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 Meijer Gas Station #287	**Telephone Number** ( ) Establishment 812-647-2229 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/13/2018	**ID #** 13011
Establishment Address (number and street, city, state, zip code) 2611 Menards Dr, Evansville, Indiana, 47715			
Owner Meijer Stores Limited Partnership	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 07/23/2018
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
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 violations.	

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 New Frontier Restaurant and Bar	**Telephone Number** ( ) Establishment ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/09/2018	**ID #** 11665
Establishment Address (number and street, city, state, zip code) 12945 Highway 57, Evansville, IN, 47720			
Owner Backes Frontier LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 07/19/2018
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
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
			All violation from 7/3/2018 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 Mayse Farm Market	**Telephone Number** ( ) Establishment 812-963-3175 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/12/2018	**ID #** 11551
Establishment Address (number and street, city, state, zip code) 6400 N St Joe Ave, Evansville, IN, 47720			
Owner PAUL MAYSE	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/22/2018
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	Pre-Operational		
	Temporary	Menu Type *(See additional page)*	
	HACCP		
Certified Food Handler <redacted>	Other (list) _____	1 2 3 4 5	

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

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 Wesselmans Weinbach	**Telephone Number** ( ) Estab'lishment 812-424-8289 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/10/2018	**ID #** 11441
Establishment Address (number and street, city, state, zip code) 1 N Weinbach Ave., Evansville, IN, 47711			
Owner WINKLER INC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/20/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 2 R 2	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
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
431	NC	R	Fan covers in walk in cooler in need of cleaning.	07/13/2018
218	NC	R	Reach in cooler seals in need of repair.	07/20/2018

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 Subway Sandwich Shop	**Telephone Number** ( ) Establishment 812-423-0035 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/13/2018	**ID #** 11372
Establishment Address (number and street, city, state, zip code) 510 N St Joseph Ave, Evansville, IN, 47712			
Owner PATHIL AMIN	**Purpose:** ☐ Routine ☑ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 07/23/2018
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
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
			All violations from previous inspection 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 Sonic Drive-In #106	**Telephone Number** ( ) Establishment 812-473-4310 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/09/2018	**ID #** 11330
Establishment Address (number and street, city, state, zip code) 830 N Burkhardt Rd, Evansville, IN, 47715			
Owner Sonic Drive-In of Evansville Inc	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/19/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 1 NC 2 R 3	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Soiled dishware stored on clean dish rack.	Corrected
431	NC	R	Ceiling soiled with attention to vents.	07/11/2018
226	NC	R	Water retention within reach-in cooler.	07/10/2018

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 Penny Lane Coffeehouse	**Telephone Number** (812) Establishment 812-421-8741 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/12/2018	**ID #** 11253
Establishment Address (number and street, city, state, zip code) 600 SE Second St., Evansville, IN, 47713			
Owner WGB Coffee LLC	**Purpose:** ✔ Routine	**Follow-up** Yes	Release Date 07/22/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 1 NC 1 R 2	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C	R	Food Safety Certificate expired. Obtain by end of August 2018.	09/01/2018
218	NC	R	Cooler behind register has leak and ice accumulation. Repair/replace.	07/26/2018

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 Papa Johns	**Telephone Number** ( ) Establishment 812-477-7700 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/13/2018	**ID #** 11250
Establishment Address (number and street, city, state, zip code) 303 N Weinbach Ave., Evansville, IN, 47711			
Owner KGK Enterprises Inc	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/23/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary		
	☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

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 Covert Una Pizza	**Telephone Number** ( ) Establishment 812-473-1122 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/12/2018	**ID #** 11173
Establishment Address (number and street, city, state, zip code) 2950 Covert Ave, Evansville, IN, 47714			
Owner Mike Stockinger	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/22/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ HACCP	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
	☐ Other (list) _____		

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

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 Great American Cookie Co	**Telephone Number** ( ) Establishment 812-471-1774 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/11/2018	**ID #** 10995
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715			
Owner Agape Bakeries Inc	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/21/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

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 Fairfield Inn Evansville West	**Telephone Number** ( ) Establishment 812-429-0900 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/11/2018	**ID #** 10961
Establishment Address (number and street, city, state, zip code) 5400 Weston Rd., Evansville, IN, 47712			
Owner Phybell Development Corp	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/21/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 1 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Breakfast counter cooler has ice accumulation and needs servicing.	07/12/2018

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 Panda Express #2906	**Telephone Number** ( ) Establishment 626-372-8203 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/13/2018	**ID #** 13770
Establishment Address (number and street, city, state, zip code) 2445 Menards Drive, Evansville, IN, 47715			
Owner Panda Express Inc	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/23/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Hand sink at dish wash area lacking paper towels.	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 Fat Cats BBQ	**Telephone Number** ( ) Establishment 260-999-2117 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/09/2018	**ID #** 13752
Establishment Address (number and street, city, state, zip code) 5298 Eden Dr, Evansville, IN, 47715			
Owner Victor Henry	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/19/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 2 NC 0 R 1	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list) _____	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler			

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C		No certified food safety employee.	07/31/2018
324	C	R	Plumbing system in need of repair.	07/10/2018

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 Paradise Ice	**Telephone Number** ( ) Establishment 812-568-2112 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/13/2018	**ID #** 13940
Establishment Address (number and street, city, state, zip code) 6418 N First Ave, Evansville, IN, 47710			
Owner Garrett Jones	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 07/23/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler	☐ Other (list) _____	1 ◉ 2 ○ 3 ○ 4 ○ 5 ○	

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

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

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

cc:	cc:	cc: