



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 Philly Grill		Telephone Number (812-602-4027)	Date of Inspection (mm/dd/yr) 10/18/2018	ID # 12995
Establishment Address (number and street, city, state, zip code) 600 E Bnvl NH Rd Ste D, Evansville, IN, 47725		() Owner <redacted>		
Owner Laura O'Leary	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/28/2018	
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 1 3 0 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"
- 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 Pangea Kitchen	Telephone Number (812) 401-2405 <small>() Owner</small> <redacted>	Date of Inspection <small>(mm/dd/yr)</small> 10/19/2018	ID # 12480
Establishment Address (number and street, city, state, zip code) 111 S Green River Rd Suite E, Vanderburgh, IN, 47715		Follow-up No	
Owner RANDY HOBSON	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 10/29/2018
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>		

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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: _____	cc: _____



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Establishment Name Freddy's Frozen Custard of Evansville	Telephone Number (812-909-4395)	Date of Inspection (mm/dd/yr) 10/16/2018	ID # 12291
Establishment Address (number and street, city, state, zip code) 2848 N Green River Rd, Evansville, IN, 47715	Owner (<redacted>) Owner <redacted>		
Owner M&M Custard LLC	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) Reopening _____	Follow-up No	Release Date 10/26/2018
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>			
Responsible Person's E-mail _____	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"/>		
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
			Establishment is ready to reopen. Hot water restored throughout the building.	

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 Schnucks #742		Telephone Number (812-464-3500)	Date of Inspection (mm/dd/yr) 10/18/2018	ID # 12284
Establishment Address (number and street, city, state, zip code) 600 E Bnvl-NH Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner Schnucks Markets 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 10/28/2018	
Owner's Address <redacted>		Summary of Violations: C 2 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
129	C		Employee not washing hands between glove usage.	Corrected
415	C		Insect activity present.	10/18/2018
431	NC	R	Walls & floors in need of cleaning in meat grinder room.	10/18/2018

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 Twice the Ice		Telephone Number (812-582-1473	Date of Inspection (mm/dd/yr) 10/19/2018	ID # 12204
Establishment Address (number and street, city, state, zip code) 401 S Kentucky Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Miller Ice 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 10/29/2018
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 checked="" type="radio"/> 2 <input 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:	cc:	



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Establishment Name Culinary Innovations by April Boeke, LLC		Telephone Number (812-228-7626	Date of Inspection (mm/dd/yr) 10/15/2018	ID # 12083
Establishment Address (number and street, city, state, zip code) 2308 W Franklin St Suite B, Evansville, IN, 47712		Owner <redacted>		
Owner April Boeke	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/25/2018	
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 Hickory Farms #10790		Telephone Number (419-725-9336	Date of Inspection (mm/dd/yr) 10/19/2018	ID # 11762
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Hickory Farms 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 10/29/2018
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.	

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



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Establishment Name Rainforest Grill	Telephone Number (812-435-6143)	Date of Inspection (mm/dd/yr) 10/17/2018	ID # 11696
Establishment Address (number and street, city, state, zip code) 1545 Mesker Park Dr, Evansville, IN, 47720	() Owner <redacted>		
Owner Venuworks of Evansville LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/27/2018
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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Subway #28905	Telephone Number (812-401-1563)	Date of Inspection (mm/dd/yr) 10/17/2018	ID # 11615
Establishment Address (number and street, city, state, zip code) 301 Main St, Evansville, IN, 47708	Owner ED KUCER		
Owner's Address <redacted>	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
Person in Charge <redacted>	Release Date 10/27/2018		
Responsible Person's E-mail _____	Summary of Violations: C <u> 1 </u> NC <u> 1 </u> R <u> 0 </u>		
Certified Food Handler <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"/>		

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizer concentration for wiping cloth too weak.	Corrected
433	NC		Mop improperly stored.	10/17/2018

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 Darmstadt Inn		Telephone Number (812-867-7300)	Date of Inspection (mm/dd/yr) 10/17/2018	ID # 11543
Establishment Address (number and street, city, state, zip code) 13130 Darmstadt Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner Richard Kennedy - JLK Bar Holdings II 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 10/27/2018
Owner's Address <redacted>			Summary of Violations: C 3 NC 2 R 3	
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	R	Potentially hazardous food held above 41 degrees. Measured temperature at 55 degrees. Product moved and put on ice.	10/17/2018
173	C		Improper storage of raw meats.	Corrected
118	C	R	Food establishment does not have a certified food employee.	10/31/2018
218	NC	R	Prep cooler is not functioning properly. Seals in need of repair on chest freezers.	10/18/2018
297	NC		Soda gun nozzle at bar is soiled.	10/17/2018

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 KC's Corner Pocket		Telephone Number (812-428-2255	Date of Inspection (mm/dd/yr) 10/16/2018	ID # 11507
Establishment Address (number and street, city, state, zip code) 1819 N Fulton Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Kerry Chesser Jr	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 10/26/2018	
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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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 10-8-2018.	
			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: Dollar General #6626
Telephone Number: (812) 477-1947
Date of Inspection: 10/15/2018
ID #: 11462
Establishment Address: 5033 Theater Drive, Evansville, IN, 47715
Owner: DOLGENCORP LLC
Purpose: Routine
Follow-up: No
Release Date: 10/25/2018
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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

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

cc: fields for distribution list



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Establishment Name SIMPSONS SUPERMARKET	Telephone Number (812-477-5341)	Date of Inspection (mm/dd/yr) 10/17/2018	ID # 11319
Establishment Address (number and street, city, state, zip code) 1365 Covert Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Scott Arendell	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/27/2018
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 ● 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler <redacted>			

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Establishment Name Nisbet Inn	Telephone Number (812) 963-9305	Date of Inspection (mm/dd/yr) 10/16/2018	ID # 11223
Establishment Address (number and street, city, state, zip code) 6701 Nisbet Station Rd, HAUBSTADT, IN, 47639	() Owner <redacted>		
Owner JIM & BECKY HARL	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/26/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
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)		

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			No noted violations.	

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Received by (signature):	Inspected by (signature):
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Establishment Name Milano Italian Cuisine		Telephone Number (812-484-2222)	Date of Inspection (mm/dd/yr) 10/15/2018	ID # 11216
Establishment Address (number and street, city, state, zip code) 500 Main St, EVANSVILLE, IN, 47708		() Owner <redacted>		
Owner Rafic Hachem	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 10/25/2018	
Owner's Address <redacted>		Summary of Violations: C 2 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>				

- 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
118	C	R	Food safety certificate expired. Employee scheduled to re-certify.	11/15/2018
204	C		Large serving utensils under kitchen counter need stored with handles facing outward.	10/15/2018
232	NC		Floor, wall, and counter surfaces in kitchen need cleaning.	10/22/2018

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

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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 Marx Bar B Q		Telephone Number (812-425-1616)	Date of Inspection (mm/dd/yr) 10/16/2018	ID # 11191
Establishment Address (number and street, city, state, zip code) 3119 W Maryland St., Evansville, IN, 47720		() Owner <redacted>		
Owner Roy A. Marx, Jr.	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 10/26/2018	
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"
- 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
			Follow up from 10-9-2018.	
			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:	cc:	



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Establishment Name Corner Bar & Grill		Telephone Number (812-425-5059)	Date of Inspection (mm/dd/yr) 10/17/2018	ID # 11171
Establishment Address (number and street, city, state, zip code) 2668 Mt. Vernon Ave., Evansville, IN, 47712		() Owner <redacted>		
Owner Thomas A Diehl	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/27/2018	
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 1		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
345	C	R	Hand 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:



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Establishment Name Los Bravos	Telephone Number (812-464-3163)	Date of Inspection (mm/dd/yr) 10/18/2018	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/28/2018
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"
- 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: Leroy's Tavern
Telephone Number: (812)-464-8300
Date of Inspection: 10/15/2018
ID #: 11081
Establishment Address: 2659 Mt. Vernon Ave., Evansville, IN, 47712
Owner: Terri Carl
Purpose: Routine
Follow-up: No
Release Date: 10/25/2018
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains: 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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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: Hadi Shrine Temple
Telephone Number: (812) 423-4285
Date of Inspection: 10/16/2018
ID #: 11002
Establishment Address: 6 Walnut St, Evansville, IN, 47708
Owner: HADI SHRINE TEMPLE
Purpose: Routine
Follow-up: Yes
Release Date: 10/26/2018
Summary of Violations: C 1 NC 0 R 1
Menu Type: 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 294, C, R, Sanitizer dispensed by chemical dish machine is too weak., 10/17/2018

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 Hadi Shrine Temple		Telephone Number (812-423-4285)	Date of Inspection (mm/dd/yr) 10/17/2018	ID # 11002
Establishment Address (number and street, city, state, zip code) 6 Walnut St, Evansville, IN, 47708		() Owner <redacted>		
Owner HADI SHRINE TEMPLE	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 10/27/2018	
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"
- 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
			Follow up from 10-16-2018.	
			All violations from the previous inspection were 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 Gerst Bavarian Haus	Telephone Number (812-424-1420)	Date of Inspection (mm/dd/yr) 10/17/2018	ID # 10985
Establishment Address (number and street, city, state, zip code) 2100 W Franklin St, Evansville, IN, 47712	() Owner		
Owner Jerry Chandler LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/27/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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 Emge Deli & Ice Cream		Telephone Number (812-422-3026)	Date of Inspection (mm/dd/yr) 10/18/2018	ID # 10943
Establishment Address (number and street, city, state, zip code) 206/ 208 Main St, Evansville, IN, 47708		() Owner <redacted>		
Owner Janet Howell	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/28/2018	
Owner's Address <redacted>		Summary of Violations: C 0 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 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
232	NC		Interior top walls of ice bin and top portions of shake mixer needs cleaned.	10/19/2018
146	NC	R	Ingredients need posted for refrigerated customer carry-out items.	10/19/2018

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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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 Dollar General #9430		Telephone Number (812-867-3599)	Date of Inspection (mm/dd/yr) 10/15/2018	ID # 10917
Establishment Address (number and street, city, state, zip code) 12250 N Highway 41, Evansville, IN, 47725		() Owner <redacted>		
Owner DOLGENCORP 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 10/25/2018
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				

- 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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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 Dollar General #2763		Telephone Number (812-425-4867)	Date of Inspection (mm/dd/yr) 10/15/2018	ID # 10915
Establishment Address (number and street, city, state, zip code) 607 E Diamond Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner DOLGENCORP 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 10/25/2018
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 1 3 0 4 0 5 0	
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
			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 Buffalo Wild Wings #50		Telephone Number (812-423-9464)	Date of Inspection (mm/dd/yr) 10/18/2018	ID # 10888
Establishment Address (number and street, city, state, zip code) 5405 Pearl Dr, Evansville, IN, 47712		() Owner <redacted>		
Owner Buffalo Wild Wings	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/28/2018	
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 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"
- 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 Bits & Bytes		Telephone Number (812-423-5113)	Date of Inspection (mm/dd/yr) 10/15/2018	ID # 10867
Establishment Address (number and street, city, state, zip code) 216 NW Fourth St, Evansville, IN, 47708		() Owner <redacted>		
Owner FRED MARTIN FLOORS 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 10/25/2018
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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		Customer grab and go pasta salad containers not date marked.	10/15/2018

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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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: Hacienda #12; Telephone Number: (812) 401-2180; Date of Inspection: 10/18/2018; ID #: 13828; Establishment Address: 600 E Bnvl-NH Rd Ste F, Evansville, IN, 47725; Owner: HMR Acquisition Co. Inc.; Purpose: Routine; Follow-up: No; Release Date: 10/28/2018; Summary of Violations: C 0 NC 0 R 0; Menu Type: 1 0 2 0 3 1 4 0 5 0

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains '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: