



# 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>FOOL MOON BAR &amp; GRILL</b>		Telephone Number <b>(812-467-7486)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>12202</b>
Establishment Address (number and street, city, state, zip code) <b>5625 Pearl Dr Ste G, Evansville, IN, 47712</b>		( ) Owner		
Owner <b>Ryan Matt</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>09/14/2018</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 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
			All violations corrected from previous inspection on 8-27-2018.	

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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<b>Establishment Name</b> <b>Azzip Pizza</b>	<b>Telephone Number</b> (812) 401-3572	<b>Date of Inspection</b> (mm/dd/yr) 09/04/2018	<b>ID #</b> 12159																		
<b>Establishment Address (number and street, city, state, zip code)</b> 5225 Pearl Dr Ste E, Evansville, IN, 47712	( ) Owner <redacted>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Follow-up</b></td> <td style="width:50%;"><b>Release Date</b></td> </tr> <tr> <td style="text-align: center;"><b>No</b></td> <td style="text-align: center;">09/14/2018</td> </tr> <tr> <td colspan="2" style="text-align: center;">Summary of Violations:</td> </tr> <tr> <td style="text-align: center;">C <u>0</u></td> <td style="text-align: center;">NC <u>0</u></td> </tr> <tr> <td style="text-align: center;">R <u>0</u></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Menu Type (See additional page)</td> </tr> <tr> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">3 <input checked="" type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">5 <input type="radio"/></td> <td></td> </tr> </table>		<b>Follow-up</b>	<b>Release Date</b>	<b>No</b>	09/14/2018	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"/>	
<b>Follow-up</b>	<b>Release Date</b>																				
<b>No</b>	09/14/2018																				
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"/>																					
<b>Owner</b> Brad Niemeier	<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>Owner's Address</b> <redacted>																					
<b>Person in Charge</b> <redacted>																					
<b>Responsible Person's E-mail</b> _____																					
<b>Certified Food Handler</b> <redacted>																					

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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>Xpress Pantry - ASR Petroleum Inc.</b>		Telephone Number <b>(812-401-3668)</b>	Date of Inspection (mm/dd/yr) <b>09/05/2018</b>	ID # <b>12157</b>
Establishment Address (number and street, city, state, zip code) <b>326 S Kentucky Ave, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>ASR Petroleum Inc.- Bhupinder Singh</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>09/15/2018</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
232	NC		Small oven is soiled.	09/07/2018

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>Hot Head Burritos</b>		Telephone Number <b>(812-437-5010)</b>	Date of Inspection (mm/dd/yr) <b>09/05/2018</b>	ID # <b>12035</b>
Establishment Address (number and street, city, state, zip code) <b>5625 Pearl Dr Ste A, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jason Grubb</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>09/15/2018</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				
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>Chuckles Food Mart #12</b>		Telephone Number <b>(812-477-2218)</b>	Date of Inspection (mm/dd/yr) <b>09/06/2018</b>	ID # <b>11769</b>
Establishment Address (number and street, city, state, zip code) <b>1601 S Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>C E TAYLOR OIL 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>No</b>	Release Date <b>09/16/2018</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>				

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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:	cc:	



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Establishment Name <b>Sonic Drive-In #111</b>		Telephone Number <b>(812-476-7730)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>11604</b>
Establishment Address (number and street, city, state, zip code) <b>3433 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Sonic Drive-In of Evansville Inc</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>09/14/2018</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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violation from 8/27/2018 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>Evansville Christian School - Aramark</b>		Telephone Number <b>(812-477-7777)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>11586</b>
Establishment Address (number and street, city, state, zip code) <b>4400 Lincoln Ave, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Aramark</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>09/14/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <b>0</b> NC <b>0</b> R <b>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				
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:	cc:
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Establishment Name <b>Domino's Pizza</b>		Telephone Number <b>(812) 471-8585</b>	Date of Inspection (mm/dd/yr) <b>09/05/2018</b>	ID # <b>11581</b>
Establishment Address (number and street, city, state, zip code) <b>1940 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner		
Owner <b>E`-VILLE PIZZA, INC</b>		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>09/15/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>		<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <b>&lt;redacted&gt;</b>		<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
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)		

