



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: Just Rennie's Catering at the Old Post Office. Telephone Number: 812-401-8098. Date of Inspection: 01/04/2018. ID #: 12004. Owner: Doug & Marla Rennie. Address: 100 NW Second St, Evansville, IN, 47708. Purpose: Routine. Follow-up: No. Release Date: 01/14/2018. Summary of Violations: C 0 NC 0 R 0. Menu Type: 1 0 2 1 3 0 4 0 5 0.

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

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

Received by (name and title printed): Marla Rennie. Inspected by (name and title printed): David Horning. Received by (signature): [blank]. Inspected by (signature): [blank]. cc: [blank]

**Retail Food Establishment Inspection Report**State Form 22116 (R7 /12-04)
SDH Form 51-0001Vanderburgh 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 Big Lots #1760		Telephone Number (812) 473-9483	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 11810
Establishment Address (number and street, city, state, zip code) 720 S Green River Rd, Evansville, IN, 47715		(614) 278-6835		
Owner Big Lots Stores Inc - Attn: Tax Dept	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 01/14/2018	
Owner's Address 300 Phillipi Rd, Columbus, OH, 43228		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Big Lots Stores Inc - Attn: Tax Dept		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler n/a				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): Karen Payne		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Subway #36370		Telephone Number (812-425-8014) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 11774
Establishment Address (number and street, city, state, zip code) 335 S Red Bank Rd, Evansville, IN, 47712		(270-826-3183) <small>(Owner)</small>		
Owner Jeffrey S Troxel/Troxel Subs 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 01/14/2018
Owner's Address PO Box 724, Henderson, KY, 42419			Summary of Violations: C 0 NC 0 R 0	
Person in Charge Jeffrey S Troxel/Troxel Subs 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 Patrick T Robinson				

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

Received by (name and title printed): Rosa Aldrige		Inspected by (name and title printed): Ricardo Zacarias	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Aldi Foods Inc #3		Telephone Number (812-422-6775)	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 11689
Establishment Address (number and street, city, state, zip code) 214 S Rosenberger Ave, Evansville, IN, 47712		(317-887-6273)		
Owner ALDI FOODS 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 01/14/2018	
Owner's Address 486 E Stop 18 Rd, Greenwood, IN, 46143		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge ALDI FOODS INC		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler n/a				

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

Received by (name and title printed): Nathan Brock	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Evansville Youth Care Center		Telephone Number (812)421-3800	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 11571
Establishment Address (number and street, city, state, zip code) 300 SE Martin Luther King Blvd, Evansville, IN, 47713		Telephone Number (812)421-3800		
Owner Evansville Rescue Mission	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 01/14/2018	
Owner's Address 500 E Walnut, Evansville, IN, 47713		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Evansville Rescue Mission		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 Justin Dillon				

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

Received by (name and title printed): Justin Dillon	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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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 Dollar Tree #1541		Telephone Number (812-476-3426)	Date of Inspection (mm/dd/yr) 01/02/2018	ID # 11563
Establishment Address (number and street, city, state, zip code) 800 S Green River Rd, Evansville, IN, 47715		Owner (757-321-5000)	Follow-up No	
Owner Dollar Tree		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 01/12/2018	
Owner's Address 500 Volvo Parkway, Chesapeake, VA, 23320		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Dollar Tree		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				

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

Received by (name and title printed): Tammy Wersich	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Zesto	Telephone Number (812-423-5961)	Date of Inspection (mm/dd/yr) 01/02/2018	ID # 11461
Establishment Address (number and street, city, state, zip code) 920 E Riverside Dr, Evansville, IN, 47713	(812-853-8978)		
Owner Daniel Hardesty	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 01/12/2018
Owner's Address 7533 Chapel Hill Ct, Newburgh, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Daniel Hardesty		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 Dan Hardesty			

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

Received by (name and title printed): Dan Hardesty	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Subway Sandwich Shop		Telephone Number (812-423-0035)	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 11372
Establishment Address (number and street, city, state, zip code) 510 N St Joseph Ave, Evansville, IN, 47712		(812-573-7777)		
Owner PATHIL AMIN	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 01/14/2018	
Owner's Address 10082 STONECREEK CIR, NEWBURGH, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge PATHIL AMIN		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 Brandi Traylor				

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

Received by (name and title printed): Brandi Traylor		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Subway #30714		Telephone Number (812-437-3750)	Date of Inspection (mm/dd/yr) 01/05/2018	ID # 11371
Establishment Address (number and street, city, state, zip code) 3200 N St Joe Unit A, EVANSVILLE, IN, 47720		(812-774-6689)		
Owner Larry 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) _____	Follow-up No	Release Date 01/15/2018	
Owner's Address 725 Lancelot Dr, Evansville, IN, 47711		Summary of Violations: C 0 NC 0 R 0		
Person in Charge Larry Patel		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 Larry Patel				

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

Received by (name and title printed): Peter Patel	Inspected by (name and title printed): Ricardo Zacarias
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Subway #15691		Telephone Number (812-425-7585) <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 11366
Establishment Address (number and street, city, state, zip code) 631 Walnut St, Evansville, IN, 47708		Telephone Number (812-774-6689) <small>(Owner)</small>		
Owner Larry 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) _____	Follow-up No	Release Date 01/14/2018	
Owner's Address 725 Lancelot Dr, Evansville, IN, 47711		Summary of Violations: C 1 NC 0 R 0		
Person in Charge Larry Patel		Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Vishnubhai Patel				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Disinfectant lacking for wipe rag.	01/04/2018

Received by (name and title printed): Vishnubhai Patel		Inspected by (name and title printed): David Horning	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Subway	Telephone Number (812-422-7921)	Date of Inspection (mm/dd/yr) 01/02/2018	ID # 11364
Establishment Address (number and street, city, state, zip code) 520 Mary St, Evansville, IN, 47710	() Owner		
Owner Houchens Industries North	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 01/12/2018
Owner's Address 611 Bartley St. , Jasper , IN, 47546	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge Houchens Industries North	Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail			
Certified Food Handler Tammy Arndell			

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

Received by (name and title printed): Tammy Arndell	Inspected by (name and title printed): David Horning
Received by (signature):	Inspected by (signature):
cc:	cc:
cc:	cc:



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Establishment Name McDonalds #11291	Telephone Number (812-421-0569) (812-480-4770)	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 11197
Establishment Address (number and street, city, state, zip code) 115 S Rosenberger Ave, EVANSVILLE, IN, 47712		Follow-up No	Release Date 01/14/2018
Owner PAUL SNIDER	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: C <u>1</u> NC <u>1</u> R <u>1</u>	
Owner's Address PO BOX 6109, EVANSVILLE, IN, 47719		Menu Type (See additional page)	
Person in Charge PAUL SNIDER		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 Heather Strickland			

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Section#	C/NC	R	Narrative	To Be Corrected By
257	NC	R	Lacking thermometer in reach in cooler by front counter.	Corrected
136	C		Improper storage and use of personal drinking container without a lid in prep area.	Corrected

Received by (name and title printed): Samantha Viars	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Great American Cookie Co		Telephone Number (812-471-1774)	Date of Inspection (mm/dd/yr) 01/05/2018	ID # 10995
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		Owner (812-401-6531)	Follow-up No	
Owner Agape Bakeries Inc		Purpose: <input checked="" type="checkbox"/> Routine	Release Date 01/15/2018	
Owner's Address 3413 Raccoon Run, Evansville, IN, 47711		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge Agape Bakeries Inc		<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 Amy Smith		<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): Amy Smith		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Edco Station	Telephone Number (812-426-1796)	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 10940
Establishment Address (number and street, city, state, zip code) 2505 Stringtown Rd, Evansville, IN, 47711	(812-476-3162)		
Owner Karl E Ralph	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 01/14/2018
Owner's Address 6412 Antoinette Dr, Evansville, IN, 47715		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Karl E Ralph		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler			

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

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

Received by (name and title printed): Dee Brandle	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Dollar General #1620	Telephone Number (812) 473-9947	Date of Inspection (mm/dd/yr) 01/02/2018	ID # 10913
Establishment Address (number and street, city, state, zip code) 4829 Pollack Ave., Evansville, IN, 47715	(615) 855-4000		
Owner DOLGENCORP 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 01/12/2018
Owner's Address 100 Mission Ridge, Goodlettsville, TN, 37072		Summary of Violations:	
Person in Charge DOLGENCORP LLC		C <u>0</u> NC <u>1</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (<i>See additional page</i>)	
Certified Food Handler n/a		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Milk cooler in need of cleaning.	

Received by (name and title printed): Lance Blackford	Inspected by (name and title printed): Claire Will
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Dairy Queen		Telephone Number (812) 423-6400 (812) 459-1308	Date of Inspection (mm/dd/yr) 01/05/2018	ID # 10893
Establishment Address (number and street, city, state, zip code) 4830 University Dr., Evansville, IN, 47712		(812) 459-1308	Follow-up No	
Owner Tony Hood & Lara Medicis	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 01/15/2018		
Owner's Address 4830 University Dr, Evansville, IN, 47712	Person in Charge Tony Hood & Lara Medicis	Summary of Violations: C 0 NC 0 R 0		
Responsible Person's E-mail	Certified Food Handler Lara Medicis	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"/>		

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

Received by (name and title printed): Laura Midicis	Inspected by (name and title printed): Ricardo Zacarias
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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Establishment Name American Legion Post #354	Telephone Number (812-423-0962)	Date of Inspection (mm/dd/yr) 01/04/2018	ID # 10839
Establishment Address (number and street, city, state, zip code) 1127 Chestnut St., EVANSVILLE, IN, 47713	(812-423-0962)		
Owner American Legion # 354	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 01/14/2018
Owner's Address 1127 Chestnut St, Evansville, IN, 47713		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge American Legion # 354		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 Andira L Meriweather			

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Section#	C/NC	R	Narrative	To Be Corrected By
199	NC		Improper thawing of fish and chicken.	01/04/2018

Received by (name and title printed): Mike Williams	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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Establishment Name Spankey's Una Pizza		Telephone Number (812-402-6776)		Date of Inspection (mm/dd/yr) 01/04/2018		ID # 13746	
Establishment Address (number and street, city, state, zip code) 4404 W Lloyd Expwy, Evansville, IN, 47712		Owner (812-470-0582)		Follow-up No		Release Date 01/14/2018	
Owner Ryan Huck		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: C 0 NC 0 R 0			
Owner's Address 3206 W Virginia St, Evansville, IN, 47712				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"/>			
Person in Charge Ryan Huck							
Responsible Person's E-mail 							
Certified Food Handler Megan Huck							

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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): Ryan Huck		Inspected by (name and title printed): Ricardo Zacarias	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	



Retail Food Establishment Inspection Report

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Establishment Name Haynies Corner Market		Telephone Number (812-401-3838)	Date of Inspection (mm/dd/yr) 01/05/2018	ID # 13848
Establishment Address (number and street, city, state, zip code) 37 Adams Ave, Evansville, IN, 47713		() Owner 812-401-3838		
Owner sam basnet	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 01/15/2018	
Owner's Address 1802 pueblo pass, Evansville, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge sam basnet		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
			Approved to open convenience store area.	

Received by (name and title printed): Sam Basnet		Inspected by (name and title printed): Claire Will	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc: