Person in Charge Joe Horstketter			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		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		

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

Received by (name and title printed): Jackson Davis		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Harmes Una Pizza		Telephone Number (812-426-2600)	Date of Inspection (mm/dd/yr) 01/10/2018	ID # 11014
Establishment Address (number and street, city, state, zip code) 967 S Kentucky Ave, EVANSVILLE, IN, 47714		(812-471-0911) Owner		
Owner Wayne Harmes	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 01/20/2018	
Owner's Address 7011 Marion Ct, Evansville, IN, 47715		Summary of Violations: C 0 NC 1 R 1		
Person in Charge Wayne Harmes		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 Needed (obtain within 3 months)				

- 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
324	NC	R	Hand sink faucet leak needs repair.	01/17/2018

Received by (name and title printed): Wallace Rollins	Inspected by (name and title printed): David Horning
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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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 Donut Bank		Telephone Number (812-426-2311)	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 10931
Establishment Address (number and street, city, state, zip code) 2128 First Ave, EVANSVILLE, IN, 47710		(812-426-0011)		
Owner CHRIS KEMPF	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 01/18/2018
Owner's Address 1031 Diamond Ave, Evansville, IN, 47711			Summary of Violations: C 0 NC 1 R 0	
Person in Charge CHRIS KEMPF			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"
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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice guard within ice machine soiled.	01/08/2018

Received by (name and title printed): Sierra Carter	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Denny's #290		Telephone Number (812-424-4472)	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 10903
Establishment Address (number and street, city, state, zip code) 5212 Weston Rd., Evansville, IN, 47712		(812-482-3212)		
Owner SERVUS, 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 01/21/2018	
Owner's Address 4201 Mannheim Rd Suite A, Jasper, IN, 47546		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>2</u>		
Person in Charge SERVUS, Inc.		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 Michael Bruce				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Lacking date markings on walking cooler.	Corrected
347	NC	R	Male restroom lacking paper towels.	Corrected
431	NC	R	Overall cleaning in kitchen area required. Clean under equipment.	01/11/2018

Received by (name and title printed): Crystal Branson	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Price Less Foods #432	Telephone Number (812-471-7575) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 10884
Establishment Address (number and street, city, state, zip code) 1550 S Vann Ave., Evansville, IN, 47714	(270-843-3252) <small>(Owner)</small>		
Owner HOUCHENS NORTH FOODS 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 01/21/2018
Owner's Address PO Box 90009, BOWLING GREEN, KY, 42102		Summary of Violations: C 1 NC 1 R 2	
Person in Charge HOUCHENS NORTH FOODS LLC		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 Adam Funkhouse			

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Potentially hazardous food not being held at 41 degrees or lower.	01/11/2018
431	NC	R	Walk in freezer fan in need of cleaning.	01/12/2018

Received by (name and title printed): Ryan Poole	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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Establishment Name Boss Hawgs Old Fashion Smoke House		Telephone Number (812-423-2465)	Date of Inspection (mm/dd/yr) 01/11/2018	ID # 10874
Establishment Address (number and street, city, state, zip code) 2020 Stringtown Rd, Evansville, IN, 47711		(812-423-2465)		
Owner The Old Fashion Butcher Shoppe 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 01/21/2018	
Owner's Address 2130 Stringtown Rd, Evansville, IN, 47711			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge The Old Fashion Butcher Shoppe Inc			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				

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

Received by (name and title printed): Chris Baumgart	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Bob's Gym		Telephone Number (812-424-2627) Owner (812-402-2627)	Date of Inspection (mm/dd/yr) 01/10/2018	ID # 10871
Establishment Address (number and street, city, state, zip code) 200 N Rosenberger Ave, Evansville, IN, 47712				
Owner BOB SWALLOWS		Purpose: <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/20/2018
Owner's Address 200 N Rosenberger Ave, Evansville, IN, 47712			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BOB SWALLOWS		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="checked" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail 				
Certified Food Handler Randy Graves				

• 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
			No noted violations.	

Received by (name and title printed): Trey McClean		Inspected by (name and title printed): Ricardo Zacarias	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Cavanaugh's		Telephone Number (812-433-4000)	Date of Inspection (mm/dd/yr) 01/10/2018	ID # 10853
Establishment Address (number and street, city, state, zip code) 450 NW Riverside Dr, EVANSVILLE, IN, 47708		(812-433-4034)		
Owner Aztar Indiana Gaming Co LLC / dba Tropicana Evansville		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 01/20/2018
Owner's Address 421 NW Riverside Dr, Evansville, IN, 47708			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge Aztar Indiana Gaming Co LLC / dba Tropicana Evansville		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 Chuck Subra				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Two cooler units not holding correct cold holding temps. Necessary foods discarded.	01/24/2018

Received by (name and title printed): Chuck Subra		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Acropolis		Telephone Number (812-475-9320)	Date of Inspection (mm/dd/yr) 01/08/2018	ID # 10827
Establishment Address (number and street, city, state, zip code) 501 N Green River Rd, Evansville, IN, 47715		Owner (812-475-9320)	Follow-up No	
Owner Yiochriella, LLC		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 01/18/2018	
Owner's Address 898 BEACHWOOD DR, Henderson, KY, 42420		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge Yiochriella, LLC		<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 type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Anna Miller		<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"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): Doros Hadjisavva		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name: Fresh Thyme Farmer's Market
Telephone Number: 812-909-7063
Date of Inspection: 01/09/2018
ID #: 13850
Establishment Address: 1121 Hirschland Rd., Evansville, IN, 47715
Owner: Jennifer Jenkins
Purpose: Routine
Follow-up: No
Release Date: 01/19/2018
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Approved for operation.

Received by (name and title printed): Tom Wolfe
Inspected by (name and title printed): Carol Coudret
Received by (signature):
Inspected by (signature):
cc: [blank]



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Establishment Name Sushi Avenue		Telephone Number (812-909-7063)	Date of Inspection (mm/dd/yr) 01/09/2018	ID # 13851
Establishment Address (number and street, city, state, zip code) 1121 Hirschland Rd., Evansville, IN, 47715		Owner (812-909-7063)		
Owner Jennifer Jenkins	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) Final _____	Follow-up No	Release Date 01/19/2018	
Owner's Address 1121 Hirschland Rd., Evansville, IN, 47715		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Jennifer Jenkins		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Approved for operation.	

Received by (name and title printed): Tom Wolfe	Inspected by (name and title printed): Carol Coudret
Received by (signature):	Inspected by (signature):
cc:	cc: