



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 CAFÉ COURT		Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 04/04/2018	ID # 11418
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		() Owner		
Owner Chartwells	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 04/14/2018	
Owner's Address <redacted>		Summary of Violations: C 2 NC 0 R 0		
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
187	C		Buffet equipment not maintaining proper temperature for cold food.	Corrected
171	C		Ice scoop improperly stored in ice.	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 Charlies Mongolian BBQ		Telephone Number (812-303-2214	Date of Inspection (mm/dd/yr) 04/04/2018	ID # 11139
Establishment Address (number and street, city, state, zip code) 315 E Diamond Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner SHOU ZHU QIN	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 04/14/2018	
Owner's Address <redacted>		Summary of Violations: C 4 NC 2 R 5		
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
191	C	R	Ready to eat foods lacking date marking.	04/04/2018
295	C	R	Slicer soiled.	04/04/2018
294	C	R	Chemical sanitizer not available for dish machine.	04/04/2018
217	NC		Equipment being used for other purposes (stagnant water)	Corrected
430	NC	R	Front cooking area in need of repair.	05/04/2018
345	C	R	Hand washing sink used for other purposes.	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 Bru Burger Bar		Telephone Number (812-302-3005)	Date of Inspection (mm/dd/yr) 04/04/2018	ID # 13378
Establishment Address (number and street, city, state, zip code) 222 Sycamore St, Evansville, Indiana, 47708		() Owner <redacted>		
Owner CRG Holdings, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/14/2018	
Owner's Address <redacted>		Summary of Violations: C 2 NC 2 R 1		
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
346	NC	R	Soap needed at basement hand sink.	04/04/2018
347	NC		Drying towels needed for basement hand sink.	04/04/2018
187	C		Some food toppings in kitchen not being held at proper cold temperature. Voluntarily disposed of.	Corrected
303	C		No sanitizer in kitchen sanitize buckets.	04/04/2018

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

