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 Milk and Sugar	**Telephone Number** ( ) Establishment 812-202-0136 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/09/2018	**ID #** 13185
Establishment Address (number and street, city, state, zip code) 2021 W Franklin St, Evansville, Indiana, 47712			
Owner Alisha Didia	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/19/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ● 3 ○ 4 ○ 5 ○	

- **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:

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Establishment Name Franklin Street Pizza Factory	**Telephone Number** ( ) Establishment 765-749-5969 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/09/2018	**ID #** 12993
Establishment Address (number and street, city, state, zip code) 2033 W Franklin St, Evansville, Indiana, 47712			
Owner James Michael Wathen	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/19/2018
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations:	
Person in Charge <redacted>	Pre-Operational Temporary	C 1 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
187	C		Ready to eat food held above 41 degrees. Measured at 51 degrees. Food voluntarily moved/discarded.	Corrected
218	NC		Reach in cooler not functioning as designed.	10/09/2018

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 River City Mercantile	**Telephone Number** ( ) Establishment 812-618-5824 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 12922
Establishment Address (number and street, city, state, zip code) 223 Main St, Vanderburgh, Indiana, 47713			
Owner Heather Vaught	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/21/2018
Owner's Address <redacted>		Summary of Violations: C 1 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>			

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Section#	C/NC	R	Narrative	To Be Corrected By
204	C		Self-service utensils need stored with handles facing outward.	10/11/2018

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 Walmart Market #5452	**Telephone Number** ( ) Establishment 812-647-9499 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 12349
Establishment Address (number and street, city, state, zip code) 2500 N First Ave, Evansville, IN, 47710			
Owner Wal-mart Stores East, LP	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 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
			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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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 Los Bravos	**Telephone Number** ( ) Establishment 812-474-9078 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 12261
Establishment Address (number and street, city, state, zip code) 6226 Waterford Blvd, Evansville, IN, 47715			
Owner Los Bravos Inc	**Purpose:** ✔ Routine	**Follow-up** Yes	Release Date 10/20/2018
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations: C 5 NC 2 R 4	
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
173	C		Improper storage of raw shrimp and raw pork product.	Corrected
294	C		Sanitizer solution for wiping cloths too weak.	Corrected
295	C	R	Soiled knives stored as clean.	Corrected
294	C		Sanitizer concentration for mechanical dish washer too weak.	10/10/2018
415	C	R	Pest activity present in back utility room.	10/12/2018
218	NC	R	Ice accumulation on within walk-in freezer.	10/12/2018
190	NC	R	Improper cooling method being utilized.	10/10/2018

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 Los Bravos	**Telephone Number** ( ) Establishment 812-474-9078 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/12/2018	**ID #** 12261
Establishment Address (number and street, city, state, zip code) 6226 Waterford Blvd, Evansville, IN, 47715			
Owner Los Bravos Inc	**Purpose:** ☐ Routine ☑ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 10/22/2018
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>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 10/10/18. All violations 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 Perfectly Fresh	**Telephone Number** ( ) Establishment 812-760-2627 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/08/2018	**ID #** 12158
Establishment Address (number and street, city, state, zip code) 120 N Rosenberger Ave, Evansville, IN, 47712			
Owner Apple A Day, LLC	**Purpose:** ✔ Routine	**Follow-up** Yes	Release Date 10/18/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 1 NC 1 R 0	
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
294	C		Sanitizer concentration in three compartment sink is too low.	10/08/2018
218	NC		Sanitizer pump and high temperature dish washer are not functioning properly.	10/08/2018

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 Break Time Bar & Grill	**Telephone Number** ( ) Establishment 812-602-1756 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 12150
Establishment Address (number and street, city, state, zip code) 1323 S Barker Ave, Evansville, IN, 47712			
Owner Terrie Mathis	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/21/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 1 NC 0 R 1	
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
191	C	R	Ready to eat food in reach-in cooler was lacking date marking.	10/11/2018

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 KW - E & S, Inc.	**Telephone Number** ( ) Establishment 812-423-3050 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/08/2018	**ID #** 11954
Establishment Address (number and street, city, state, zip code) 2218 W Franklin St, Evansville, IN, 47712			
Owner Katherine Willett	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/18/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 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
			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 Wok N Roll	**Telephone Number** ( ) Establishment 812-479-3118 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/08/2018	**ID #** 11804
Establishment Address (number and street, city, state, zip code) 311 S Green River Rd, Evansville, IN, 47715			
Owner Jane Tang	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/18/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 1 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
449	C		Improper use of pest bait stations.	Corrected
281	NC		Dish machine lacking sanitizer.	10/08/2018

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 Carver Senior Center	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 11684
Establishment Address (number and street, city, state, zip code) 504 SE Eighth St, Evansville, IN, 47708			
Owner CARVER SENIOR CENTER	**Purpose:** ✔ **Routine**	**Follow-up**	Release Date 10/20/2018
Owner's Address <redacted>	☐ **Follow-up** ☐ **Complaint**	Summary of Violations: C 0 NC 0 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			

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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 KC's Corner Pocket	**Telephone Number** ( ) Establishment 812-428-2255 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/08/2018	**ID #** 11507
Establishment Address (number and street, city, state, zip code) 1819 N Fulton Ave, Evansville, IN, 47710			
Owner Kerry Chesser Jr	**Purpose:** ✔ Routine	**Follow-up** Yes	Release Date 10/18/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 2 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
294	C	R	Chemical dish machine is not dispensing sanitizer.	10/08/2018
291	NC	R	Lacking test strips for quat sanitizer.	10/08/2018
345	C		Hand washing sink used for dishes.	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 Piston`s	**Telephone Number** ( ) Establishment 812-401-1699 ( ) Owner	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 11506
Establishment Address (number and street, city, state, zip code) 2131 W Franklin St, Evansville, IN, 47712			
Owner Jason English	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 2 NC 1 R 1	
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
438	C	R	Spray bottles containing toxic chemicals not labeled.	Corrected
294	C		Sanitizer concentration in three compartment sink too low.	Corrected
177	NC		Ready to eat food left uncovered in cooler.	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 Old Tyme Deli & Meat Shop	**Telephone Number** ( ) Establishment 812-401-1030 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 11492
Establishment Address (number and street, city, state, zip code) 307 N First Ave, Evansville, IN, 47710			
Owner Charles M Holder	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 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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- **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:

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Establishment Name Thorntons #85	**Telephone Number** (812) Establishment 812-422-6251 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 11408
Establishment Address (number and street, city, state, zip code) 114 S Rosenberger Ave, EVANSVILLE, IN, 47712			
Owner THORNTONS, Inc	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
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:

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

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Establishment Name TACO BELL #28907	**Telephone Number** (812) Establishment 812-422-4705 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 11381
Establishment Address (number and street, city, state, zip code) 1500 N Willow Rd, Evansville, IN, 47711			
Owner Bell Indiana LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/21/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 1 NC 4 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			

- **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	Insect activity present.	10/11/2018
218	NC		Ice build up on walk in freezer door.	10/11/2018
226	NC	R	Leak under lobby soda dispenser.	10/11/2018
295	NC	R	Non-food contact surfaces of equipment & bins need cleaning.	10/11/2018
346	NC		Soap needed for drive through hand washing sink.	10/11/2018

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 Sportsman Billards & Pub	**Telephone Number** ( ) Establishment 812-422-0801 ( ) Owner	**Date of Inspection (mm/dd/yr)** 10/12/2018	**ID #** 11332
Establishment Address (number and street, city, state, zip code) 2315 W Franklin St, Evansville, IN, 47712			
Owner Sportsman Billards & Pub Inc	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/22/2018
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	Temporary HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	Other (list)	1 2 3 4 5	

- **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:

