



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 Kelly's Food & Smoke Shop		Telephone Number (812-477-2325)		Date of Inspection (mm/dd/yr) 12/19/2017	ID # 11948
Establishment Address (number and street, city, state, zip code) 3012 Covert Ave, Evansville, IN, 47714		Telephone Number (812-774-2616)			
Owner Khalid O Alssaleh		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 12/29/2017
Owner's Address 1909 Cheyenne Dr, Evansville, IN, 47714		Summary of Violations: C 0 NC 0 R 0			
Person in Charge Khalid O Alssaleh		Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○			
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 violations.	

Received by (name and title printed): Mousa Sammour		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Aihua International Market		Telephone Number (812) 479-7168	Date of Inspection (mm/dd/yr) 12/19/2017	ID # 11898
Establishment Address (number and street, city, state, zip code) 1624 N Green River Rd, Evansville, IN, 47715		(812) 479-6137		
Owner Aihua Sun	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" 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 12/29/2017	
Owner's Address 3106 Park Ridge Dr, Evansville, IN, 47715		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>		
Person in Charge Aihua Sun		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 King Liu				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C	R	Improper storage of raw meat in reach in coolers for self service.	Corrected

Received by (name and title printed): Aihua Sun		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Super 8 Motel		Telephone Number (812-476-4008)	Date of Inspection (mm/dd/yr) 12/19/2017	ID # 11562
Establishment Address (number and street, city, state, zip code) 4600 E Morgan Ave, Evansville, IN, 47715		Owner (812-476-4008)	Follow-up No	
Owner JATIN PATEL	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 12/29/2017	
Owner's Address 4600 E MORGAN AVE, Evansville, IN, 47715	Person in Charge JATIN PATEL		Summary of Violations: C 3 NC 1 R 0	
Responsible Person's E-mail	Certified Food Handler n/a		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous food not being held at required temperature.	Corrected
193	C		Time being used as a public health control for cold product lacking proper time label.	Corrected
347	NC		No paper towels at hand washing sink.	Corrected
345	C		Hand washing sink being used for purpose other than hand washing.	Corrected

Received by (name and title printed): Rick Heenan	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Family Dollar #25585		Telephone Number (812-477-1922)	Date of Inspection (mm/dd/yr) 12/20/2017	ID # 11531
Establishment Address (number and street, city, state, zip code) 1 N Weinbach Ave, Evansville, IN, 47711		Owner (757-321-5000)	Follow-up No	
Owner FAMILY DOLLAR Stores of IN, LP		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 12/30/2017	
Owner's Address 500 Volvo Pkwy, Chesapeake, VA, 23320			Summary of Violations: C 0 NC 0 R 0	
Person in Charge FAMILY DOLLAR Stores of IN, LP			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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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): Sharon Hansel		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Walgreens #6152		Telephone Number (812-474-0055)	Date of Inspection (mm/dd/yr) 12/20/2017	ID # 11429
Establishment Address (number and street, city, state, zip code) 925 S Green River Rd, Evansville, IN, 47715		Owner (847-527-4897)	Follow-up No	
Owner Walgreen Co		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/30/2017	
Owner's Address PO Box 901, Deerfield, IL, 60015		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge Walgreen Co		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational		
Certified Food Handler n/a		<input type="checkbox"/> Temporary	Menu Type (See additional page)	
		<input type="checkbox"/> HACCP	1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
		<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): Megan Dellorto	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name SIMPSONS SUPERMARKET		Telephone Number (812-477-5341)	Date of Inspection (mm/dd/yr) 12/19/2017	ID # 11319
Establishment Address (number and street, city, state, zip code) 1365 Covert Ave, EVANSVILLE, IN, 47714		(812-477-5341)		
Owner BRIAN D & NANCY C JAMES		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 12/29/2017
Owner's Address 8310 Wolf Creek Dr, Evansville, IN, 47712			Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in Charge BRIAN D & NANCY C JAMES			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 Holly Williams				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizer concentration for wiping cloths too strong.	Corrected
291	NC		Meat department lacking required sanitizer test strips.	12/21/2017

Received by (name and title printed): Brain James		Inspected by (name and title printed): Kelly Holzmeyer	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Sam's Club #8123		Telephone Number (812-473-2518)	Date of Inspection (mm/dd/yr) 12/18/2017	ID # 11294
Establishment Address (number and street, city, state, zip code) 6700 E Virginia St., Evansville, IN, 47715		() Owner (479-204-4738)		
Owner Sam's East Inc.		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/28/2017
Owner's Address 508 SW 8th St, Bentonville, AR, 72716-0500			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Sam's East 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 Lucy Fager				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Sam's Cafe approved for reopening.	

Received by (name and title printed): Lucy Fager		Inspected by (name and title printed): Colin Ward	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name: CVS Pharmacy #6254
Telephone Number: (812) 475-2038
Date of Inspection: 12/20/2017
ID #: 11184
Establishment Address: 2344 Covert Ave, Evansville, IN, 47714
Owner: HOOK-SUPERX LLC
Purpose: Routine
Follow-up: No
Release Date: 12/30/2017
Owner's Address: 1 CVS Dr/Mail Code 1160, Woonsocket, RI, 02895
Person in Charge: HOOK-SUPERX LLC
Summary of Violations: C 0 NC 1 R 0
Menu Type: 1 2 3 4 5

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, NC, Milk cooler racks in need of cleaning., 12/22/2017

Received by (name and title printed): Emily Mcdaniel
Inspected by (name and title printed): Claire Will
Received by (signature):
Inspected by (signature):
cc:



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Establishment Name Circle S Mart #25	Telephone Number (812-475-0014)	Date of Inspection (mm/dd/yr) 12/19/2017	ID # 11156																
Establishment Address (number and street, city, state, zip code) 2335 N Green River Rd, EVANSVILLE, IN, 47715	Owner (812-547-6435)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Follow-up No</td> <td style="width: 50%;">Release Date 12/29/2017</td> </tr> <tr> <td colspan="2" style="text-align: center;">Summary of Violations:</td> </tr> <tr> <td style="text-align: center;">C <u>0</u></td> <td style="text-align: center;">NC <u>0</u></td> </tr> <tr> <td style="text-align: center;">R <u>0</u></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Menu Type (See additional page)</td> </tr> <tr> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">3 <input checked="" type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">5 <input type="radio"/></td> <td></td> </tr> </table>		Follow-up No	Release Date 12/29/2017	Summary of Violations:		C <u>0</u>	NC <u>0</u>	R <u>0</u>		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"/>	
Follow-up No	Release Date 12/29/2017																		
Summary of Violations:																			
C <u>0</u>	NC <u>0</u>																		
R <u>0</u>																			
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"/>																			
Owner C & S 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)																		
Owner's Address PO Box 39, Tell City, IN, 47586	Person in Charge C & S Inc																		
Responsible Person's E-mail	Certified Food Handler Martin Davis																		

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

Received by (name and title printed): Martin Davis	Inspected by (name and title printed): Kelly Holzmeyer
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Chicken N Salsa		Telephone Number (812-480-6580)	Date of Inspection (mm/dd/yr) 12/19/2017	ID # 13842
Establishment Address (number and street, city, state, zip code) 122 N Weinbach, Evansville, IN, 47711		(812-480-6580) Owner		
Owner Jose Mosquida	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 12/29/2017	
Owner's Address 2201 S Alvord Blvd, Evansville, IN, 47714		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Jose Mosquida		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 Jennifer Gaines				

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

Received by (name and title printed): Allen Fetcher		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name: The Daily Grind
Telephone Number: 812-401-2040
Date of Inspection: 12/21/2017
ID #: 13843
Establishment Address: 1 SE 9th St, Evansville, IN, 47708
Owner: Tara Gore
Owner's Address: 1 SE 9th St, #102, Evansville, IN, 47708
Person in Charge: Tara Gore
Responsible Person's E-mail:
Certified Food Handler:
Purpose: Routine, Follow-up, Complaint, Pre-Operational, Temporary, HACCP, Other (list)
Follow-up: No
Release Date: 12/31/2017
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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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): Tara Gore
Inspected by (name and title printed): Claire Will

Received by (signature):
Inspected by (signature):

cc: