



# Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health

Telephone 812-435-5695

Fax 812-435-5871

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

Establishment Name <b>Meijer Gas Station #287</b>		Telephone Number <b>(812-647-2229)</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>13011</b>
Establishment Address (number and street, city, state, zip code) <b>2611 Menards Dr, Evansville, Indiana, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

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

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Establishment Name <b>Kite and Key Cafe</b>		Telephone Number (812-401-0275)	Date of Inspection (mm/dd/yr) 01/31/2018	ID # 12972
Establishment Address (number and street, city, state, zip code) 2301 W Franklin St, Evansville, IN, 47712		( ) Owner <redacted>		
Owner <redacted>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date 02/10/2018	
Owner's Address <redacted>		Summary of Violations: C <u>4</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand sink used for other things.	Corrected
438	C		Spray bottles not labeled/toxic.	Corrected
294	C		Sanitizing solution for wipe cloth to strong/weak.	Corrected
191	C		Lacking date markings in reach in coolers.	Corrected

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Big Bang Mongolian Grill</b>		Telephone Number (812-602-1400)	Date of Inspection (mm/dd/yr) 01/29/2018	ID # 12346
Establishment Address (number and street, city, state, zip code) 2013 N Green River Rd, Evansville, IN, 47715		( ) Owner <redacted>		
Owner <redacted>	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 Yes	Release Date 02/08/2018	
Owner's Address <redacted>		Summary of Violations: C <u>4</u> NC <u>4</u> R <u>3</u>		
Person in Charge <redacted>		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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
281	NC	R	Buffet equipment not maintaining proper temperature for large food quantities.	01/29/2018
187	C	R	Cold food not being maintained at proper temperature.	Corrected
205	C		Food contact surfaces of equipment do not meet material requirements.	Corrected
234	NC		Bulk container scoop lacking handle.	Corrected
291	NC		Facility lacking chemical sanitizer test strips.	01/30/2018
433	NC		Mop improperly stored.	Corrected
345	C	R	Hand washing sink being used for purpose other than hand washing.	Corrected
295	C		Improper storage of ice bin scoop.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Spud Mobile</b>		Telephone Number (812) 205-3322	Date of Inspection (mm/dd/yr) 01/29/2018	ID # 12271
Establishment Address (number and street, city, state, zip code) 715 S Green River Rd, Evansville, IN, 47714		( ) Owner <redacted>		
Owner <redacted>	Purpose:		Follow-up <b>No</b>	Release Date 02/08/2018
Owner's Address <redacted>	<input checked="" type="checkbox"/> Routine		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"/>	
Person in Charge <redacted>	<input type="checkbox"/> Follow-up			
Responsible Person's E-mail	<input type="checkbox"/> Complaint			
Certified Food Handler <redacted>	<input type="checkbox"/> Pre-Operational			
		<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 violations; Ready to operate in 2018.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Azzip Pizza</b>		Telephone Number <b>(812-401-3572)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>12159</b>
Establishment Address (number and street, city, state, zip code) <b>5225 Pearl Dr Ste E, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name <b>Perfectly Fresh</b>		Telephone Number <b>(812-760-2627)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>12158</b>
Establishment Address (number and street, city, state, zip code) <b>120 N Rosenberger Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Jimmy Johns</b>	Telephone Number (812-402-9944)	Date of Inspection (mm/dd/yr) 02/02/2018	ID # 12075
Establishment Address (number and street, city, state, zip code) 130 N St Joe Ave, Evansville, IN, 47712	( ) Owner <redacted>		
Owner <redacted>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date 02/12/2018
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>		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 <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
324	NC	R	Grease trap log not available.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Market Street Living</b>		Telephone Number <b>(812-402-9955)</b>	Date of Inspection (mm/dd/yr) <b>02/01/2018</b>	ID # <b>12062</b>
Establishment Address (number and street, city, state, zip code) <b>301 NW 3rd St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>02/11/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Warewash machine sanitizer line needs repair.	02/06/2018
			All other violations from last inspection corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Hucks #383</b>		Telephone Number (812-867-3811)	Date of Inspection (mm/dd/yr) 01/29/2018	ID # 12028
Establishment Address (number and street, city, state, zip code) 3131 Kansas Rd, Evansville, IN, 47720		( ) Owner <redacted>		
Owner <redacted>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date 02/08/2018	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>0</u>		
Person in Charge <redacted>		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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand washing sink used for purpose other than hand washing.	Corrected
295	C		Improper storage of ice bin scoop.	Corrected
346	NC		Hand washing sink in ice bag prep area lacking hand soap.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>CVS Pharmacy #6255</b>		Telephone Number <b>(812-468-8257)</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>11805</b>
Establishment Address (number and street, city, state, zip code) <b>1145 Washington Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Subway</b>		Telephone Number <b>(812-473-7101)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>11803</b>
Establishment Address (number and street, city, state, zip code) <b>1677 Lincoln Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>1</u> <b>R</b> <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
234	NC		In use utensils improperly stored in sanitizer.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature): _____	Inspected by (signature): _____
cc: _____	cc: _____



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Establishment Name <b>United HBA Corp-Marathon</b>		Telephone Number (812-421-1460)	Date of Inspection (mm/dd/yr) 01/29/2018	ID # 11740
Establishment Address (number and street, city, state, zip code) 1905 W Franklin St, Evansville, IN, 47712		( ) Owner <redacted>		
Owner <redacted>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date 02/08/2018	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>2</u>		
Person in Charge <redacted>		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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Walk in cooler door latch in need of repair.	02/16/2018
431	NC	R	Walk in cooler fans in need of cleaning.	01/31/2018

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Zuki</b>	Telephone Number <b>(812-477-9854)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>11626</b>
Establishment Address (number and street, city, state, zip code) <b>1448 N Green River Rd, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/10/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 2 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
438	C		Degreaser bottle not labeled.	Corrected
191	C		Potentially hazardous food items in walk in cooler lacking date marking.	01/31/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Elberts Natural Food Market Inc</b>	Telephone Number <b>(812-471-5071)</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>11557</b>
Establishment Address (number and street, city, state, zip code) <b>5614 E Virginia St, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>			

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health  
Telephone 812-435-5695  
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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 <b>Holiday Inn Evansville Airport</b>		Telephone Number <b>(812-867-7999)</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>11477</b>
Establishment Address (number and street, city, state, zip code) <b>7101 Highway 41 North, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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
430	NC	R	Glass storage area walls have peeling paint & tiling area around mop sink area in need of repair.	02/28/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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State Form 22116 (R7 /12-04)  
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Vanderburgh County Department of Health  
Telephone 812-435-5695  
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<b>Establishment Name</b> Zesto	<b>Telephone Number</b> (812-424-1416)	<b>Date of Inspection (mm/dd/yr)</b> 02/02/2018	<b>ID #</b> 11460
<b>Establishment Address (number and street, city, state, zip code)</b> 102 W Franklin St, EVANSVILLE, IN, 47710		<b>Owner</b> <redacted>	
<b>Owner's Address</b> <redacted>	<b>Person in Charge</b> <redacted>	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	
<b>Responsible Person's E-mail</b> <redacted>	<b>Follow-up</b> No <b>Release Date</b> 02/12/2018		
<b>Certified Food Handler</b> <redacted>	<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>		
		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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

<b>Received by (name and title printed):</b> <redacted>	<b>Inspected by (name and title printed):</b> <redacted>	
<b>Received by (signature):</b>  	<b>Inspected by (signature):</b>  	
<b>cc:</b>	<b>cc:</b>	<b>cc:</b>





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<b>Establishment Name</b> White Castle #37	<b>Telephone Number</b> (812-474-9901)	<b>Date of Inspection</b> (mm/dd/yr) 01/29/2018	<b>ID #</b> 11449
<b>Establishment Address (number and street, city, state, zip code)</b> 6940 Logan Dr, Evansville, IN, 47715	( ) Owner <redacted>		
<b>Owner</b> <redacted>	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 02/08/2018
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>3</u> NC <u>1</u> R <u>3</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
118	C		Food establishment does not have a certified food safety employee.	02/14/2018
187	C	R	Potentially hazardous food items not maintained at 41 degrees Fahrenheit or less. Discarded.	01/29/2018
345	C	R	Hand washing sink used for other purposes.	01/29/2018
346	NC	R	Hand soap not available at either hand sink.	01/29/2018

<b>Received by (name and title printed):</b> <redacted>	<b>Inspected by (name and title printed):</b> <redacted>
<b>Received by (signature):</b>	<b>Inspected by (signature):</b>
<b>cc:</b>	<b>cc:</b>



# Retail Food Establishment Inspection Report

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

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Establishment Name <b>Wendy's #346</b>		Telephone Number <b>(812-401-7126)</b>	Date of Inspection (mm/dd/yr) <b>02/02/2018</b>	ID # <b>11439</b>
Establishment Address (number and street, city, state, zip code) <b>401A S Boehne Camp Rd., Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/12/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			Violations from 1-23-18 corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Vanderburgh County Department of Health  
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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 <b>Thorntons #88</b>	Telephone Number (812-477-4886)	Date of Inspection (mm/dd/yr) 01/29/2018	ID # 11409
Establishment Address (number and street, city, state, zip code) <b>6300 Morgan Ave., EVANSVILLE, IN, 47715</b>	( ) Owner <redacted>		
Owner <redacted>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>		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 <redacted>			

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



**Retail Food Establishment Inspection Report**

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

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

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

Establishment Name <b>Szechwan Chinese Restaurant</b>		Telephone Number <b>(812-479-7600)</b>	Date of Inspection (mm/dd/yr) <b>02/02/2018</b>	ID # <b>11379</b>
Establishment Address (number and street, city, state, zip code) <b>669 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/12/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up inspection from 1/24/18. Violations corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

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

Establishment Name <b>Subway Sandwich Shop</b>		Telephone Number <b>(812-424-8655)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>11373</b>
Establishment Address (number and street, city, state, zip code) <b>611 E Diamond Ave, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/10/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Telephone 812-435-5695  
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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 <b>Subway #12340</b>	Telephone Number <b>(812-473-5255)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>11365</b>
Establishment Address (number and street, city, state, zip code) <b>1401 Covert Ave, Evansville, IN, 47714</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>The Pony</b>	Telephone Number <b>(812-473-0472</b> ( ) Owner <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>11351</b>
Establishment Address (number and street, city, state, zip code) <b>4820 Tecumseh, EVANSVILLE, IN, 47715</b>		Follow-up <b>No</b>	Release Date <b>02/10/2018</b>
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>	
Owner's Address <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <b>&lt;redacted&gt;</b>			
Responsible Person's E-mail _____			
Certified Food Handler <b>&lt;redacted&gt;</b>			

- 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): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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 <b>Scott Elementary School</b>		Telephone Number <b>(812-867-4765</b>	Date of Inspection (mm/dd/yr) <b>02/01/2018</b>	ID # <b>11310</b>
Establishment Address (number and street, city, state, zip code) <b>14940 Old State Rd, EVANSVILLE, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/11/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Fax 812-435-5871

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Establishment Name <b>Save A Lot #671</b>	Telephone Number <b>(812-471-0552)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>11300</b>
Establishment Address (number and street, city, state, zip code) <b>2125 S Weinbach Ave., Evansville, IN, 47714</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/10/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 1</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)	
Responsible Person's E-mail _____		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Knives in produce area stored soiled.	01/31/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Sam's Food Mkt/Smoke Shop</b>		Telephone Number <b>(812-430-7831)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>11293</b>
Establishment Address (number and street, city, state, zip code) <b>900 W Columbia St, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/10/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

- 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
418	NC		Employee food items must be in designated areas.	Corrected
177	C		Food product improperly stored. Must be elevated 6 inches off the floor.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



**Retail Food Establishment Inspection Report**

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

Vanderburgh County Department of Health  
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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 <b>Rosie's Diner</b>		Telephone Number (812-421-1121)	Date of Inspection (mm/dd/yr) 01/31/2018	ID # 11289
Establishment Address (number and street, city, state, zip code) 1423 W Maryland St., Evansville, IN, 47710		( ) Owner <redacted>		
Owner <redacted>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>Yes</b>	Release Date 02/10/2018	
Owner's Address <redacted>		Summary of Violations: C <b>3</b> NC <b>0</b> R <b>3</b>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
118	C	R	Food establishment doesn't have a certified food employee.	02/28/2018
191	C	R	Lacking proper date marking in reach in cooler.	01/31/2018
171	C	R	Ready to eat foods are being held with bare hands.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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SDH Form 51-0001

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

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Establishment Name <b>Rescue Mission</b>		Telephone Number <b>(812)421-3800</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>11281</b>
Establishment Address (number and street, city, state, zip code) <b>500 E Walnut, EVANSVILLE, IN, 47713</b>		Owner <b>&lt;redacted&gt;</b>	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine	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's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up			
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list) _____			

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Vanderburgh County Department of Health

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Fax 812-435-5871

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Establishment Name <b>Rally's #58</b>	Telephone Number <b>(812-425-8119)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>11276</b>
Establishment Address (number and street, city, state, zip code) <b>1201 E Virginia St., Evansville, IN, 47711</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>			

- 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
295	C		Slicer soiled.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Vanderburgh County Department of Health  
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Establishment Name <b>Penn Station East Coast Subs</b>		Telephone Number <b>(812-434-7366)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>11252</b>
Establishment Address (number and street, city, state, zip code) <b>5310 Pearl Dr, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 2 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 0 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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
256	NC		Reach in coolers lacking temperature measuring devices.	01/30/2018
433	NC	R	Mop improperly stored.	01/30/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Vanderburgh County Department of Health  
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Establishment Name <b>Noble Romans - Wash. Sq.</b>		Telephone Number <b>(812-473-4606)</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>11226</b>
Establishment Address (number and street, city, state, zip code) <b>1216 Washington Sq, Evansville, IN, 47715</b>		( ) Owner		
Owner <redacted>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>	
Owner's Address <redacted>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <redacted>		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 <redacted>				

- 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	R	Ice guard within ice machine soiled.	01/29/2018

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Culver Family Learning Center</b>		Telephone Number <b>(812-435-8593)</b>	Date of Inspection (mm/dd/yr) <b>02/02/2018</b>	ID # <b>11177</b>
Establishment Address (number and street, city, state, zip code) <b>1301 Judson St, EVANSVILLE, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/12/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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<b>Establishment Name</b> Coconut Cafe @ Walther's Golf-N-Fun Center	<b>Telephone Number</b> (812) 464-4472	<b>Date of Inspection</b> (mm/dd/yr) 02/01/2018	<b>ID #</b> 11163
<b>Establishment Address (number and street, city, state, zip code)</b> 2301 N First Ave, EVANSVILLE, IN, 47710	( ) Owner <redacted>		
<b>Owner</b> <redacted>	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 02/11/2018
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b> 		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b> <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

<b>Received by (name and title printed):</b> <redacted>	<b>Inspected by (name and title printed):</b> <redacted>
<b>Received by (signature):</b> 	<b>Inspected by (signature):</b> 
<b>cc:</b> 	<b>cc:</b> 



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Establishment Name <b>China Garden</b>		Telephone Number <b>(812-422-6699)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>11146</b>
Establishment Address (number and street, city, state, zip code) <b>501 N Main St, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 3 4 5</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
173	C	R	Improper storage of raw meats in cooler units.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Circle K #93</b>		Telephone Number <b>(812-477-1609)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>11107</b>
Establishment Address (number and street, city, state, zip code) <b>300 S Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Logans Roadhouse #381</b>		Telephone Number <b>(812-421-0908)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>11091</b>
Establishment Address (number and street, city, state, zip code) <b>5645 Pearl Dr, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Equipment in need of repair.	01/30/2018
345	C	R	Hand sink used for things.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Lincoln School K-8</b>		Telephone Number <b>(812-435-8598)</b>	Date of Inspection (mm/dd/yr) <b>02/02/2018</b>	ID # <b>11089</b>
Establishment Address (number and street, city, state, zip code) <b>635 Lincoln Ave., EVANSVILLE, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/12/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



## Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health

Telephone 812-435-5695

Fax 812-435-5871

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

Establishment Name <b>Sauced</b>		Telephone Number (812-402-2230)	Date of Inspection (mm/dd/yr) 01/31/2018	ID # 11072
Establishment Address (number and street, city, state, zip code) 1119 Parrett St., EVANSVILLE, IN, 47713		( ) Owner <redacted>		
Owner <redacted>	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 02/10/2018	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>0</u>		
Person in Charge <redacted>		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 <redacted>				

• 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
195	C		HACCP plan needed to do reduced oxygen packaging in the facility.	
187	C		Ice water baths not holding necessary foods at proper cold holding temperature. Either time stamp for no more than 4 hours holding or correct holding temperature to 41 F or below.	01/31/2018
138	NC		Beard guards not being worn by kitchen employees.	02/01/2018

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Just Cookies and More</b>		Telephone Number <b>(812-476-7884</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>11064</b>
Establishment Address (number and street, city, state, zip code) <b>1120 Washington Sq, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type ( <i>See additional page</i> ) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Iwataya Grocery</b>		Telephone Number <b>(812-868-0840)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>11057</b>
Establishment Address (number and street, city, state, zip code) <b>8401 N Kentucky Ave, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/10/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Iwataya Restaurant</b>		Telephone Number <b>(812-868-0830)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>11054</b>
Establishment Address (number and street, city, state, zip code) <b>8401 N Kentucky Ave, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date <b>02/10/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 3 NC 2 R 4</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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
346	NC		Soap not properly dispensing at hand washing sink.	01/31/2018
191	C	R	Ready to eat food not being date marked.	01/31/2018
345	C	R	Hand sink not accessible.	
431	NC	R	Cleaning needed under fixed equipment and cabinets.	01/31/2018
118	C	R	Facility in need of food safety employee.	03/01/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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

Establishment Name: AIS 1st Ave
Telephone Number: (812) 435-8611
Date of Inspection: 01/31/2018
ID #: 11021
Establishment Address: 3013 First Ave, EVANSVILLE, IN, 47710
Owner: <redacted>
Purpose: Routine
Follow-up: No
Release Date: 02/10/2018
Owner's Address: <redacted>
Person in Charge: <redacted>
Responsible Person's E-mail:
Certified Food Handler: <redacted>
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

- 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): <redacted>
Inspected by (name and title printed): <redacted>
Received by (signature):
Inspected by (signature):
cc:



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Hardees</b>		Telephone Number <b>(812-422-0151)</b>	Date of Inspection (mm/dd/yr) <b>02/02/2018</b>	ID # <b>11011</b>
Establishment Address (number and street, city, state, zip code) <b>2315 W Illinois St, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/12/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Grandy's #188</b>		Telephone Number <b>(812-423-6796)</b>	Date of Inspection (mm/dd/yr) <b>02/02/2018</b>	ID # <b>10994</b>
Establishment Address (number and street, city, state, zip code) <b>722 Landbridge Ave., Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/12/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 2 NC 0 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Ready to eat food not maintaining 135 degrees. Food discarded.	Corrected
334	C		Dish washing hose lacking air gap.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

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

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

<b>Establishment Name</b> <b>Glenwood Leadership Academy K-8</b>	<b>Telephone Number</b> (812-435-8610)	<b>Date of Inspection</b> (mm/dd/yr) 01/30/2018	<b>ID #</b> 10986
<b>Establishment Address (number and street, city, state, zip code)</b> 901 Sweetser Ave., EVANSVILLE, IN, 47713		<b>Owner</b> (<redacted>)	
<b>Owner</b> <redacted>	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 02/09/2018
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>  			
<b>Certified Food Handler</b> <redacted>			

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

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

<b>Received by (name and title printed):</b> <redacted>	<b>Inspected by (name and title printed):</b> <redacted>
<b>Received by (signature):</b>  	<b>Inspected by (signature):</b>  
<b>cc:</b>	<b>cc:</b>



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>G.D. Ritzy's</b>	Telephone Number <b>(812-425-8700)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>10978</b>
Establishment Address (number and street, city, state, zip code) <b>4810 University Dr., EVANSVILLE, IN, 47712</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>			

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



Retail Food Establishment Inspection Report

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

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

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

Form containing establishment details: Establishment Name (Fazoli's #1756), Telephone Number (812-428-0084), Date of Inspection (01/30/2018), ID # (10965), Address (5232 Weston Rd., Evansville, IN, 47712), Owner (<redacted>), Purpose (Routine checked), Follow-up (No), Release Date (02/09/2018), Summary of Violations (C 1, NC 1, R 1), Menu Type (3 selected), and Certified Food Handler (<redacted>).