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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:	cc:	





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Establishment Name <b>Tekoppel School K-5</b>	Telephone Number <b>(812-435-8608)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>11392</b>
Establishment Address (number and street, city, state, zip code) <b>111 Tekoppel Ave., EVANSVILLE, IN, 47712</b>	( ) Owner <b>&lt;redacted&gt;</b>	Follow-up <b>No</b>	Release Date <b>09/14/2018</b>
Owner <b>Evansville Vanderburgh School Corp.</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)	
Person in Charge <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"/>	
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>TACO BELL #C119005</b>		Telephone Number (812-422-2153)	Date of Inspection (mm/dd/yr) 09/07/2018	ID # 11384
Establishment Address (number and street, city, state, zip code) 4422 W Lloyd Expressway, Evansville, IN, 47712		( ) Owner <redacted>		
Owner <b>Bell Indiana LLC</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) _____	Follow-up	Release Date <b>09/17/2018</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 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
			Approved for reopening.	

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>TACO BELL #28904</b>		Telephone Number (812) 423-8226	Date of Inspection (mm/dd/yr) 09/06/2018	ID # 11380
Establishment Address (number and street, city, state, zip code) 2408 W Maryland St, Evansville, IN, 47712		( ) Owner <redacted>		
Owner Bell Indiana 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 <b>No</b>	Release Date 09/16/2018	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>1</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 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
294	C	R	Sanitizer concentration in three compartment sink was too low.	Corrected
218	NC	R	Sanitizer dispenser not functioning correctly.	09/07/2018
Note: Instituted corrective actions.				

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>AMC Theatres Evansville 16</b>		Telephone Number <b>(812-423-7566)</b>	Date of Inspection (mm/dd/yr) <b>09/05/2018</b>	ID # <b>11344</b>
Establishment Address (number and street, city, state, zip code) <b>5600 Pearl Dr, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>American Multi-Cinema, 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>No</b>	Release Date <b>09/15/2018</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:



# 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>St Joe Catholic School</b>		Telephone Number <b>(812-963-3335)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>11336</b>
Establishment Address (number and street, city, state, zip code) <b>6130 W St. Joe Rd., EVANSVILLE, IN, 47720</b>		( ) Owner		
Owner <b>St Joe Parish</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>09/14/2018</b>	
Owner's Address		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <redacted>		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 <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:



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State Form 22116 (R7 /12-04)  
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Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

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Establishment Name <b>St Boniface School</b>		Telephone Number <b>(812-422-1014)</b>	Date of Inspection (mm/dd/yr) <b>09/05/2018</b>	ID # <b>11335</b>
Establishment Address (number and street, city, state, zip code) <b>2031 W Michigan St., EVANSVILLE, IN, 47712</b>		( ) Owner		
Owner <b>St Boniface Parish</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>09/15/2018</b>
Owner's Address			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:



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State Form 22116 (R7 /12-04)  
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Establishment Name <b>St Agnes School</b>		Telephone Number <b>(812) 423-9115</b>	Date of Inspection (mm/dd/yr) <b>09/05/2018</b>	ID # <b>11333</b>
Establishment Address (number and street, city, state, zip code) <b>1600 Glendale Ave, EVANSVILLE, IN, 47712</b>		( ) Owner		
Owner <b>St Agnes Church</b>		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>09/15/2018</b>
Owner's Address		<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) <b>1 0 2 0 3 ● 4 0 5 0</b>	
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"
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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>Scott Elementary School</b>		Telephone Number (812-867-4765)	Date of Inspection (mm/dd/yr) 09/06/2018	ID # 11310
Establishment Address (number and street, city, state, zip code) 14940 Old State Rd, EVANSVILLE, IN, 47725		( ) Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 09/16/2018	
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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:





