



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.

Form with fields for Establishment Name (Bandana's Bar-B-Q), Telephone Number (812-401-9922), Date of Inspection (11/28/2018), ID # (12053), Establishment Address (6636 Logan Dr, Evansville, IN, 47715), Owner (Bandana's Missouri, LLC), and various checkboxes for Purpose (Routine, Follow-up, Complaint, Pre-Operational, Temporary, HACCP, Other).

- 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: 430, NC, R, Wall, flooring, and shelving in need of repair or replacing, 12/28/2018

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

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SDH Form 51-0001

Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

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Establishment Name <b>Ruler Food Store #233</b>		Telephone Number <b>(812-476-0716)</b>	Date of Inspection (mm/dd/yr) <b>11/28/2018</b>	ID # <b>12046</b>
Establishment Address (number and street, city, state, zip code) <b>730 B S Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jay C Food Stores</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/08/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/></b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Milk refrigeration and shelving soiled.	11/28/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Cheddar's # 2148</b>		Telephone Number <b>(812-491-9976)</b>	Date of Inspection (mm/dd/yr) <b>11/29/2018</b>	ID # <b>11993</b>
Establishment Address (number and street, city, state, zip code) <b>2100 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Cheddar's Casual Cafe</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>12/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 2 NC 2 R 1</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail _____				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
129	C	R	Employee not washing when required.	Corrected
294	C		Sanitizer concentration for wiping clothes too weak.	11/29/2018
174	NC		Bulk container not identified with common food name.	Corrected
259	NC		Reach in cooler in need of repair.	12/06/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature): _____	Inspected by (signature): _____
cc: _____	cc: _____



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<b>Establishment Name</b> Orange Leaf of Evansville, OLEvansville LLC	<b>Telephone Number</b> (812) 401-5215	<b>Date of Inspection</b> (mm/dd/yr) 11/27/2018	<b>ID #</b> 11955
<b>Establishment Address (number and street, city, state, zip code)</b> 701 N Burkhardt Rd, Evansville, IN, 47715	<b>Owner</b> (<redacted>) Owner	<b>Follow-up</b> No <b>Release Date</b> 12/07/2018	
<b>Owner</b> Allison Phillips	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		
<b>Owner's Address</b> <redacted>			
<b>Person in Charge</b> <redacted>			
<b>Responsible Person's E-mail</b> _____			
<b>Certified Food Handler</b> <redacted>			
<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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

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



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Establishment Name <b>MJ's Café</b>		Telephone Number <b>(812-402-6313)</b>	Date of Inspection (mm/dd/yr) <b>11/27/2018</b>	ID # <b>11902</b>
Establishment Address (number and street, city, state, zip code) <b>801 St Mary's Dr, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>MARY JO BRUGMANN</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/07/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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- 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 cloths too weak.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Bonefish Grill #7505</b>		Telephone Number <b>(812-401-3474)</b>	Date of Inspection (mm/dd/yr) <b>11/30/2018</b>	ID # <b>11707</b>
Establishment Address (number and street, city, state, zip code) <b>6401 E Lloyd Expressway, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Bonefish Grill LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/10/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
171	C		Ready-to-eat food item being handled with bare hands.	11/30/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> Family Dollar #25245		<b>Telephone Number</b> (812-477-1170	<b>Date of Inspection</b> (mm/dd/yr) 11/27/2018	<b>ID #</b> 11618
<b>Establishment Address (number and street, city, state, zip code)</b> 1320 Vann Ave, Evansville, IN, 47714		<b>( ) Owner</b> <redacted>		
<b>Owner</b> FAMILY DOLLAR Stores of IN LP	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 12/07/2018	
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>		
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>		
<b>Responsible Person's E-mail</b>		<b>Menu Type (See additional page)</b>		
<b>Certified Food Handler</b> <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 violations.	

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



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Form containing establishment details: Jimmy Johns, 701 N Burkhardt Rd, Evansville, IN, 47715. Owner: KEN BUTLER, II. Date of Inspection: 11/27/2018. ID #: 11607. Purpose: Routine. Follow-up: No. Release Date: 12/07/2018. Summary of Violations: C 0, NC 0, R 0.