- 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. Contains two rows of violations: 191 (C) Lacking date markings on walking cooler (01/30/2018) and 256 (NC, R) Reach in cooler in prep. area lacking thermometers (01/30/2018).

Signature and contact information section including Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), and cc: fields.



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Motomart #3202</b>		Telephone Number <b>(812-476-8621)</b>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>10953</b>
Establishment Address (number and street, city, state, zip code) <b>6328 E Lloyd Expwy, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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

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

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

Establishment Name <b>Arby's #5754</b>	Telephone Number <b>(812-421-1200</b> <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) <b>01/30/2018</b>	ID # <b>10847</b>
Establishment Address (number and street, city, state, zip code) <b>4650 University Dr., Evansville, IN, 47712</b>	<b>&lt;redacted&gt;</b> <small>(Owner)</small>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/09/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>			

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Adeles</b>		Telephone Number <b>(812-467-0295)</b>	Date of Inspection (mm/dd/yr) <b>02/01/2018</b>	ID # <b>10828</b>
Establishment Address (number and street, city, state, zip code) <b>4488 First Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/11/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
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Establishment Name <b>Beans &amp; Baristas</b>		Telephone Number <b>(812-457-8566)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>10811</b>
Establishment Address (number and street, city, state, zip code) <b>800 N Green River, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date <b>02/10/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
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Establishment Name <b>Doubletree Evansville</b>		Telephone Number <b>(812-423-5002)</b>	Date of Inspection (mm/dd/yr) <b>01/31/2018</b>	ID # <b>13678</b>
Establishment Address (number and street, city, state, zip code) <b>601 Walnut St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/10/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
192	C	R	Melon over 41 deg F. on buffet line not being time marked.	01/31/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Establishment Name <b>Twisted Tomato</b>		Telephone Number <b>(812-401-2323)</b>	Date of Inspection (mm/dd/yr) <b>02/02/2018</b>	ID # <b>13712</b>
Establishment Address (number and street, city, state, zip code) <b>2333 St. George Rd., Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/12/2018</b>	
Owner's Address		Summary of Violations: <b>C 1 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Ready to eat food not maintained at 41F or less.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Azteca LLC</b>	Telephone Number <b>(812-604-8080)</b>	Date of Inspection (mm/dd/yr) <b>01/29/2018</b>	ID # <b>13738</b>
Establishment Address (number and street, city, state, zip code) <b>1212 Washington Sq., Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/08/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
342	NC		Hand washing sink in prep area lacking warm water.	02/16/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
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Establishment Name <b>The Kitchen</b>	Telephone Number <b>(812-455-2400)</b>	Date of Inspection (mm/dd/yr) <b>02/01/2018</b>	ID # <b>13858</b>
Establishment Address (number and street, city, state, zip code) <b>1007 Parrett St., Evansville, IN, 47713</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) _____ <small>Final</small>	Follow-up <b>No</b>	Release Date <b>02/11/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations:	
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>		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
			Approved for operation.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Establishment Name <b>Mo's Traveling Medicine Show</b>		Telephone Number <b>(812-455-2400)</b>	Date of Inspection (mm/dd/yr) <b>02/01/2018</b>	ID # <b>13859</b>
Establishment Address (number and street, city, state, zip code) <b>Bokeh Lounge, Evansville, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) Final _____	Follow-up <b>No</b>	Release Date <b>02/11/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type ( <i>See additional page</i> )		
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 <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Establishment Name <b>Dunkin Donuts/Baskin Robbins</b>		Telephone Number <b>(812-550-1500)</b>	Date of Inspection (mm/dd/yr) <b>02/01/2018</b>	ID # <b>13860</b>
Establishment Address (number and street, city, state, zip code) <b>3960 N First Ave., Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>&lt;redacted&gt;</b>	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) Final _____	Follow-up <b>No</b>	Release Date <b>02/11/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc: