



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: CVS Pharmacy #6251
Telephone Number: 812-424-3894
Date of Inspection: 01/16/2019
ID #: 12228
Establishment Address: 609 N St Joseph Ave, Evansville, IN, 47712
Owner: HOOK-SUPERX LLC
Purpose: Routine
Follow-up: No
Release Date: 01/26/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

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

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative: 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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Establishment Name <b>Just Rennie's Catering at the Old Post Office</b>		Telephone Number <b>(812-401-8098)</b>	Date of Inspection (mm/dd/yr) <b>01/15/2019</b>	ID # <b>12004</b>
Establishment Address (number and street, city, state, zip code) <b>100 NW Second St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Doug &amp; Marla Rennie</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>01/25/2019</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)		
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
			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:



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Establishment Name <b>Aihua International Market</b>		Telephone Number <b>(812-479-7168)</b>	Date of Inspection (mm/dd/yr) <b>01/14/2019</b>	ID # <b>11898</b>
Establishment Address (number and street, city, state, zip code) <b>1624 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Aihua Sun</b>	Purpose:	Follow-up <b>No</b>	Release Date <b>01/24/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Routine	Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>	<input checked="" type="checkbox"/> Follow-up			
Responsible Person's E-mail	<input type="checkbox"/> Complaint	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 <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Pre-Operational			
	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 01/10/2019 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>Highland Pizza Shop</b>		Telephone Number <b>(812-402-8900)</b>	Date of Inspection (mm/dd/yr) <b>01/15/2019</b>	ID # <b>11813</b>
Establishment Address (number and street, city, state, zip code) <b>6669 Kratzville Rd, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>KIM L WOLF</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>01/25/2019</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				

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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:	



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Form containing establishment details: Establishment Name (Dollar Tree #06574), Telephone Number (812-125-3021), Date of Inspection (01/17/2019), ID # (11601), Address (424 E Diamond Ave, Evansville, IN, 47711), Owner (Dollar Tree Stores Inc), Purpose (Routine), Follow-up (No), Release Date (01/27/2019), Summary of Violations (C:0, NC:0, R:0), Menu Type (3 selected).

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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: (three empty fields)



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Establishment Name <b>The Granola Jar</b>		Telephone Number <b>(812-437-1899)</b>	Date of Inspection (mm/dd/yr) <b>01/16/2019</b>	ID # <b>11553</b>
Establishment Address (number and street, city, state, zip code) <b>1033 Mt Pleasant Rd Suite J, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kimmel Ventures Inc</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>01/26/2019</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)	
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 <b>&lt;redacted&gt;</b>				

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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:	



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<b>Establishment Name</b> Family Dollar #20887	<b>Telephone Number</b> (812) 425-0805	<b>Date of Inspection</b> (mm/dd/yr) 01/16/2019	<b>ID #</b> 11528
<b>Establishment Address</b> (number and street, city, state, zip code) 1200 W Columbia St, Evansville, IN, 47710	( <u>          </u> ) Owner <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) <u>  </u>	<b>Follow-up</b> No	<b>Release Date</b> 01/26/2019
<b>Owner's Address</b> <redacted>		Summary of Violations: C <u>  0  </u> NC <u>  0  </u> R <u>  0  </u>	
<b>Person in Charge</b> <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"/>	
<b>Responsible Person's E-mail</b> 			
<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 (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>Circle K #4702262</b>		Telephone Number <b>(812-424-7517)</b>	Date of Inspection (mm/dd/yr) <b>01/17/2019</b>	ID # <b>11479</b>
Establishment Address (number and street, city, state, zip code) <b>3105 N First 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>01/27/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 2 3 4 5</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
297	NC		Ice chute on drink dispenser soiled.	01/17/2019

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>Wolf's BBQ</b>		Telephone Number (812-424-8891)	Date of Inspection (mm/dd/yr) 01/15/2019	ID # 11454
Establishment Address (number and street, city, state, zip code) 6600 First Ave, Evansville, IN, 47710		( ) Owner <redacted>		
Owner KIM L WOLF	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 01/25/2019	
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)		
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		Dish machine not properly dispensing sanitizer.	Corrected
431	NC	R	Walls in cooking/fryer area in need of cleaning.	01/15/2019

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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<b>Establishment Name</b> <b>Subway</b>	<b>Telephone Number</b> (812-477-5432)	<b>Date of Inspection</b> (mm/dd/yr) 01/16/2019	<b>ID #</b> 11362
<b>Establishment Address (number and street, city, state, zip code)</b> 200 S Green River Rd Ste C, Evansville, IN, 47715		<b>Owner</b> (<redacted>) Owner <redacted>	
<b>Owner</b> Rupal Patel	<b>Purpose:</b> <input checked="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> 01/26/2019
<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 (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<b>Responsible Person's E-mail</b>  			
<b>Certified Food Handler</b> <redacted>			

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

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



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Establishment Name <b>Sunset Market</b>		Telephone Number (812-424-3533)	Date of Inspection (mm/dd/yr) 01/15/2019	ID # 11346
Establishment Address (number and street, city, state, zip code) 507 E Powell Ave., Evansville, IN, 47713		( ) Owner <redacted>		
Owner <b>MAHMOUD BAYER</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 01/25/2019
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input 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
426	NC	R	Remove unnecessary items being stored in back.	01/31/2019

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>Sam's Club #8123</b>		Telephone Number <b>(812-473-2518)</b>	Date of Inspection (mm/dd/yr) <b>01/15/2019</b>	ID # <b>11294</b>
Establishment Address (number and street, city, state, zip code) <b>6700 E Virginia St., Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Sam's East Inc.</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>01/25/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
285	NC		Dish machine in cafe area not reaching proper temperature for sanitizing. Called for repair.	01/18/2019

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>Rounders Pizza</b>		Telephone Number <b>(812-424-4960)</b>	Date of Inspection (mm/dd/yr) <b>01/16/2019</b>	ID # <b>11290</b>
Establishment Address (number and street, city, state, zip code) <b>510 W Mill Rd., EVANSVILLE, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>David Molinet</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>01/26/2019</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>				

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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:



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Establishment Name: The Pie Pan
Telephone Number: (812) 425-2261
Date of Inspection: 01/16/2019
ID #: 11255
Establishment Address: 905 North Park Dr, Evansville, IN, 47710
Owner: Pie Pan LLC
Purpose: Routine
Follow-up: No
Release Date: 01/26/2019
Summary of Violations: C 0 NC 1 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 430, NC, R, Area around dish machine needs repair, 01/25/2019

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

cc: (three empty fields)



### 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>China King</b>		Telephone Number <b>(812-423-1896</b>	Date of Inspection (mm/dd/yr) <b>01/15/2019</b>	ID # <b>11147</b>
Establishment Address (number and street, city, state, zip code) <b>590 E Diamond Ave, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>China King</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>01/25/2019</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 0 3 4 5</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
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**

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SDH Form 51-0001

Vanderburgh County Department of Health  
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Establishment Name <b>Marathon #115</b>		Telephone Number (812-426-9258)	Date of Inspection (mm/dd/yr) 01/18/2019	ID # 11113
Establishment Address (number and street, city, state, zip code) 2905 Broadway Ave, EVANSVILLE, IN, 47712		( ) Owner <redacted>		
Owner K.M.T. 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 <b>No</b>	Release Date <b>01/28/2019</b>	
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 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
191	C		Ready to eat, potentially hazardous food lacking date marking.	01/18/2019

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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SDH Form 51-0001

Vanderburgh County Department of Health  
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Establishment Name <b>Happy Garden</b>	Telephone Number <b>(812) 479-8933</b>	Date of Inspection (mm/dd/yr) <b>01/18/2019</b>	ID # <b>11007</b>
Establishment Address (number and street, city, state, zip code) <b>1927 Pollack Ave., Evansville, IN, 47714</b>		( ) Owner	
Owner <b>Zu Xing Zhang</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>01/28/2019</b>
Owner's Address <redacted>		Summary of Violations: <b>C 0 NC 2 R 1</b>	
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
310	NC	R	Hood vent in need of cleaning.	01/25/2019
297	NC		Can opener soiled.	01/18/2019

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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Vanderburgh County Department of Health  
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Establishment Name <b>Great American Cookie Co</b>		Telephone Number (812-471-1774)	Date of Inspection (mm/dd/yr) 01/17/2019	ID # 10995
Establishment Address (number and street, city, state, zip code) <b>800 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <redacted>		
Owner <b>Agape Bakeries Inc</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>01/27/2019</b>	
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): <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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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>Donut Bank</b>	Telephone Number (812-426-2311)	Date of Inspection (mm/dd/yr) 01/17/2019	ID # 10931
Establishment Address (number and street, city, state, zip code) 2128 First Ave, EVANSVILLE, IN, 47710	( ) Owner <redacted>		
Owner <b>CHRIS KEMPF</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 01/27/2019
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>			

- 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 <b>Domino's Pizza #2571</b>		Telephone Number <b>(812-477-5544)</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>01/16/2019</b>	ID # <b>10923</b>
Establishment Address (number and street, city, state, zip code) <b>1300 S Green River Rd, Evansville, IN, 47715</b>				
Owner <b>E`-VILLE PIZZA, INC</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>01/26/2019</b>	
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): <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:	cc:



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<b>Establishment Name</b> <b>Acropolis</b>	<b>Telephone Number</b> 812-475-9320 ( ) Owner <redacted>	<b>Date of Inspection (mm/dd/yr)</b> 01/18/2019	<b>ID #</b> 10827
<b>Establishment Address (number and street, city, state, zip code)</b> 501 N Green River Rd, Evansville, IN, 47715		<b>Follow-up</b> No <b>Release Date</b> 01/28/2019	
<b>Owner</b> Yiochriella, LLC			
<b>Owner's Address</b> <redacted>	<b>Purpose:</b> <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) _____	<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>	<b>Responsible Person's E-mail</b> 	<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
<b>Certified Food Handler</b> <redacted>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow-up from inspection on 1/11/19. Dish machine now functioning properly.	

<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>Fujisan</b>	Telephone Number <b>(214-406-4486</b>	Date of Inspection (mm/dd/yr) <b>01/15/2019</b>	ID # <b>13784</b>
Establishment Address (number and street, city, state, zip code) <b>6770 E Virginia St, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Fujisan Franchising Corp</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>01/25/2019</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)	
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
			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:



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Establishment Name <b>El Paisano</b>		Telephone Number <b>(812-602-3535)</b>	Date of Inspection (mm/dd/yr) <b>01/16/2019</b>	ID # <b>13853</b>
Establishment Address (number and street, city, state, zip code) <b>225 S Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Eutiqui Chama</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>01/26/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 3 NC 1 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
146	NC	R	Food packages not labeled correctly	01/23/2019
324	C		Grease trap maintenance log not up to date.	01/16/2019
344	C		Hand sink not accessible.	Corrected
345	C		Hand sink used for other purposes other than hand washing.	01/16/2019

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>The Lobo Lounge LLC.</b>		Telephone Number <b>(812-550-1001</b>	Date of Inspection (mm/dd/yr) <b>01/16/2019</b>	ID # <b>14007</b>
Establishment Address (number and street, city, state, zip code) <b>1200 Edger St., Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Robbin Redden</b>		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" 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>01/26/2019</b>
Owner's Address			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				

- 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 operation.	

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:	cc: