



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 Kite and Key Cafe		Telephone Number (812-401-0275)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 12972
Establishment Address (number and street, city, state, zip code) 2301 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner Mary Jo Brugmann	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 09/23/2018	
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
173	C		Animal products stored over ready to eat produce.	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 Big Bang Mongolian Grill		Telephone Number (812-602-1400	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 12346
Establishment Address (number and street, city, state, zip code) 2013 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Jun Cao		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 No	Release Date 09/23/2018
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 (<i>See additional page</i>) 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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 8/27/2018 corrected.	

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

cc:	cc:	cc:
-----	-----	-----



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Establishment Name Chipotle Mexican Grill #2077		Telephone Number (812-471-4973)	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 12122
Establishment Address (number and street, city, state, zip code) 499 N Green River Rd Ste A, Evansville, IN, 47715		() Owner <redacted>		
Owner Chipotle Mexican Grill of Colorado, LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/24/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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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 Subway #23569	Telephone Number (812-402-7821) () Owner <redacted>	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 12115
Establishment Address (number and street, city, state, zip code) 1300 E Morgan Ave, Evansville, IN, 47714		Follow-up No	Release Date 09/21/2018
Owner Sub Two Inc/Ed Kucer	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: C 0 NC 0 R 0	
Owner's Address <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Person in Charge <redacted>			
Responsible Person's E-mail			
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 Jimmy Johns	Telephone Number (812-402-9944 () Owner <redacted>	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 12075
Establishment Address (number and street, city, state, zip code) 130 N St Joe Ave, Evansville, IN, 47712		Follow-up No	Release Date 09/21/2018
Owner KEN BUTLER, II	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: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		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 <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 The Ford Center		Telephone Number (812-436-7173	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11986
Establishment Address (number and street, city, state, zip code) 1 SE Martin Luther King Blvd, Evansville, IN, 47708		() Owner <redacted>		
Owner Venuworks of Evansville LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/23/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 1		
Person in Charge <redacted>		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 <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Seal on door to kitchen walk-in freezer needs repair.	09/15/2018

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: Gehres Food Service
Telephone Number: (260) 223-0742
Date of Inspection: 09/13/2018
ID #: 11981
Establishment Address: 1 NW Martin Luther King Blvd, Evansville, IN, 47708
Owner: Scott Gehres
Purpose: Routine
Follow-up: No
Release Date: 09/23/2018
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 (selected)

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

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

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

cc: (three empty fields)



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Establishment Name: Zoup/GBS 2S LLC
Telephone Number: 812-423-1800
Date of Inspection: 09/12/2018
ID #: 11894
Establishment Address: 4660 N First Ave, Evansville, IN, 47710
Owner: Ponni Subbiah/Subbu Subbiah
Purpose: Routine
Follow-up: No
Release Date: 09/22/2018
Summary of Violations: C 0 NC 0 R 0
Menu Type: 2

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

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



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Establishment Name Subway		Telephone Number (812-473-7101)	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11803
Establishment Address (number and street, city, state, zip code) 1677 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner PATHIL AMIN		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 09/21/2018
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>				

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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 Little Caesar`s Pizza		Telephone Number (812-471-5755	Date of Inspection (mm/dd/yr) 09/12/2018	ID # 11776
Establishment Address (number and street, city, state, zip code) 2007 Washington Ave #1, Evansville, IN, 47714		() Owner <redacted>		
Owner Collective Efforts Investments, Inc		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 09/22/2018
Owner's Address <redacted>			Summary of Violations: C 2 NC 3 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
336	C		Backsiphonage device at mop sink in need of repair.	10/10/2018
295	C		Can opener in need of cleaning.	09/12/2018
431	NC		Fans in walk in coolers need cleaning.	09/13/2018
393	NC		Dumpster lacking drain plug.	09/26/2018
413	NC		Outer opening not protected with self closing door.	09/26/2018