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Establishment Name Skateworld	**Telephone Number** (812) Establishment 812-476-0586 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/14/2018	**ID #** 11321
Establishment Address (number and street, city, state, zip code) 1300 Fairfield Dr., EVANSVILLE, IN, 47715			
Owner Skateworld Inc. Bill Werremeyer	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/24/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
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
			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 Sam´s Pizzaria	**Telephone Number** (812) Establishment 812-423-3160 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/12/2018	**ID #** 11295
Establishment Address (number and street, city, state, zip code) 2011 Delaware St., EVANSVILLE, IN, 47712			
Owner David Frank	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/22/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 1 R 1	
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
245	NC	R	Wet wiping cloths not stored in sanitizer in between use.	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 Rosie´s Diner	**Telephone Number** (812) Establishment 812-421-1121 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 11289
Establishment Address (number and street, city, state, zip code) 1423 W Maryland St., Evansville, IN, 47710			
Owner Rose Gibson	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/21/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 2 NC 1 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			

- **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
118	C	R	Food establishment does not have a certified food employee.	10/25/2018
191	C	R	Ready to eat food in reach-in cooler is lacking date marking.	10/11/2018
245	NC	R	Wet wiping cloths not stored in sanitizer when not in use.	10/11/2018

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 River Bend Association, Inc.	**Telephone Number** ( ) Establishment 812-422-3983 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/09/2018	**ID #** 11284
Establishment Address (number and street, city, state, zip code) 2207 W Franklin St, EVANSVILLE, IN, 47712			
Owner RIVER BEND ASSOCIATION, INC.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/19/2018
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 1	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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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
191	C	R	Ready to eat, potentially hazardous food lacking date marking.	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 Marx Bar B Q	**Telephone Number** ( ) Establishment 812-425-1616 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/09/2018	**ID #** 11191
Establishment Address (number and street, city, state, zip code) 3119 W Maryland St., Evansville, IN, 47720			
Owner Roy A. Marx, Jr.	**Purpose:** ✔ Routine	**Follow-up** Yes	Release Date 10/19/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 2 NC 1 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>			

- **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	R	Chemical dish machine is not dispensing sanitizer.	10/09/2018
187	C	R	Potentially hazardous food is being held over 41 degrees. Measured at 50 degrees.	10/09/2018
218	NC	R	Dish machine and cooler are not functioning properly.	10/09/2018

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 Chilly Willy´s Pub	**Telephone Number** ( ) Establishment 812-423-0726 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 11144
Establishment Address (number and street, city, state, zip code) 3039 Claremont Ave., Evansville, IN, 47712			
Owner Britt Wilson	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
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 Chili´s Grill & Bar #900	**Telephone Number** ( ) Establishment 812-475-1510 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/09/2018	**ID #** 11143
Establishment Address (number and street, city, state, zip code) 600 N Green River Rd, Evansville, IN, 47715			
Owner Southwest Dining Inc Attn: Jill Condon	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/19/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 1 NC 0 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>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Ready to eat food not being held at 41 degrees or less in prep table cooler.	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 Central High School	**Telephone Number** ( ) Establishment 812-435-8297 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 11137
Establishment Address (number and street, city, state, zip code) 5400 First Ave, EVANSVILLE, IN, 47710			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/21/2018
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
			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 Captain D´s #3731	**Telephone Number** ( ) Establishment 812-423-3731 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/08/2018	**ID #** 11128
Establishment Address (number and street, city, state, zip code) 1200 Covert Ave, Evansville, IN, 47714			
Owner CAPTAIN D´S, LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/18/2018
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 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
347	NC		Hand drying provisions not provided at 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:

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Establishment Name Denny´s #397	**Telephone Number** ( ) Establishment 812-425-1486 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 11062
Establishment Address (number and street, city, state, zip code) 3901 N Hwy 41, EVANSVILLE, IN, 47711			
Owner SERVUS, Inc.	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 2 NC 2 R 4	
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
187	C	R	Egg mix not held at 41F or less.	Corrected
218	NC	R	Refrigerated drawers not maintaining 41F or less.	10/10/2018
415	C	R	Pest activity present.	10/10/2018
295	NC	R	Non-food contact surfaces of equipment needs cleaning.	10/10/2018

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 Holiday Retirement Village	**Telephone Number** ( ) Establishment 812-429-0701 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/09/2018	**ID #** 11035
Establishment Address (number and street, city, state, zip code) 1200 W Buena Vista, EVANSVILLE, IN, 47710			
Owner Derek Dunigan	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/19/2018
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 Hillcrest Home	**Telephone Number** ( ) Establishment 812-428-0698 ( ) Owner	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 11030
Establishment Address (number and street, city, state, zip code) 2700 W Indiana St, EVANSVILLE, IN, 47712			
Owner HILLCREST HOME	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
Owner's Address	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
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 Highland Elementary School	**Telephone Number** ( ) Establishment 812-867-2428 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 11028
Establishment Address (number and street, city, state, zip code) 6701 Darmstadt Rd., EVANSVILLE, IN, 47725			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/21/2018
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) _____		

- **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): <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

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Establishment Name Diamond Lanes	**Telephone Number** (812) Estab Estimate 812-424-4677 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 10908
Establishment Address (number and street, city, state, zip code) 2400 N Highway 41, Evansville, IN, 47711			
Owner George Arendell	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ● 3 ○ 4 ○ 5 ○	

- **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>
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Establishment Name Dairy Queen	**Telephone Number** (812) Establishment 812-422-9341 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 10894
Establishment Address (number and street, city, state, zip code) 1159 E Virginia St., Evansville, IN, 47711			
Owner MIKE SCHLOSS	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/21/2018
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 2 NC 0 R 1	
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
191	C	R	Ready to eat food lacking date marking.	Corrected
187	C		Gravy not maintained at 135F or more.	Corrected

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

cc:	cc:	cc:

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Establishment Name Bucks Tavern of Evansville LLC	**Telephone Number** ( ) Establishment 812-429-0055 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 10880
Establishment Address (number and street, city, state, zip code) 1015 N Fulton Ave, EVANSVILLE, IN, 47710			
Owner Bucks Tavern of Evansville LLC	**Purpose:** ✔ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 10/21/2018
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>			

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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 Circle K #142	**Telephone Number** ( ) Estab/Manager 812-424-5313 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/10/2018	**ID #** 10866
Establishment Address (number and street, city, state, zip code) 1201 W Columbia St, Evansville, IN, 47710			
Owner Mac´s Convenience Store LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/20/2018
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>			

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Soap dispenser not functioning correctly.	Corrected
347	NC	R	No drying provisions at hand sink.	Corrected

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cc:	cc:	cc:

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Establishment Name SAGE @ OneMain Financial	**Telephone Number** ( ) Estab/Manager 812-424-8031 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/08/2018	**ID #** 10837
Establishment Address (number and street, city, state, zip code) 601 NW Second St., EVANSVILLE, IN, 47708			
Owner SAGE Dining Services, Inc.	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/18/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 1 R 1	
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
232	NC	R	Ice guard soiled.	Corrected

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cc:	cc:	cc:

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Establishment Name 11th Frame Lounge	**Telephone Number** ( ) Establishment 812-423-5355 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/08/2018	**ID #** 10824
Establishment Address (number and street, city, state, zip code) 1801 W Franklin St, EVANSVILLE, IN, 47712			
Owner Franklin Lanes Inc	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/18/2018
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>			

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

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Establishment Name Maidens Brewery & Pub	**Telephone Number** ( ) Establishment 812-909-1956 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/11/2018	**ID #** 13866
Establishment Address (number and street, city, state, zip code) 209 N Wabash Ave., Evansville, IN, 47712			
Owner John Mills	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/21/2018
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
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
			No noted violations.	

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cc:	cc:	cc: