



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 McAlister's Deli		Telephone Number (812-228-4222)	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 13318
Establishment Address (number and street, city, state, zip code) 5301 Pearl Dr Ste 100, Evansville, IN, 47712		() Owner <redacted>		
Owner LLD 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 No	Release Date 11/09/2018
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>				

- 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
431	NC		Outside of the dish machine excessively soiled.	10/30/2018

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 G & C's Taste of NYC		Telephone Number (812-401-3020)	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 13009
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd unit 106, Evansville, Indiana, 47715		() Owner <redacted>		
Owner Sherry Schnell	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 11/08/2018	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</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
324	C	R	Hand washing sink in need of repair.	11/02/2018

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 DQ Grill & Chill	Telephone Number (812-401-2232)	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 12344
Establishment Address (number and street, city, state, zip code) 2720 N Green River Rd, Evansville, IN, 47715		Owner () Owner <redacted>	
Owner Barry Nasserri & Logan Nasserri	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 11/10/2018
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>3</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 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
136	C		Employee personal items in food prep area.	Corrected
177	C		Disposable single service items not stored 6 inches off the floor.	Corrected
295	C		Knives improperly stored between equipment.	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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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 Crazy Buffet II		Telephone Number (812-437-5050)	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 12048
Establishment Address (number and street, city, state, zip code) 5435 Pearl Dr Ste 3D, Evansville, IN, 47712		() Owner <redacted>		
Owner Yong Hua Liu	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 11/08/2018	
Owner's Address <redacted>		Summary of Violations: C 7 NC 3 R 9		
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
187	C	R	Cut melon not maintained under 41° Fahrenheit. Chicken Teriyaki on stick not maintained above 135° Fahrenheit.	10/29/2018
415	C	R	Live pest activity present.	10/29/2018
173	C	R	Improper storage of raw egg, fish, and beef.	Corrected
294	C	R	Sanitizer concentration for wiping cloths and 3-compartment sink too low.	Corrected
345	C	R	Hand sink used for purposes other than handwashing in the sushi bar area.	Corrected
191	C	R	Various ready to eat food items lacking date marking.	Corrected
205	C	R	Scoop for dispensing food product not of food grade material.	Corrected
199	NC	R	Improper thawing method being utilized.	10/29/2018
177	NC	R	Food items not covered in Reach-in cooler and on storage rack.	Corrected
116	NC		Record not maintained for documentation of time and temperature as a public health control.	10/29/2018

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 Crazy Buffet II		Telephone Number (812-437-5050)	Date of Inspection (mm/dd/yr) 11/03/2018	ID # 12048
Establishment Address (number and street, city, state, zip code) 5435 Pearl Dr Ste 3D, Evansville, IN, 47712		() Owner <redacted>		
Owner Yong Hua Liu	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 11/12/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 R 2		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" 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
430	NC	R	Substrates behind wall and covering to be repaired.	12/12/2018
430	NC	R	Lacking rubber coving at 3-compartment sink, dishwasher, prep area on other side of dishwasher, hot water heater, and mop sink walls.	12/12/2018
			Approved for reopening.	
			Approved corrective action plan/training.	
			Corrected all violations from 10/29/18 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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Establishment Name Firehouse Subs	Telephone Number (812-909-4445)	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 12009
Establishment Address (number and street, city, state, zip code) 1031 N Green River Rd. #102, Evansville, IN, 47715	() Owner <redacted>		
Owner Mickey McKee	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 11/10/2018
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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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 Wendy's #401	Telephone Number (812-867-6410)	Date of Inspection (mm/dd/yr) 11/01/2018	ID # 11896
Establishment Address (number and street, city, state, zip code) 601 E Bnvl-New Harmony Rd Ste 800, Evansville, IN, 47725		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 No	Release Date 11/11/2018
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
418	NC		Employee drinking in non-designated area.	Corrected

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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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 Royal Suite		Telephone Number (812-479-9732)	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 11889
Establishment Address (number and street, city, state, zip code) 4706 Morgan 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	Release Date 11/08/2018
Owner's Address <redacted>			Summary of Violations: C 2 NC 2 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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Chemical dishwasher not sanitizing.	10/30/2018
347	NC	R	Hand sink lacking paper towels.	Corrected
177	NC		Single service items at bar storage area stored 6 inches off the floor.	Corrected
295	C		Cutting boards soiled in need to resurfacing and/or replacement.	10/29/2018

