



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 TACO BELL #28908	Telephone Number (812-473-0040)	Date of Inspection (mm/dd/yr) 12/03/2018	ID # 11555
Establishment Address (number and street, city, state, zip code) 1001 N Green River Rd, Evansville, IN, 47715	() Owner <redacted>		
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 12/13/2018
Owner's Address <redacted>			Summary of Violations: C 2 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
129	C		Employees not washing hands when necessary.	12/03/2018
303	C		No container available for sanitizing wiping cloths.	Corrected
416	NC		Facility needing to remove dead pest.	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 Big M's Pizzeria		Telephone Number (812-434-6909)	Date of Inspection (mm/dd/yr) 12/05/2018	ID # 11511
Establishment Address (number and street, city, state, zip code) 1313 N First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Dallas R May II		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other (list) Reopening _____	Follow-up	Release Date 12/15/2018
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				

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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
			Approved for reopening.	

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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Form containing establishment details: Establishment Name (Panera Bread Bakery-Cafe #1020), Telephone Number (314-476-7477), Date of Inspection (12/03/2018), ID # (11509), Owner (Panera LLC), and Purpose (Routine).

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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 Walgreens #09321	Telephone Number (812-426-1180)	Date of Inspection (mm/dd/yr) 12/03/2018	ID # 11497
Establishment Address (number and street, city, state, zip code) 710 N St. Joseph Ave, Evansville, IN, 47712-5557	() Owner <redacted>		
Owner Walgreen 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 12/13/2018
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>			

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- 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 Crazy Buffet		Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 12/03/2018	ID # 11494
Establishment Address (number and street, city, state, zip code) 701 N Burkhardt Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Fei En Pan	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 12/13/2018	
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 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
193	C	R	Not properly utilizing time as a pubic health control for sushi.	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 Little Italy	Telephone Number (812-401-0588)	Date of Inspection (mm/dd/yr) 12/05/2018	ID # 11478
Establishment Address (number and street, city, state, zip code) 4430 First Ave, Evansville, IN, 47710	() Owner <redacted>		
Owner Ammar Jawabrah	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 12/15/2018
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>1</u> NC <u>2</u> R <u>3</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
295	C	R	Surfaces of equipment soiled.	12/05/2018
218	NC	R	Gasket on walk in needs replaced/repaired.	12/10/2018
431	NC	R	Floors & walls of kitchen in need of cleaning.	12/05/2018

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 Two Brothers Chinese		Telephone Number (812-423-6188)	Date of Inspection (mm/dd/yr) 12/04/2018	ID # 11416
Establishment Address (number and street, city, state, zip code) 3806 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Jin Hong Huang	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 12/14/2018	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>2</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
430	NC	R	Repair base walls & back door.	01/04/2019
431	NC	R	Clean under cabinets & behind equipment.	12/04/2018
416	NC		Remove any signs of previous pest activity.	12/04/2018

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 Taco Johns	Telephone Number (812) 467-0804	Date of Inspection (mm/dd/yr) 12/07/2018	ID # 11385
Establishment Address (number and street, city, state, zip code) 604 N St. Joseph Ave, Evansville, IN, 47712	() Owner <redacted>		
Owner D & G Properties	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 12/17/2018
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 1	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Floors are excessively soiled under fryer and equipment.	12/07/2018

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 Super 8		Telephone Number (812-867-8500 () Owner <redacted>	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 11377
Establishment Address (number and street, city, state, zip code) 19601 Elpers Rd., Evansville, IN, 47725				
Owner Vishnu Corporation		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 12/16/2018
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page) 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				

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Section#	C/NC	R	Narrative	To Be Corrected By
171	C		Apples not wrapped.	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 Subway #26631	Telephone Number (812-471-2933) () Owner <redacted>	Date of Inspection (mm/dd/yr) 12/04/2018	ID # 11369
Establishment Address (number and street, city, state, zip code) 2744 N Green River Rd, Evansville, IN, 47715		Follow-up No	
Owner ED KUCER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date 12/14/2018	
Owner's Address <redacted>	Summary of Violations: C 1 NC 0 R 0		
Person in Charge <redacted>	Menu Type (See additional page) 1 0 3 4 5		
Responsible Person's E-mail <redacted>	Certified Food Handler <redacted>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizer concentration for wiping cloths too weak.	Corrected

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



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Establishment Name Stolls Country Inn South		Telephone Number (812-867-7730)	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 11358
Establishment Address (number and street, city, state, zip code) 19820 Castle Creek Dr, Evansville, IN, 47725		() Owner <redacted>		
Owner Rodney Miller & Carla Miller		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 12/16/2018
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (<i>See additional page</i>)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Slicer soiled.	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 Steve's Una Pizza		Telephone Number (812-477-5411	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 11354
Establishment Address (number and street, city, state, zip code) 1005 S St. James Blvd., Evansville, IN, 47714		() Owner <redacted>		
Owner Joshua Adkins		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 12/16/2018
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No 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: Howard Johnson
Telephone Number: 812-476-9626
Date of Inspection: 12/07/2018
ID #: 11318
Establishment Address: 1101 N Green River Rd, Evansville, IN, 47715
Owner: Jasmin Kumat Patel
Purpose: Routine
Follow-up: No
Release Date: 12/17/2018
Summary of Violations: C 0 NC 1 R 0
Menu Type: 3

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 347, NC, Hand drying provisions not provided for hand washing sink, 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 Schnucks #705		Telephone Number (812-422-6325)	Date of Inspection (mm/dd/yr) 12/07/2018	ID # 11306
Establishment Address (number and street, city, state, zip code) 4500 W Lloyd Expressway, EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner Schnucks Markets Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/17/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 R 1		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Ice and dust accumulation on fans in the walk ins and freezers.	12/10/2018
174	NC		Bulk container of food not labeled.	12/07/2018

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 Sarto Retreat House	Telephone Number (812) 424-5536 <small>() Owner</small>	Date of Inspection <small>(mm/dd/yr)</small> 12/04/2018	ID # 11298														
Establishment Address (number and street, city, state, zip code) 4200 N Kentucky Ave, Evansville, IN, 47711		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> Owner Sarto Retreat House </td> <td style="width:50%; padding: 5px;"> 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) _____ </td> </tr> <tr> <td style="padding: 5px;"> Owner's Address </td> <td rowspan="2" style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> Follow-up No </td> <td style="width:50%; padding: 5px;"> Release Date 12/14/2018 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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"/> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> Person in Charge <redacted> </td> <td style="padding: 5px;"> Responsible Person's E-mail </td> <td colspan="2" style="padding: 5px;"> Certified Food Handler <redacted> </td> </tr> </table>		Owner Sarto Retreat House	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) _____	Owner's Address	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> Follow-up No </td> <td style="width:50%; padding: 5px;"> Release Date 12/14/2018 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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"/> </td> </tr> </table>	Follow-up No	Release Date 12/14/2018	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		Person in Charge <redacted>	Responsible Person's E-mail	Certified Food Handler <redacted>	
Owner Sarto Retreat House	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) _____																
Owner's Address	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> Follow-up No </td> <td style="width:50%; padding: 5px;"> Release Date 12/14/2018 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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"/> </td> </tr> </table>	Follow-up No	Release Date 12/14/2018	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>											
Follow-up No		Release Date 12/14/2018															
Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>																	
Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>																	
Person in Charge <redacted>	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>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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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 Rafferty's		Telephone Number (812-471-0024)	Date of Inspection (mm/dd/yr) 12/05/2018	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 No	Release Date 12/15/2018
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
			All violations from 11/28/2018 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 Quality Inn Mahadev		Telephone Number (812-867-1600	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 11166
Establishment Address (number and street, city, state, zip code) 19622 Elpers Rd., Evansville, IN, 47725		() Owner <redacted>		
Owner Priti and Sonny Patel		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 12/16/2018
Owner's Address <redacted>			Summary of Violations: C 2 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				

- 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
250	NC		Plasticware improperly stored.	Corrected
171	C		Apples not wrapped.	Corrected
415	C		Improper use of fly paper in kitchen area.	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 51-0001Vanderburgh County Department of Health
Telephone 812-435-5695
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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 Circle S Mart #41		Telephone Number (812-867-6780)	Date of Inspection (mm/dd/yr) 12/05/2018	ID # 11158
Establishment Address (number and street, city, state, zip code) 11001 Highway 41, Evansville, IN, 47711		() 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 12/15/2018	
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) 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 Carrousel		Telephone Number (812-479-6388)	Date of Inspection (mm/dd/yr) 12/04/2018	ID # 11129
Establishment Address (number and street, city, state, zip code) 5115 Monroe Ave., Evansville, IN, 47715		() Owner <redacted>		
Owner Dilip Patel	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 12/14/2018	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>1</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
187	C		Ready to eat food not being held at 41 degrees or less in prep table cooler.	12/04/2018
216	NC		Storage racks in walk in cooler in need of repair.	12/07/2018

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



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

Establishment Name Canton Inn		Telephone Number (812-428-6611	Date of Inspection (mm/dd/yr) 12/05/2018	ID # 11127
Establishment Address (number and street, city, state, zip code) 947 North Park Dr, Evansville, IN, 47710		() Owner <redacted>		
Owner Wai Yim Seto		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 12/15/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
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
426	NC		Remove items not necessary for business.	01/04/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Retail Food Establishment Inspection Report

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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 Cambridge Golf Course	Telephone Number (812-868-4653)	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 11124
Establishment Address (number and street, city, state, zip code) 1034 Beacon Hill Dr, Evansville, IN, 47725	() Owner <redacted>		
Owner Raymond E Wright	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 12/16/2018
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>			

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

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



Retail Food Establishment Inspection Report

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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 Lucky Lady/Playgirl Inc		Telephone Number (812) 428-6384 <small>() Owner</small>		Date of Inspection (mm/dd/yr) 12/05/2018	ID # 11105
Establishment Address (number and street, city, state, zip code) 523 N Main St, EVANSVILLE, IN, 47711		Purpose:		Follow-up No	Release Date 12/15/2018
Owner Ronnie Baars		<input checked="" type="checkbox"/> Routine		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> Menu Type (<i>See additional page</i>) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Owner's Address <redacted>		<input type="checkbox"/> Follow-up			
Person in Charge <redacted>		<input type="checkbox"/> Complaint			
Responsible Person's E-mail 		<input type="checkbox"/> Pre-Operational			
Certified Food Handler <redacted>		<input type="checkbox"/> Temporary			
		<input type="checkbox"/> HACCP			
		<input type="checkbox"/> Other (list) _____			

- 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:	



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 (Inside Scoop), Telephone Number (812-471-0031), Date of Inspection (12/06/2018), ID # (11051), Address (800 N Green River Rd, Evansville, IN, 47715), Owner (Inside Scoop Candies & Gifts), Purpose (Routine checked), Follow-up (No), Release Date (12/16/2018), Summary of Violations (C 0, NC 0, R 0), Menu Type (1 selected), and 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"

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

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

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

cc: cc: cc:



Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health
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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 SureStay Plus Hotel by Best Western		Telephone Number (812-867-1100)	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 11034
Establishment Address (number and street, city, state, zip code) 19600 Elpers Rd., Evansville, IN, 47725		() Owner <redacted>		
Owner APAR, 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 12/16/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler				

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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:	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

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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 Hampton Inn East	Telephone Number (812-473-5000)	Date of Inspection (mm/dd/yr) 12/07/2018	ID # 11006
Establishment Address (number and street, city, state, zip code) 8000 Eagle Crest Blvd., Evansville, IN, 47715	() Owner <redacted>		
Owner ASHFORD TRS EVANSVILLE I 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 12/17/2018
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):
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cc:	cc:	cc:
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Establishment Name Great Steak		Telephone Number (812-474-0811)	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 10997
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Suite 100, Evansville, IN, 47715		() Owner <redacted>		
Owner Austin Will	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 12/16/2018	
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 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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- 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
297	NC		Ice guard soiled in ice machine.	12/06/2018

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 Fairfield Inn Evansville East	Telephone Number (812-471-7000)	Date of Inspection (mm/dd/yr) 12/07/2018	ID # 10960
Establishment Address (number and street, city, state, zip code) 7879 Eagle Crest Blvd., Evansville, IN, 47715	() Owner <redacted>		
Owner CIP II BCL Tenant LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/17/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (<i>See additional page</i>)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 ○ 2 ● 3 ○ 4 ○ 5 ○	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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

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

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



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 EL RIO MEXICAN RESTAURANT		Telephone Number (812-471-1400)	Date of Inspection (mm/dd/yr) 12/05/2018	ID # 10942
Establishment Address (number and street, city, state, zip code) 1919 N Green River Rd, Evansville, IN, 47715		() Owner		
Owner Gustavo Soto	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 12/15/2018	
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
			Violation from 11/30/2018 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 Holiday Inn Express		Telephone Number (812-867-2200	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 10862
Establishment Address (number and street, city, state, zip code) 324 Rusher Creek Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner Santoshi Ma Hospitality		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 12/16/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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- 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 Spudz N Stuff		Telephone Number (812-228-1068)	Date of Inspection (mm/dd/yr) 12/04/2018	ID # 13402
Establishment Address (number and street, city, state, zip code) 3904 N First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Craig Wargel	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 12/14/2018	
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				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Floors in stock area in need of cleaning.	12/04/2018

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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Vanderburgh County Department of Health
Telephone 812-435-5695
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Establishment Name Proper Coffee		Telephone Number (812-589-2674	Date of Inspection (mm/dd/yr) 12/06/2018	ID # 13836
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Noah Hayden	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 12/16/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
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
295	NC		Walk in cooler in need of cleaning.	12/07/2018

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



Retail Food Establishment Inspection Report

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Establishment Name Reis & Irvy's Midwest, LLC		Telephone Number (812-897-7099)	Date of Inspection (mm/dd/yr) 12/06/2018	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 12/16/2018	
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
			Berry Global machine ready to operate.	

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