



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Lincoln Market</b>		Telephone Number (812-746-1170)	Date of Inspection (mm/dd/yr) 03/15/2018	ID # 13232
Establishment Address (number and street, city, state, zip code) 751 Lincoln Ave, Evansville, Indiana, 47713		( ) Owner <redacted>		
Owner Fouzia Khan & Maquesood A Khan		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 03/25/2018
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>4</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>				

- 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		Hand cleaner needs repaired or new one placed in women's bathroom	03/15/2018
347	NC		Drying towels needed in both men's and women's restrooms.	03/15/2018
199	NC		Improper thawing of chicken.	03/15/2018
232	NC	R	Basement refrigerator and kitchen counter in need of cleaning.	03/15/2018

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>VFW Post 1114</b>		Telephone Number <b>(812-422-5831)</b>	Date of Inspection (mm/dd/yr) <b>03/15/2018</b>	ID # <b>11423</b>
Establishment Address (number and street, city, state, zip code) <b>110 Wabash Ave., Evansville, IN, 47712</b>		( ) Owner		
Owner <b>VFW POST 1114</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>03/25/2018</b>
Owner's Address <redacted>			Summary of Violations: <b>C 1 NC 2 R 0</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
191	C		Lacking date markings in walking in cooler.	Corrected
234	NC		Bulk container scoop lacking proper handle.	Corrected
218	NC		Sanitizing solution in dish washing machine too weak. Needs adjustment.	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>Logans Roadhouse #316</b>		Telephone Number <b>(812-471-8403</b>	Date of Inspection (mm/dd/yr) <b>03/14/2018</b>	ID # <b>11092</b>
Establishment Address (number and street, city, state, zip code) <b>1 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>LOGANS ROADHOUSE INC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>03/24/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 2 NC 2 R 3</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Meat cooler items in grill area not maintained at 41 degrees Fahrenheit or less. <b>Voluntarily Discarded.</b>	Corrected
303	C	R	No sanitizer container available at bar area.	Corrected
234	NC		In use utensil stored in stagnant water not maintained at 135 degrees Fahrenheit <b>or greater</b>	Corrected
218	NC	R	Meat cooler not holding proper temperature.	03/16/2018

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):	
cc:	cc:	cc:	

