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 Royal Suite	Telephone Number (812-479-9732)	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 11889
Establishment Address (number and street, city, state, zip code) 4706 Morgan Ave, Evansville, IN, 47715	() Owner <redacted>		
Owner North Park Cinemas 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 11/09/2018
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
			All violations from 10/29/2018 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: Subway #49125
Telephone Number: (812) 228-0454
Date of Inspection: 10/30/2018
ID #: 11851
Establishment Address: 101 Oakley St, Evansville, IN, 47710
Owner: RT Wolf Inc
Purpose: Routine
Follow-up: No
Release Date: 11/09/2018
Summary of Violations: C 0 NC 1 R 1
Menu Type: 1 2 3 4 5

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 297, NC, R, Nozzles at self service drink station soiled., 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 Fastbreak #5		Telephone Number (618-437-9799)	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 11830
Establishment Address (number and street, city, state, zip code) 2119 E Morgan Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Andrews Oil	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 11/10/2018	
Owner's Address <redacted>		Summary of Violations: C 3 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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Guard in ice bin soiled.	10/31/2018
345	C		Food service counter hand sink being used to purpose other than hand washing.	Corrected
177	C		Items in walk in freezer not stored 6 inches off the floor.	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 Fastbreak #5		Telephone Number (618-437-9799)	Date of Inspection (mm/dd/yr) 11/02/2018	ID # 11830
Establishment Address (number and street, city, state, zip code) 2119 E Morgan Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Andrews Oil		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 11/12/2018
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
			All violations from 10/31/2018 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 Tokyo Japan		Telephone Number (917-238-2299)	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 11694
Establishment Address (number and street, city, state, zip code) 3000 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Xu Hua Lin	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 11/09/2018	
Owner's Address <redacted>		Summary of Violations: C 4 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
171	C		Employee using three compartment sink for hand washing.	Corrected
324	C		Hand washing sink in need of repair.	Corrected
174	NC		Bulk container not identified with common food name.	Corrected
189	C		Food not cooled within required time frame. Food voluntarily discarded.	Corrected
204	C		Bulk container scoop lacking handle.	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: United Methodist Youth Home
Telephone Number: (812) 479-7535
Date of Inspection: 10/29/2018
ID #: 11625
Establishment Address: 2521 N Burkhardt Rd, Evansville, IN, 47715
Owner: United Methodist Youth Home
Purpose: Follow-up
Follow-up No: No
Release Date: 11/08/2018
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"
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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Violation from 10/25/2018 corrected.

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



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 LeMerigot Continental Breakfast		Telephone Number () Establishment () Owner <redacted>	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 11592
Establishment Address (number and street, city, state, zip code) 615 NW Riverside, Evansville, IN, 47708				
Owner Aztar Indiana Gaming Co LLC / dba Tropicana Evansville	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 11/09/2018	
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
			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: Big M's Pizzeria
Telephone Number: (812) 434-6909
Date of Inspection: 10/31/2018
ID #: 11511
Establishment Address: 1313 N First Ave, Evansville, IN, 47710
Owner: Dallas R May II
Purpose: Follow-up
Follow-up: Yes
Release Date: 11/09/2018
Summary of Violations: C 1 NC 2 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. Contains 3 rows of violation data.

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

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

cc: (three empty fields)



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Establishment Name Gary's Parkway Pizza	Telephone Number (812-423-3339)	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 11482
Establishment Address (number and street, city, state, zip code) 3911 Broadway Ave, Evansville, IN, 47712	() Owner <redacted>		
Owner Gary Schnell	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 11/10/2018
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
			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 Yen Ching		Telephone Number (812-474-0181)	Date of Inspection (mm/dd/yr) 11/01/2018	ID # 11458
Establishment Address (number and street, city, state, zip code) 406 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Zeng Ru Lin/Chang Ping Chen		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 11/11/2018
Owner's Address <redacted>			Summary of Violations: C 4 NC 0 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 type="radio"/> 4 <input checked="" 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
187	C	R	Rice not maintained at a temperature of 135° Fahrenheit or greater.	11/01/2018
344	C		Hand sink in kitchen area obstructed.	Corrected
324	C	R	Hand sink in kitchen area in need of repair.	11/01/2018
205	C	R	Food items stored on cloth napkin and in cardboard box.	11/01/2018

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 CAFÉ COURT		Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 11418
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		() Owner		
Owner Chartwells	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 11/10/2018	
Owner's Address <redacted>		Summary of Violations: C 2 NC 2 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
187	C		Hot food not being held at the required temperature of 135 degrees.	Corrected
294	C		Sanitizer concentration for wiping clothes too weak.	Corrected
259	NC		Deli refrigerator not holding required temperature of 41 degrees.	10/31/2018
431	NC		Large walk in cooler fans in need of cleaning.	10/31/2018

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 TACO BELL #28864		Telephone Number (812) 464-2374 <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 11382
Establishment Address (number and street, city, state, zip code) 4501 First Ave, Evansville, IN, 47710				
Owner Bell Indiana LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/09/2018	
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 <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
232	NC		Nonfood contact surfaces of drink machine & cold food wells need cleaning.	Corrected

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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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 Szechwan Chinese Restaurant		Telephone Number (812-479-7600)	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 11379
Establishment Address (number and street, city, state, zip code) 669 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Jimmy Gao Associates, 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 11/09/2018
Owner's Address <redacted>			Summary of Violations: C <u>8</u> NC <u>7</u> R <u>9</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 checked="" 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	Facility lacking certified food handler certification.	12/01/2018
344	C	R	Hand sink in kitchen area obstructed.	Corrected
129	C		Employees not washing hand when necessary.	10/30/2018
204	C	R	Improper storage of raw chicken & duck around the 3-compartment sink.	Corrected
191	C	R	Ready-to-eat food items held greater than 24 hours lacking date marking	10/30/2018
177	C	R	Various food items in walk-in cooler not covered.	10/30/2018
173	C	R	Improper storage of raw chicken above ready-to-eat food items.	Corrected
449	C	R	Improper use of open bating for pest control.	Corrected
203	NC		Food preparation taking place at 3-compartment sink with dirty dishes present.	Corrected
295	NC	R	Wok brazier cooking area soiled.	10/31/2018
257	NC		Lacking temperature measuring devices and food product thermometers.	10/31/2018
177	NC	R	Improper storage of bulk drinking water container.	Corrected
178	NC		Rice container stored outside.	Corrected
416	NC		Dead pests present in kitchen area.	10/30/2018
297	NC		Beverage nozzles soiled.	10/30/2018

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: Szechwan Chinese Restaurant
Telephone Number: (812) 479-7600
Date of Inspection: 11/02/2018
ID #: 11379
Establishment Address: 669 N Green River Rd, Evansville, IN, 47715
Owner: Jimmy Gao Associates, Inc.
Purpose: Follow-up
Follow-up No: No
Release Date: 11/12/2018
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: Follow-up from inspection on 10/30/18. Violations corrected.

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 (812-429-0090)	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 11361
Establishment Address (number and street, city, state, zip code) 4750 W Lloyd Expwy, Evansville, IN, 47712		() 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 11/08/2018
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 <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 Pizza King		Telephone Number (812-473-1744)	Date of Inspection (mm/dd/yr) 11/02/2018	ID # 11263
Establishment Address (number and street, city, state, zip code) 1033 S Weinbach Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Daniel & David Nix		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 11/12/2018
Owner's Address <redacted>			Summary of Violations: C 2 NC 2 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
294	C		Sanitizer concentration for wiping clothes too weak.	Corrected
177	C		Cases of bread in walk in cooler not stored 6 inches off the floor.	11/05/2018
431	NC		Reach in cooler door seals and shelving in need of cleaning.	11/05/2018
324	NC		Grease trap log not being maintained.	11/05/2018

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 Olive Garden #1022	Telephone Number (812) 473-2903	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 11235
Establishment Address (number and street, city, state, zip code) 1100 N Green River Rd, Evansville, IN, 47715	Owner <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
Owner GMRI Inc	Owner's Address <redacted>	Release Date 11/10/2018	
Person in Charge <redacted>	Responsible Person's E-mail <redacted>	Summary of Violations: C <u>0</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"/>		

- 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
297	NC		Ice guard soiled in ice machine.	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 Motomart #3204	Telephone Number (812) 963-6631	Date of Inspection (mm/dd/yr) 11/01/2018	ID # 11220
Establishment Address (number and street, city, state, zip code) Highway 65 & I64, CYNTHIANA, IN, 47612		() Owner <redacted>	
Owner FKG Oil Co	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 11/11/2018
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail 		Menu Type (<i>See additional page</i>) 1 0 3 4 5	
Certified Food Handler <redacted>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Ready to eat, potentially hazardous food lacking date marking.	Corrected

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



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Establishment Name Circle S Mart #23		Telephone Number (812-422-9871)	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 11159
Establishment Address (number and street, city, state, zip code) 131 S Redbank Rd., EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner C & S 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 11/08/2018	
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 Hucks # 337	Telephone Number (812-477-5232)	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 11047
Establishment Address (number and street, city, state, zip code) 3951 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>	
Owner MARTIN & BAYLEY 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 11/09/2018
Owner's Address <redacted>	Summary of Violations: C 3 NC 1 R 0		
Person in Charge <redacted>			
Responsible Person's E-mail <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"/>		
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
129	C		Employees not washing when required.	Corrected
177	C		Food in walk-in freezer and cooler not stored 6 inches off the floor.	Corrected
291	NC		Sanitizer test kit not available.	10/31/2018
193	C		Time being used as a public health control. Food not pulled from the shelf at required time.	Corrected

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 Chick-fil-A	Telephone Number (812-488-2061) <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 13804
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722			
Owner Chartwells	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 11/10/2018
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>			

- 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.	

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 Evansville Christian Life		Telephone Number (812-423-9222)	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 10950
Establishment Address (number and street, city, state, zip code) 509 S Kentucky Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Evansville Christian Life		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 11/10/2018
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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- 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 DeerHead Sidewalk Cafe		Telephone Number (812-425-2515	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 10900
Establishment Address (number and street, city, state, zip code) 222 E Columbia St., Evansville, IN, 47711		() Owner <redacted>		
Owner Charles Johnson Jr	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 11/10/2018	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</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
218	NC		Dish machine not properly dispensing sanitizer.	Corrected
214	NC	R	Cutting board on first make table needs repaired/replaced.	11/10/2018

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



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Establishment Name Buehlers IGA #453		Telephone Number (812-467-7255)	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 10881
Establishment Address (number and street, city, state, zip code) 4635 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner HOUCHENS NORTH FOODS 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 11/09/2018
Owner's Address <redacted>			Summary of Violations: C 1 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				

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC	R	Incomplete labeling in the deli & popcorn area.	10/30/2018
139	C	R	Baby formula out of date. (discarded)	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 Bourbon Street Grill		Telephone Number (812-475-1688)	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 10876
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Indiana New Bourbon Street, 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 11/08/2018	
Owner's Address <redacted>		Summary of Violations: C <u>3</u> NC <u>0</u> R <u>1</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 checked="" type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
177	C	R	Items in cooler not covered.	10/29/2018
173	C		Improper storage of raw meat in cooler.	Corrected
438	C		Chemical bottles not labeled.	10/29/2018

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 Bauer's Grove Bauerhaus		Telephone Number (812-867-3169)	Date of Inspection (mm/dd/yr) 10/30/2018	ID # 10858
Establishment Address (number and street, city, state, zip code) 13605 Darmstadt Rd., EVANSVILLE, IN, 47725		() Owner <redacted>		
Owner James A Bauer	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 11/09/2018	
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				
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:



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Establishment Name Applebee's Neighborhood Grill		Telephone Number (812-426-2006)	Date of Inspection (mm/dd/yr) 10/31/2018	ID # 10845
Establishment Address (number and street, city, state, zip code) 5727 Pearl Dr, Evansville, IN, 47712		() Owner <redacted>		
Owner Apple Central, 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 11/10/2018
Owner's Address <redacted>			Summary of Violations: C 1 NC 2 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Ready to eat food held above 41 degrees in prep cooler. Food voluntarily moved/discarded.	Corrected
218	NC	R	Prep cooler not functioning as designed.	10/31/2018
431	NC		Excessive build up around dish machine and under equipment.	10/31/2018

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 Spicy Thai Cuisine		Telephone Number (812-867-2741)	Date of Inspection (mm/dd/yr) 11/01/2018	ID # 13759
Establishment Address (number and street, city, state, zip code) 601 E Bnvl-New Harmony Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner Budsagon Meyer	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 11/11/2018	
Owner's Address <redacted>		Summary of Violations: C 3 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
293	NC	R	Improper use of 3 compartment sink.	Corrected
187	C	R	Chicken not being held at 135F or greater.	Corrected
229	C		Slicer soiled.	11/01/2018
345	C		Hand washing sink used for other purposes.	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 Common Ground Community Kitchen		Telephone Number (812-425-7029	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 13786
Establishment Address (number and street, city, state, zip code) 415 NW 5th St, Evansville, IN, 47708		() Owner <redacted>		
Owner Peggy Pirro	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 11/08/2018	
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			
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list) _____	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"/>		

- 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 Huck's Food Store	Telephone Number (812-213-5465 <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 13880
Establishment Address (number and street, city, state, zip code) 2225 N Fares Ave, Evansville, IN, 47711		Follow-up No	Release Date 11/08/2018
Owner Martin & Bayley 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) _____	Summary of Violations: C 1 NC 0 R 0	
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
173	C		Improper storage of raw meat in cooler.	Corrected

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



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Establishment Name Reis & Irvy's Midwest, LLC		Telephone Number (812-897-7099)	Date of Inspection (mm/dd/yr) 10/29/2018	ID # 13887
Establishment Address (number and street, city, state, zip code) Vendor Stickers 190, 191, & 192, Vincennes , IN, 47591		() Owner <redacted>		
Owner Chelsea Meeks		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) Opening _____	Follow-up No	Release Date 11/08/2018
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
			Ready to open at Showplace Cinemas East.	

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