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<b>Establishment Name</b> <b>Pizza Depot</b>	<b>Telephone Number</b> (812-867-9131)	<b>Date of Inspection</b> (mm/dd/yr) 09/04/2018	<b>ID #</b> 11257
<b>Establishment Address (number and street, city, state, zip code)</b> 2801 W Bnvl-New Harmony Rd., Evansville, IN, 47725		<b>Owner</b> (<redacted>) Owner	
<b>Owner</b> Derek Ungethiem	<b>Purpose:</b> <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)	<b>Follow-up</b> No	<b>Release Date</b> 09/14/2018
<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 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>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 8/28/2018 corrected.	

<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>Penn Station East Coast Subs</b>		Telephone Number <b>(812-434-7366)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</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>Tri-State Cheesesteaks LLC</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>09/14/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 1 R 2</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
415	C	R	Gnats present around lobby drink station.	09/07/2018
218	NC	R	Freezer not functioning as designed.	09/12/2018

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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Establishment Name <b>McDonalds-Lincoln Ave</b>	Telephone Number <b>(812-477-7041)</b>	Date of Inspection (mm/dd/yr) <b>09/06/2018</b>	ID # <b>11205</b>
Establishment Address (number and street, city, state, zip code) <b>4701 Lincoln Ave., EVANSVILLE, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mann Enterprises LLC</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>09/16/2018</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) <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>			

- 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
347	NC		Hand drying provisions not provided at hand sink.	09/06/2018

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)  
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Vanderburgh County Department of Health  
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Establishment Name <b>CVS Pharmacy #6253</b>		Telephone Number <b>(812-477-4186)</b>	Date of Inspection (mm/dd/yr) <b>09/07/2018</b>	ID # <b>11181</b>
Establishment Address (number and street, city, state, zip code) <b>4700 Lincoln Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>HOOK-SUPERX LLC</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>09/17/2018</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>				

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

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

Received by (name and title printed): <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> China Garden	<b>Telephone Number</b> (812-422-6699)	<b>Date of Inspection</b> (mm/dd/yr) 09/05/2018	<b>ID #</b> 11146
<b>Establishment Address</b> (number and street, city, state, zip code) 501 N Main St, Evansville, IN, 47711	( ) Owner <redacted>		
<b>Owner</b> Yim Wan Lee	<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> 09/15/2018
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>2</u> NC <u>1</u> R <u>3</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page)	
<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"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
205	C	R	Proper scoop needed for rice.	09/06/2018
191	C	R	Ready to eat food not being date marked.	09/05/2018
190	NC	R	Improper cooling of cooked rice.	Corrected

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



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Establishment Name <b>Cedar Hall Community School K-8</b>	Telephone Number (812-435-8372)	Date of Inspection (mm/dd/yr) 09/06/2018	ID # 11136						
Establishment Address (number and street, city, state, zip code) 2100 N Fulton Ave, EVANSVILLE, IN, 47710	( ) Owner <redacted>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">           Follow-up  <b>No</b> </td> <td style="width:50%; padding: 5px;">           Release Date  <b>09/16/2018</b> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Summary of Violations:            C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           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"/> </td> </tr> </table>		Follow-up <b>No</b>	Release Date <b>09/16/2018</b>	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"/>	
Follow-up <b>No</b>	Release Date <b>09/16/2018</b>								
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 <b>Evansville Vanderburgh School Corp.</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>							
Owner's Address <redacted>	Person in Charge <redacted>								
Responsible Person's E-mail 	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
			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> <b>Lic's Ice Cream</b>	<b>Telephone Number</b> (812-422-2618)	<b>Date of Inspection</b> (mm/dd/yr) 09/07/2018	<b>ID #</b> 11087
<b>Establishment Address (number and street, city, state, zip code)</b> 11 NW Fifth St, Evansville, IN, 47708		<b>( ) Owner</b> <redacted>	
<b>Owner</b> Don Smith	<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> 09/17/2018
<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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>  			
<b>Certified Food Handler</b> <redacted>			

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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>  	<b>cc:</b>  



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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>Jaya's Authentic Foods</b>		Telephone Number <b>(812-422-6667)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>11058</b>
Establishment Address (number and street, city, state, zip code) <b>119 SE Fourth St, EVANSVILLE, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jaya Dodd</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>09/14/2018</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 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
173	C	R	Raw chicken stored above fresh produce in kitchen cooler.	09/04/2018

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:	





# 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>Holy Spirit School</b>		Telephone Number <b>(812) 476-5984</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>11040</b>
Establishment Address (number and street, city, state, zip code) <b>1750 Lodge Ave., EVANSVILLE, IN, 47714</b>		( ) Owner		
Owner <b>HOLY SPIRIT PARISH</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>09/14/2018</b>
Owner's Address <redacted>			Summary of Violations: <b>C 0 NC 0 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"
- 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>Harper Elementary School K-5</b>		Telephone Number <b>(812-469-5083)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>11016</b>
Establishment Address (number and street, city, state, zip code) <b>21 S Alvord Blvd., EVANSVILLE, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Evansville Vanderburgh School Corp.</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>09/14/2018</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 1 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  
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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>Donut Bank</b>		Telephone Number <b>(812-426-1011)</b>	Date of Inspection (mm/dd/yr) <b>09/07/2018</b>	ID # <b>10927</b>
Establishment Address (number and street, city, state, zip code) <b>210 N St. Joseph Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>CHRIS KEMPF</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>09/17/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <b>0</b> NC <b>1</b> R <b>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				
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
177	NC		Milk was left open and uncovered in the cooler.	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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# 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>Denny's #290</b>		Telephone Number <b>(812-424-4472)</b>	Date of Inspection (mm/dd/yr) <b>09/07/2018</b>	ID # <b>10903</b>
Establishment Address (number and street, city, state, zip code) <b>5212 Weston Rd., Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>SERVUS, Inc.</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>09/17/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 2</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
415	C	R	Pest activity present.	09/07/2018
431	NC	R	Floors and equipment surfaces in need of cleaning.	09/07/2018

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:	



**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>Daniel Wertz School K-5</b>		Telephone Number (812-435-8594)	Date of Inspection (mm/dd/yr) 09/05/2018	ID # 10896
Establishment Address (number and street, city, state, zip code) 1701 S Redbank Rd., EVANSVILLE, IN, 47712		( ) Owner <redacted>		
Owner Evansville Vanderburgh School Corp.		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 09/15/2018
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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				
Responsible Person's E-mail				

- 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): <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  
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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>Price Less Foods #430</b>		Telephone Number <b>(812-426-7080)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>10885</b>
Establishment Address (number and street, city, state, zip code) <b>4851 W Pennsylvania St., Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>HOUCHENS NORTH FOODS LLC</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>09/14/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 2 NC 1 R 2</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
294	C		Sanitizer bucket in bakery too weak.	Corrected
187	C	R	Product temperature in reach in cooler by bakery not maintained at 41 degrees or colder.	Corrected
218	NC	R	Ice accumulation in bakery freezer. Reach in cooler by bakery not functioning as designed.	09/14/2018

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.

Form header section containing: Establishment Name (AMF Arc Lanes), Telephone Number (812-476-3003), Date of Inspection (09/07/2018), ID # (10850), Establishment Address (4901 Monroe Ave., Evansville, IN, 47715), Owner (AMF BOWLING CENTERS INC), Purpose (Routine), Follow-up (No), Release Date (09/17/2018), Summary of Violations (C 1, NC 0, R 1), Menu Type (3 selected).

- 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: 187, C, R, Ready to eat food not being held at 41 degrees or less in prep table cooler. Food discarded., 09/07/2018.

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

Received by (signature): Inspected by (signature):

cc: (three empty fields for contact information)



# 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>Arby's #5754</b>	Telephone Number <b>(812-421-1200)</b>	Date of Inspection (mm/dd/yr) <b>09/06/2018</b>	ID # <b>10847</b>
Establishment Address (number and street, city, state, zip code) <b>4650 University Dr., Evansville, IN, 47712</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Arby's Restaurant Group</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>09/16/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: <b>C 0 NC 2 R 2</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>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
295	NC	R	Drink nozzles at drive thru soiled.	Corrected
218	NC	R	Cold holding table not functioning as designed.	09/07/2018

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  
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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>Angelo's Italian Restaurant</b>		Telephone Number <b>(812-428-6666)</b>	Date of Inspection (mm/dd/yr) <b>09/04/2018</b>	ID # <b>10843</b>
Establishment Address (number and street, city, state, zip code) <b>305 Main St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Angelo Bassam Jawabreh</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>09/14/2018</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>				

- 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
347	NC		No drying towels for kitchen hand washing sink.	09/04/2018

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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<b>Establishment Name</b> <b>Ginmiya Asian Diner</b>		<b>Telephone Number</b> (812-471-8100)		<b>Date of Inspection</b> (mm/dd/yr) 09/04/2018		<b>ID #</b> 10815	
<b>Establishment Address (number and street, city, state, zip code)</b> 4827 Davis Lant Drive Ste F, Evansville, IN, 47715		( <b>&lt;redacted&gt;</b> ) Owner					
<b>Owner</b> <b>De Hui Yu</b>		<b>Purpose:</b>		<b>Follow-up</b> <b>No</b>		<b>Release Date</b> 09/14/2018	
<b>Owner's Address</b> <redacted>		<input type="checkbox"/> Routine		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Person in Charge</b> <redacted>		<input checked="" type="checkbox"/> Follow-up					
<b>Responsible Person's E-mail</b>		<input type="checkbox"/> Complaint		<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"/>			
<b>Certified Food Handler</b> <redacted>		<input type="checkbox"/> Pre-Operational					
<b>Responsible Person's E-mail</b>		<input type="checkbox"/> Temporary					
<b>Responsible Person's E-mail</b>		<input type="checkbox"/> HACCP					
<b>Responsible Person's E-mail</b>		<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
			Violations from 8/28/2018.	

<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>	<b>cc:</b>	<b>cc:</b>



**Retail Food Establishment Inspection Report**

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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>Lombardi's Pizza</b>		Telephone Number <b>(812-202-5255</b>	Date of Inspection (mm/dd/yr) <b>09/07/2018</b>	ID # <b>13411</b>
Establishment Address (number and street, city, state, zip code) <b>3311 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Ryan Herbertz</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>09/17/2018</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> ) <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>				

- 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:	



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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>Sidetrack of Evansville LLC</b>		Telephone Number (812-491-0091)	Date of Inspection (mm/dd/yr) 09/05/2018	ID # 13854
Establishment Address (number and street, city, state, zip code) 664 E. Illinios, Evansville, IN, 47711		( ) Owner <redacted>		
Owner Deanna Herbert	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 09/15/2018	
Owner's Address		Summary of Violations: C <u>1</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 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
200	C		Can stored in beverage ice.	Corrected
346	NC		Soap needed for hand sink.	Corrected

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>Keylee's Pizza</b>		Telephone Number <b>(812-449-3013)</b>	Date of Inspection (mm/dd/yr) <b>09/06/2018</b>	ID # <b>13986</b>
Establishment Address (number and street, city, state, zip code) <b>10 NW 6th St., Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kerry Draper</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>09/16/2018</b>	
Owner's Address		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 checked="" type="radio"/> 3 <input 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
			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:	cc:	