



# 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>Zaxby's - N. Burkhardt</b>		Telephone Number <b>(812-602-5515</b>	Date of Inspection (mm/dd/yr) <b>09/26/2018</b>	ID # <b>13086</b>
Establishment Address (number and street, city, state, zip code) <b>1021 N. Burkhardt , Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Harris CW Properties 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>10/06/2018</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:	cc:	



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Establishment Name <b>Boys &amp; Girls Clubs</b>		Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr) <b>09/28/2018</b>	ID # <b>12105</b>
Establishment Address (number and street, city, state, zip code) <b>1328 Dresden St, Evansville, IN, 47711</b>		( ) Owner		
Owner <b>Indiana Alliance of Boys &amp; Girls Clubs</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>10/08/2018</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>				

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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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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>Kona Ice of Evansville II</b>		Telephone Number <b>(812-965-6620)</b>	Date of Inspection (mm/dd/yr) <b>09/27/2018</b>	ID # <b>12095</b>
Establishment Address (number and street, city, state, zip code) <b>1911 Bell Rd, Evansville, IN, 47610</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Derek Taylor</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>10/07/2018</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				

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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>Kona Ice of Evansville I</b>		Telephone Number <b>(812-965-6620)</b>	Date of Inspection (mm/dd/yr) <b>09/27/2018</b>	ID # <b>12094</b>
Establishment Address (number and street, city, state, zip code) <b>1911 Bell Rd, Chandler, IN, 47610</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Derek Taylor</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>10/07/2018</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				

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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>Dollar General #9721</b>		Telephone Number <b>(812-425-8464)</b>	Date of Inspection (mm/dd/yr) <b>09/27/2018</b>	ID # <b>12037</b>
Establishment Address (number and street, city, state, zip code) <b>3020 N St Joseph Ave, Evansville, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>DOLGENCORP 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>10/07/2018</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>				

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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>Casey's General Store #3073</b>		Telephone Number <b>(812-471-4290)</b>	Date of Inspection (mm/dd/yr) <b>09/26/2018</b>	ID # <b>12020</b>
Establishment Address (number and street, city, state, zip code) <b>2020 S Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>CASEY'S MARKETING CO</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>10/06/2018</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)	
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
297	NC	R	Drink dispenser nozzles soiled.	09/26/2018
295	NC	R	Walk in cooler floor in need of cleaning.	09/26/2018

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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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>Firehouse Subs</b>		Telephone Number <b>(812-909-4445)</b>	Date of Inspection (mm/dd/yr) <b>09/26/2018</b>	ID # <b>12009</b>
Establishment Address (number and street, city, state, zip code) <b>1031 N Green River Rd. #102, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mickey McKee</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>Yes</b>	Release Date <b>10/06/2018</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
			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>
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>Himal Food Mart Inc.</b>		Telephone Number <b>(812-401-4462)</b>	Date of Inspection (mm/dd/yr) <b>09/28/2018</b>	ID # <b>11666</b>
Establishment Address (number and street, city, state, zip code) <b>3017 Kratzville Rd, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Prem Khadka</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>10/08/2018</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"
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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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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>Grandview Towers Apartments</b>		Telephone Number <b>(812-424-3507)</b>	Date of Inspection (mm/dd/yr) <b>09/27/2018</b>	ID # <b>11567</b>
Establishment Address (number and street, city, state, zip code) <b>1000 Fulton Parkway, Evansville, IN, 47710</b>		( ) Owner		
Owner <b>SWIRCA</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>10/07/2018</b>	
Owner's Address		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
			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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Establishment Name <b>La Mexicana International Market</b>	Telephone Number <b>(812-422-7861)</b>	Date of Inspection (mm/dd/yr) <b>09/26/2018</b>	ID # <b>11347</b>
Establishment Address (number and street, city, state, zip code) <b>324 E Riverside Dr, EVANSVILLE, IN, 47713</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Adriana Vazquez</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>10/06/2018</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>			

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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>PIZZA HUT #316305</b>	Telephone Number <b>(812-424-4433)</b>	Date of Inspection (mm/dd/yr) <b>09/28/2018</b>	ID # <b>11262</b>
Establishment Address (number and street, city, state, zip code) <b>310 N St. Joseph Ave, Evansville, IN, 47712</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PIZZA HUT OF AMERICA LLC c/o DMA</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>10/08/2018</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) <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
			Follow up from 9-20-2018.	
			All violations from the previous inspection were 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>McDonalds #5774</b>		Telephone Number <b>(812-422-8717)</b>	Date of Inspection (mm/dd/yr) <b>09/27/2018</b>	ID # <b>11199</b>
Establishment Address (number and street, city, state, zip code) <b>909 N St. Joseph Ave, Evansville, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>P &amp; L ENTERPRISES</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>10/07/2018</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)	
Responsible Person's E-mail			<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
415	C		Gnats and flies present in throughout the facility.	09/28/2018
431	NC	R	Mop sink contains food and debris.	09/27/2018

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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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>Clubhouse Cafe</b>	Telephone Number (812-425-5550)	Date of Inspection (mm/dd/yr) 09/28/2018	ID # 11161
Establishment Address (number and street, city, state, zip code) <b>2518 Leisure Lane, Evansville, IN, 47720</b>	( ) Owner <redacted>		
Owner <b>LEISURE LIVING</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>10/08/2018</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 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:



# 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>Life Choice</b>	<b>Telephone Number</b> (812) 428-3055 ( ) Owner	<b>Date of Inspection</b> (mm/dd/yr) 09/28/2018	<b>ID #</b> 11088
<b>Establishment Address (number and street, city, state, zip code)</b> 2225 W Indiana St, EVANSVILLE, IN, 47712			
<b>Owner</b> <b>LIFE CHOICE</b>	<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> 10/08/2018
<b>Owner's Address</b>		<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>



### Retail Food Establishment Inspection Report

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SDH Form 51-0001

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Establishment Name <b>Culver's West</b>	Telephone Number (812-492-8000)	Date of Inspection (mm/dd/yr) 09/28/2018	ID # 13753
Establishment Address (number and street, city, state, zip code) 4850 W Lloyd Expressway, Evansville, IN, 47712	( ) Owner <redacted>		
Owner Collette Crow	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 10/08/2018
Owner's Address <redacted>		Summary of Violations: C <u>1</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizer concentration in bucket was too weak.	Corrected
			Corrective Action: The manager is going to change them out every two hours instead of four.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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>Denny's #290</b>		Telephone Number <b>(812-424-4472)</b>	Date of Inspection (mm/dd/yr) <b>09/26/2018</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>No</b>	Release Date <b>10/06/2018</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 9-7-2018.	
			No pest activity observed.	
			Continue with pest control efforts.	

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

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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>Twisted Tomato</b>		Telephone Number <b>(812-401-2323)</b>	Date of Inspection (mm/dd/yr) <b>09/28/2018</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>Evansville Twisted Tomato Pizza Co.</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>10/08/2018</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 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
214	NC		Resurface/replace sandwich cutting boards.	10/05/2018

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:	