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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: cc: cc:





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Establishment Name <b>McDonalds (CEK ENTERPRISES LLC)</b>		Telephone Number <b>(812-471-3015)</b>	Date of Inspection (mm/dd/yr) <b>11/28/2018</b>	ID # <b>11591</b>
Establishment Address (number and street, city, state, zip code) <b>3350 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>JOSEPH &amp; KATHERINE KENWORTHY</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/08/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 2 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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- 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 cloths too weak.	Corrected
129	C		Employee not washing when required.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Darmstadt Inn</b>		Telephone Number <b>(812-867-7300)</b>	Date of Inspection (mm/dd/yr) <b>11/29/2018</b>	ID # <b>11543</b>
Establishment Address (number and street, city, state, zip code) <b>13130 Darmstadt Rd, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Richard Kennedy - JLK Bar Holdings II Inc.</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>12/09/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 0 R 1</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 10-17-2018.	
118	C	R	Food establishment does not have a certified food employee.	01/10/2019
			All other violations were corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Form with fields: Establishment Name (Family Dollar #21549), Telephone Number (812-474-1679), Date of Inspection (11/28/2018), ID # (11527), Establishment Address (1617 Lodge Ave, Evansville, IN, 47714), Owner (FAMILY DOLLAR Stores of IN, LP), Purpose (Routine checked), Follow-up (No), Release Date (12/08/2018), Summary of Violations (C 0, NC 0, R 0), Menu Type (1 selected).

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

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



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Establishment Name <b>Stop &amp; Go - LS Petroleum Inc</b>		Telephone Number <b>(812-421-8190)</b>	Date of Inspection (mm/dd/yr) <b>11/29/2018</b>	ID # <b>11521</b>	
Establishment Address (number and street, city, state, zip code) <b>520 S Barker Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>			
Owner <b>Parmod Solanki</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 1 R 2</b>		
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)		
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>					

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Potentially hazardous food lacking date marking.	Corrected
199	NC	R	Improper thawing of raw chicken.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Madeleines</b>	Telephone Number (812-491-8611)	Date of Inspection (mm/dd/yr) 11/29/2018	ID # 11500
Establishment Address (number and street, city, state, zip code) 423 SE Second Street, Evansville, IN, 47713	( ) Owner <redacted>		
Owner Tyra Sikkink	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 12/09/2018
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)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

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



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Establishment Name <b>Starbucks Coffee Co #8693</b>		Telephone Number <b>(812-421-0461</b>	Date of Inspection (mm/dd/yr) <b>11/29/2018</b>	ID # <b>11496</b>
Establishment Address (number and street, city, state, zip code) <b>4650 First Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Starbucks Coffee Co</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/09/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



# Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)  
SDH Form 51-0001

Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

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

Establishment Name <b>Taste Of China</b>		Telephone Number <b>(812-422-1260</b>	Date of Inspection (mm/dd/yr) <b>11/26/2018</b>	ID # <b>11390</b>	
Establishment Address (number and street, city, state, zip code) <b>4579 University Dr., Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>			
Owner <b>Wai Tak Lam</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/06/2018</b>		
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations:			
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>		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
			Follow up from 11-20-2018.	
			All violations from the previous inspection were corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name: Showplace Cinemas
Telephone Number: (812) 479-9732
Date of Inspection: 11/28/2018
ID #: 11316
Establishment Address: 1801 Morgan Center Dr., EVANSVILLE, IN, 47715
Owner: North Park Cinemas Inc
Purpose: Routine
Follow-up: No
Release Date: 12/08/2018
Summary of Violations: C 0 NC 0 R 0
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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Content: No noted violations.

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

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

cc:





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Establishment Name <b>Rafferty's</b>		Telephone Number (812-471-0024)	Date of Inspection (mm/dd/yr) 11/28/2018	ID # 11273
Establishment Address (number and street, city, state, zip code) 1400 N Green River Rd, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Raffertys Inc/Dan Davis		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 12/08/2018
Owner's Address <redacted>			Summary of Violations: C <u>4</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Soiled areas around cooking and dish wash areas need cleaned.	12/05/2018
294	C		Sanitizer concentration for wiping clothes too weak.	Corrected
187	C		Cold foods not being held at the required temperature.	Corrected
295	C		Ice scoop improperly stored in soiled area.	Corrected
345	C		Hand washing sink at dish wash and bar area being used for purpose other than hand washing.	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 <b>Circle K #2416</b>	Telephone Number (812-479-6491)	Date of Inspection (mm/dd/yr) 11/28/2018	ID # 11245
Establishment Address (number and street, city, state, zip code) 960 S Weinbach Ave., Evansville, IN, 47714	( ) Owner <redacted>		
Owner Mac's Convenience Store LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/08/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 1 NC 0 R 0</b>	
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		
	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Other (list) _____		

- 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
295	C		Soda machine drink nozzles in need of cleaning. Management increasing cleaning frequency.	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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<b>Establishment Name</b> McGary Middle School 6-8		<b>Telephone Number</b> (812) 469-5088	<b>Date of Inspection</b> (mm/dd/yr) 11/26/2018	<b>ID #</b> 11209	
<b>Establishment Address</b> (number and street, city, state, zip code) 1535 Joyce Ave, EVANSVILLE, IN, 47714		( ) Owner <redacted>			
<b>Owner</b> Evansville Vanderburgh School Corp.		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 12/06/2018	
<b>Owner's Address</b> <redacted>			<b>Summary of Violations:</b> C <u>  0  </u> NC <u>  0  </u> R <u>  0  </u>		
<b>Person in Charge</b> <redacted>			<b>Menu Type</b> (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<b>Responsible Person's E-mail</b> <redacted>					
<b>Certified Food Handler</b> <redacted>					

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

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



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Establishment Name <b>Circle K #91</b>		Telephone Number <b>(812-461-2373</b>	Date of Inspection (mm/dd/yr) <b>11/29/2018</b>	ID # <b>11106</b>
Establishment Address (number and street, city, state, zip code) <b>7 N Fulton Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mac's Convenience Store LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 2 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous food held above 41 degrees. Product moved to walk in.	Corrected
218	NC		Cooler under the roller grill is not functioning properly.	11/29/2018
297	NC	R	Drink nozzles soiled.	11/29/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Lic's Ice Cream</b>		Telephone Number <b>(812-477-3131)</b>	Date of Inspection (mm/dd/yr) <b>11/29/2018</b>	ID # <b>11084</b>
Establishment Address (number and street, city, state, zip code) <b>4501 Lincoln Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Don Smith</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/09/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 0 R 1</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 3 4 5</b>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
303	C	R	Three compartment sink not set up with third basin filled with sanitizer water.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> Fazoli's #1632	<b>Telephone Number</b> (812-474-9167)	<b>Date of Inspection</b> (mm/dd/yr) 11/26/2018	<b>ID #</b> 10964
<b>Establishment Address</b> (number and street, city, state, zip code) 899 N Green River Rd, Evansville, IN, 47715		<b>Owner</b> <redacted>	
<b>Owner</b> FAZOLI'S JOINT VENTURE, LTD	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 12/06/2018
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>2</u> NC <u>1</u> R <u>2</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page)	
<b>Certified Food Handler</b> <redacted>		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
187	C		Pasta not maintained at a temperature of 41° Fahrenheit or less on cook line.	11/26/2018
294	C	R	Sanitizer solution for wiping cloths too weak.	Corrected
297	NC	R	Left side soda dispenser in lobby soiled.	11/26/2018

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



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<b>Establishment Name</b> <b>EL RIO MEXICAN RESTAURANT</b>		<b>Telephone Number</b> (812-471-1400)		<b>Date of Inspection</b> (mm/dd/yr) 11/30/2018		<b>ID #</b> 10942	
<b>Establishment Address (number and street, city, state, zip code)</b> 1919 N Green River Rd, Evansville, IN, 47715		( ) Owner					
<b>Owner</b> Gustavo Soto		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		<b>Follow-up</b> Yes		<b>Release Date</b> 12/10/2018	
<b>Owner's Address</b> <redacted>				<b>Summary of Violations:</b> C <u>1</u> NC <u>2</u> R <u>1</u>			
<b>Person in Charge</b> <redacted>							
<b>Responsible Person's E-mail</b>				<b>Menu Type (See additional page)</b>			
<b>Certified Food Handler</b>				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"
- 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	Establishment lacking certified food safe handler certificate.	02/28/2019
291	NC		Sanitizer test kit not available for chemical testing.	11/30/2018
171	NC		Scoop for bulk container lacking proper handle.	Corrected

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



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Establishment Name <b>Buehlers IGA #452</b>		Telephone Number <b>(812-475-6730)</b>	Date of Inspection (mm/dd/yr) <b>11/29/2018</b>	ID # <b>10882</b>
Establishment Address (number and street, city, state, zip code) <b>2220 E Morgan Ave., Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>HOUCHENS NORTH FOODS LLC</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/09/2018</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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
			All violations from 11/8/2018 corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Applebee's Neighborhood Grill</b>		Telephone Number <b>(812-471-0942)</b>	Date of Inspection (mm/dd/yr) <b>11/26/2018</b>	ID # <b>10844</b>
Establishment Address (number and street, city, state, zip code) <b>5100 E Morgan Ave, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Apple Central, LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>12/06/2018</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 2 R 2</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC	R	Microwave on cook line soiled.	Corrected
430	NC	R	Tiles missing or broken in dish area and open studding at ice machine.	12/26/2018

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	







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Establishment Name <b>Franco Primo Chef</b>		Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr) 11/26/2018	ID # 14001
Establishment Address (number and street, city, state, zip code) 270 N Green River Rd., Evansville, IN, 47715		( ) Owner		
Owner	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) final _____	Follow-up Yes	Release Date 12/06/2018	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge		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				

- 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
			Approved for operations.	

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