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 Rally's #162		Telephone Number (812-475-9450)	Date of Inspection (mm/dd/yr) 09/12/2018	ID # 11680
Establishment Address (number and street, city, state, zip code) 4720 E Morgan Ave, Evansville, IN, 47715		() Owner <redacted>		
Owner RALJOE LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" 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 09/22/2018	
Owner's Address <redacted>		Summary of Violations: C 2 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Cold food not maintained at required temperature.	Corrected
294	C		Sanitizer concentration for wiping clothes too weak.	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 Zuki	Telephone Number (812-477-9854	Date of Inspection (mm/dd/yr) 09/10/2018	ID # 11626
Establishment Address (number and street, city, state, zip code) 1448 N Green River Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner JOSE IBAY	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/20/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 4 NC 0 R 2	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" 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
118	C	R	No certified food safety employee.	09/28/2018
187	C		Eggs not stored at 41 degrees or less.	09/10/2018
191	C	R	Ready to eat food lacking date marking.	09/10/2018
344	C		Hand washing sink not accessible.	Corrected

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



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Establishment Name Fulton Square Apartments	Telephone Number (812) 428-8516	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11574
Establishment Address (number and street, city, state, zip code) 1328 Dresden, Evansville, IN, 47710	() Owner <redacted>		
Owner SWIRCA	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/21/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input 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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name St Pauls Episcopal	Telephone Number (812-422-9009) () Owner	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 11524
Establishment Address (number and street, city, state, zip code) 301 SE First St, Evansville, IN, 47708		Follow-up No	Release Date 09/24/2018
Owner St Pauls Episcopal	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C 0 NC 0 R 0	
Owner's Address	<input type="checkbox"/> Follow-up	Menu Type (See additional page)	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	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	<input type="checkbox"/> Pre-Operational		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary		
	<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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Starbucks Coffee Co #9759	Telephone Number (812-476-7385)	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11505
Establishment Address (number and street, city, state, zip code) 504 N Green River Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner Starbucks Coffee Company	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 09/21/2018
Owner's Address <redacted>	Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>	Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0		
Responsible Person's E-mail			
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:



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 Evansville Lutheran School		Telephone Number (812-424-7252)	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11465
Establishment Address (number and street, city, state, zip code) 111 E Virginia St, Evansville, IN, 47711		() Owner <redacted>		
Owner Evansville Lutheran School	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 09/21/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
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): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name West Terrace School K-5		Telephone Number (812-435-8737)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11447
Establishment Address (number and street, city, state, zip code) 8000 West Terrace Dr., EVANSVILLE, IN, 47720		() 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 09/23/2018
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) 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 <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 Wendy's #346	Telephone Number (812) 401-7126	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11439
Establishment Address (number and street, city, state, zip code) 401A S Boehne Camp Rd., Evansville, IN, 47712		Owner (<redacted>) Owner <redacted>	
Owner SERVUS, Inc.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 09/23/2018
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>		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 <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 buckets too weak.	Corrected
187	C		Product temperature at sandwich station not maintained at 41 degrees or lower.	09/13/2018
218	NC	R	Sandwich station cooler is not functioning properly.	09/13/2018
Note: Corrective actions implemented.				

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 Thorntons #83		Telephone Number (812-477-5464	Date of Inspection (mm/dd/yr) 09/10/2018	ID # 11407
Establishment Address (number and street, city, state, zip code) 701 S Green River Rd, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner THORNTONS, Inc	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 09/20/2018	
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>				

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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 TGI Fridays #432		Telephone Number (812-491-8443 () Owner <redacted>	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11394
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 101, Evansville, IN, 47715		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 09/23/2018
Owner Central Florida Restaurants, Inc.	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address <redacted>	Menu Type (See additional page)			
Person in Charge <redacted>	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 <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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Retail Food Establishment Inspection Report

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Establishment Name Subway Sandwich Shop		Telephone Number (812-424-8655	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11373
Establishment Address (number and street, city, state, zip code) 611 E Diamond Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner Paul Kumar	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	Release Date 09/23/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Spill in cabinet under front soda dispenser.	Corrected

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



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Establishment Name Stockwell School K-5		Telephone Number (812-469-5086)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11356
Establishment Address (number and street, city, state, zip code) 2501 N Stockwell Rd., EVANSVILLE, IN, 47714		() 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 09/21/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (<i>See additional page</i>)	
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 St Pauls Lutheran Church	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11340
Establishment Address (number and street, city, state, zip code) 106 E Michigan St., EVANSVILLE, IN, 47711		Follow-up No	
Owner ST PAULS LUTHERAN CHURCH	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)	Release Date 09/21/2018	
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) 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 <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 Sonic Drive-In #105		Telephone Number (812-421-1700)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11329
Establishment Address (number and street, city, state, zip code) 4920 W Lloyd Expressway, Evansville, IN, 47712		() Owner <redacted>		
Owner Sonic Drive-In of Evansville Inc		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 09/23/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail <redacted>				
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
305	NC		Hood vent in need of cleaning.	09/14/2018

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 Sonic Drive-In #102		Telephone Number (812-475-1099)	Date of Inspection (mm/dd/yr) 09/10/2018	ID # 11328
Establishment Address (number and street, city, state, zip code) 2200 Covert Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Sonic Drive-In of Evansville Inc		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 09/20/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
305	NC		Hood vent in need of cleaning.	09/14/2018

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 Showplace Cinemas		Telephone Number (812-479-8780)	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 11314
Establishment Address (number and street, city, state, zip code) 950 S Hebron Ave, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner North Park Cinemas Inc		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 09/24/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
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
297	NC		Drink dispenser nozzles soiled.	09/14/2018

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 University Food Mart		Telephone Number (812-473-3567)	Date of Inspection (mm/dd/yr) 09/12/2018	ID # 11311
Establishment Address (number and street, city, state, zip code) 1701 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Deveer Inc. d/b/a University Food Mart		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 09/22/2018
Owner's Address <redacted>			Summary of Violations: C 1 NC 0 R 1	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Hot food not being held at the required temperature of 135 degrees.	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 Reitz High School		Telephone Number (812-435-8208)	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11279
Establishment Address (number and street, city, state, zip code) 350 Dreier Blvd., 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 No	Release Date 09/21/2018
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			<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 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 Perry Heights School 6-8		Telephone Number (812-435-8613)	Date of Inspection (mm/dd/yr) 09/12/2018	ID # 11254
Establishment Address (number and street, city, state, zip code) 5800 Hogue Rd., EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.		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 type="checkbox"/> Other (list) _____	Follow-up	Release Date 09/22/2018
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 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:	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

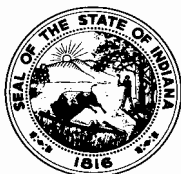
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Circle K #2417		Telephone Number (812-479-6491	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11246
Establishment Address (number and street, city, state, zip code) 1650 S Kentucky Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Mac's Convenience Store LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/21/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			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
295	NC		Drink nozzles at self service station soiled.	09/11/2018

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 Order of Owls Nest #30		Telephone Number (812-422-2556)	Date of Inspection (mm/dd/yr) 09/12/2018	ID # 11237
Establishment Address (number and street, city, state, zip code) 2427 N Sherman Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner ORDER OF OWLS NEST #30		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 09/22/2018
Owner's Address <redacted>			Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
415	C		Flies present in kitchen area.	09/12/2018

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



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Establishment Name Mater Dei High School		Telephone Number (812-426-2258) () Owner	Date of Inspection (mm/dd/yr) 09/10/2018	ID # 11193
Establishment Address (number and street, city, state, zip code) 1300 Harmony Way, EVANSVILLE, IN, 47720				
Owner Mater Dei High School		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 09/20/2018
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) 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 <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: Cracker Barrel Old Country Store #216
Telephone Number: (812) 479-8788
Date of Inspection: 09/13/2018
ID #: 11174
Establishment Address: 8215 Eagle Lake Dr., Evansville, IN, 47715
Owner: Cracker Barrel Old Country Store, Inc
Purpose: Routine
Follow-up: No
Release Date: 09/23/2018
Summary of Violations: C 0 NC 0 R 0
Menu Type: 4

- 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: No noted violations.

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

cc: [blank]



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Establishment Name Corpus Christi School		Telephone Number (812-422-1208)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11172
Establishment Address (number and street, city, state, zip code) 5528 Hogue Rd., EVANSVILLE, IN, 47712		() Owner		
Owner Corpus Christi Parish	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 09/23/2018	
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>				

- 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 Los Bravos		Telephone Number (812-464-3163	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 11103
Establishment Address (number and street, city, state, zip code) 4630 W Lloyd Expressway, Evansville, IN, 47712		() Owner <redacted>		
Owner Los Bravos Inc		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 No	Release Date 09/24/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 7-20-2018	
			Reviewed and verified corrective actions for cooling product.	Corrected
			All previous 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 Logans Roadhouse #381		Telephone Number (812-421-0908)	Date of Inspection (mm/dd/yr) 09/12/2018	ID # 11091
Establishment Address (number and street, city, state, zip code) 5645 Pearl Dr, Evansville, IN, 47712		() Owner <redacted>		
Owner LOGANS ROADHOUSE INC		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 09/22/2018
Owner's Address <redacted>			Summary of Violations: C 2 NC 1 R 2	
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
294	C		Sanitizer concentration in bucket too weak.	Corrected
187	C	R	Produce in front line cooler was over 41 degrees.	Corrected
295	NC	R	Tea urn nozzles were soiled.	09/12/2018

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



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Establishment Name Lincoln School K-8	Telephone Number (812-435-8598)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 11089
Establishment Address (number and street, city, state, zip code) 635 Lincoln Ave., EVANSVILLE, IN, 47713	() 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 09/23/2018
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) 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 <redacted>			
<ul style="list-style-type: none"> • 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 Lee's Famous Recipe		Telephone Number (812-422-3904	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 11078
Establishment Address (number and street, city, state, zip code) 411 N St. Joseph Ave, Evansville, IN, 47712		() Owner <redacted>		
Owner De-Max-Bill Wathen		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 09/24/2018
Owner's Address <redacted>			Summary of Violations: C 1 NC 4 R 2	
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
294	C		Sanitizer concentration is too high.	09/14/2018
291	NC		Test kits were not available to test sanitizer concentration.	09/14/2018
245	NC	R	Improper use of wiping cloths.	09/14/2018
430	NC	R	Wall at three compartment sink in need of repair.	09/21/2018
119	NC		Improper training and procedure for cleaning/sanitizing process.	09/14/2018

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 KFC #C119004		Telephone Number (812-476-6192	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 11068
Establishment Address (number and street, city, state, zip code) 900 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Bell Indiana LLC - CHERYL MILLS	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 09/24/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 1		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC	R	Floors and equipment in need of cleaning in chicken frying area.	09/14/2018

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 Ivy Cafe/Ivy Catering		Telephone Number (812-464-7807	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 11053
Establishment Address (number and street, city, state, zip code) 16 W Virginia St., Evansville, IN, 47710		() Owner <redacted>		
Owner SWIRCA & More	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 09/21/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Seal on StratoSteamer in need of repair/replaced.	09/14/2018

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 Grandy's #188	Telephone Number (812-423-6796)	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 10994
Establishment Address (number and street, city, state, zip code) 722 Landbridge Ave., Evansville, IN, 47710	() Owner <redacted>		
Owner SERVUS, Inc.	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/24/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 2 NC 1 R 2	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<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)		

- 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	Potentially hazardous food kept over 41 degrees. Corrective actions taken.	Corrected
173	C		Raw animal products stored over ready to eat food.	Corrected
218	NC	R	Front line cooler not functioning as designed.	09/14/2018

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 Good Shepherd School	Telephone Number (812-476-4477)	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 10990	
Establishment Address (number and street, city, state, zip code) 2301 N Stockwell Rd., EVANSVILLE, IN, 47715		() Owner		
Owner Good Shepherd Parish	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 09/21/2018	
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>				

• 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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Establishment Name Glenwood Leadership Academy K-8		Telephone Number (812-435-8610)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 10986
Establishment Address (number and street, city, state, zip code) 901 Sweetser Ave., EVANSVILLE, IN, 47713		() 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 09/23/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
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 Violations observed at time of inspection.	

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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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 G.D. Ritzy's	Telephone Number (812) 425-8700	Date of Inspection (mm/dd/yr) 09/10/2018	ID # 10978
Establishment Address (number and street, city, state, zip code) 4810 University Dr., EVANSVILLE, IN, 47712		(<u> </u>) Owner <redacted>	
Owner Dan Grunow/Chad Grunow	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 09/20/2018
Owner's Address <redacted>		Summary of Violations: C <u> 2 </u> NC <u> 1 </u> R <u> 2 </u>	
Person in Charge <redacted>	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 <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
173	C		Beef was improperly stored over ready to eat produce in the walk in.	Corrected
345	C	R	Hand washing sink used as a dump sink.	09/10/2018
295	NC	R	Drink nozzles at drive thru and front station soiled.	09/10/2018

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



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Establishment Name Evans School K-6		Telephone Number (812-435-8609)	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 10948
Establishment Address (number and street, city, state, zip code) 837 Tulip Ave, EVANSVILLE, IN, 47711		() 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 09/24/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 ● 3 0 4 0 5 0	
Responsible Person's E-mail				
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 America's Best Value	Telephone Number (812-473-7944	Date of Inspection (mm/dd/yr) 09/11/2018	ID # 10899
Establishment Address (number and street, city, state, zip code) 4819 Tecumseh, Evansville, IN, 47715	() Owner <redacted>		
Owner Shiv Vandan LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/21/2018
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler <redacted>		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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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 Price Less Foods #430	Telephone Number (812-426-7080)	Date of Inspection (mm/dd/yr) 09/14/2018	ID # 10885
Establishment Address (number and street, city, state, zip code) 4851 W Pennsylvania St., Evansville, IN, 47712	() Owner <redacted>	Follow-up No	Release Date 09/24/2018
Owner HOUCHENS NORTH FOODS LLC	Purpose: <input type="checkbox"/> Routine	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's Address <redacted>	<input checked="" type="checkbox"/> Follow-up		
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP	
		<input type="checkbox"/> Other (list)	

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 9-4-2018	
			All violations from the previous inspection corrected.	

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



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Establishment Name Barnes & Noble Bookstore		Telephone Number (812-475-1054)	Date of Inspection (mm/dd/yr) 09/12/2018	ID # 10856
Establishment Address (number and street, city, state, zip code) 624 S Green River Rd, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner BARNES & NOBLE BOOKSTORE	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 09/22/2018	
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>				

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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 Auntie Ann's	Telephone Number (812-475-0201)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 10852
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner Sarah Mazzocco	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/23/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Cabinet under sink in need of cleaning.	09/13/2018

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



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Establishment Name Gangnam Korean Cuisine		Telephone Number (812-550-1171)	Date of Inspection (mm/dd/yr) 09/13/2018	ID # 13711
Establishment Address (number and street, city, state, zip code) 519-520 Main St, Evansville, IN, 47708		() Owner <redacted>		
Owner Joseph Kim/Gangnam Business Systems LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/23/2018
Owner's Address <redacted>			Summary of Violations: C 1 NC 2 R 1	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
234	NC		Scoop stored in rice bin lacking handle.	09/13/2018
216	NC		Small section of floor tiling in kitchen needs replaced.	09/30/2018
294	C	R	Sanitizer solution for wipe clothes weak.	09/13/2018

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