



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 La Preferida LLC		Telephone Number (812-471-9057)	Date of Inspection (mm/dd/yr) 01/03/2019	ID # 13220
Establishment Address (number and street, city, state, zip code) 819 S Green River Rd, Evansville, Indiana, 47715		() Owner <redacted>		
Owner Uriel Sarmiento	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 01/13/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler				

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

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

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



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Establishment Name Lin's Asian Express		Telephone Number (812-781-1998)	Date of Inspection (mm/dd/yr) 01/04/2019	ID # 13158
Establishment Address (number and street, city, state, zip code) 520 N 1st Ave, Evansville, Indiana, 47713		() Owner <redacted>		
Owner Yangyong Lin	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/14/2019	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>1</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
173	C	R	Improper storage of raw meat in cooler.	Corrected
297	NC		Drink dispenser in need of cleaning.	01/04/2019

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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Establishment Name Nachos Grill Mexican Restaurant		Telephone Number (812-459-3871)	Date of Inspection (mm/dd/yr) 01/03/2019	ID # 12377
Establishment Address (number and street, city, state, zip code) 821 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Jose M Mosqueda-Lopez	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 01/13/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>2</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
173	C		Improper storage of raw meat in cooler.	Corrected
438	C		Chemical bottles not labeled.	Corrected
218	NC		Walk in freezer in need of repair.	01/11/2019
297	NC		Drink dispenser nozzles in need of cleaning.	01/03/2019

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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Establishment Name Spudz N Stuff	Telephone Number (812-867-7783)	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 12173
Establishment Address (number and street, city, state, zip code) 601 E Bnvl-NH Rd, Evansville, IN, 47725	() 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 01/12/2019
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) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 		 	
Certified Food Handler <redacted>		 	

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Section#	C/NC	R	Narrative	To Be Corrected By
			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 Jason`s Deli	Telephone Number (812-471-9905)	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 12134
Establishment Address (number and street, city, state, zip code) 943 N Green River Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner Jay Tortorice	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/12/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Can opener stored a soiled condition.	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: Crazy Buffet II
Telephone Number: (812) 437-5050
Date of Inspection: 01/04/2019
ID #: 12048
Establishment Address: 5435 Pearl Dr Ste 3D, Evansville, IN, 47712
Owner: Yong Hua Liu
Purpose: Follow-up
Follow-up: Yes
Release Date: 01/14/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 0 4 1 5 0

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Rubber based coving currently being installed.

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 PIZZA HUT #316695		Telephone Number (812-867-8540	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 11956
Establishment Address (number and street, city, state, zip code) 601 E Boonville New Harmony Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner PIZZA HUT OF AMERICA LLC c/o DMA		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 01/12/2019
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 type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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

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 Lincoln Garden		Telephone Number (812-471-8881	Date of Inspection (mm/dd/yr) 01/03/2019	ID # 11930
Establishment Address (number and street, city, state, zip code) 2001 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jenny Zhang	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/13/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 12/18/2018 corrected.	

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



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Establishment Name Los Tres Caminos		Telephone Number (812-868-8550)	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 11907
Establishment Address (number and street, city, state, zip code) 12100 N Highway 41 Ste 9, Evansville, IN, 47725		() Owner <redacted>		
Owner Francisco H Lomeli	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 01/12/2019	
Owner's Address <redacted>		Summary of Violations: C 2 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
191	C	R	No date marking on ready to eat foods.	01/02/2019
440	C		No label for sprayer containing toxic liquid for cleaning.	Corrected
217	NC		Scoops with handles needed for spices.	01/04/2019
416	NC		Outside storage shed needs cleaning to control insects.	01/02/2019

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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Establishment Name Subway	Telephone Number (812-475-9488)	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 11870
Establishment Address (number and street, city, state, zip code) 1343 Tutor Ln Suite A, Evansville, IN, 47715	() Owner <redacted>		
Owner Jeff Troxel	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 01/12/2019
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler <redacted>			

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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 Dollar Tree #1541		Telephone Number (812-476-3426	Date of Inspection (mm/dd/yr) 01/04/2019	ID # 11563
Establishment Address (number and street, city, state, zip code) 800 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Dollar Tree	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 01/14/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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

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 Willow Park		Telephone Number (812-473-5828)	Date of Inspection (mm/dd/yr) 01/04/2019	ID # 11452
Establishment Address (number and street, city, state, zip code) 5050 Lincoln Ave., Evansville, IN, 47715		() Owner <redacted>		
Owner EVANSVILLE RETIREMENT RESIDENCE Limited Partnership		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 01/14/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand sink used for other purposes other than hand washing.	01/04/2019

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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Establishment Name Papa Johns		Telephone Number (812-473-5200)	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 11248
Establishment Address (number and street, city, state, zip code) 5436 E Indiana St, Evansville, IN, 47715		() Owner <redacted>		
Owner KGK Enterprises 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 01/12/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 1 R 2	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C	R	Can opener stored a soiled condition.	01/02/2019
430	NC	R	Various components and attachments within facility in need of repair.	01/30/2019

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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Establishment Name Merry-Go-Round		Telephone Number (812) 423-6388	Date of Inspection (mm/dd/yr) 01/03/2019	ID # 11212
Establishment Address (number and street, city, state, zip code) 2101 N Fares Ave., Evansville, IN, 47711		() Owner <redacted>		
Owner ERIC RAEBER	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 01/13/2019	
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) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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



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Establishment Name: CVS Pharmacy #4482
Telephone Number: (812) 471-8207
Date of Inspection: 01/04/2019
ID #: 11182
Establishment Address: 101 N Burkhardt Rd, Evansville, IN, 47715
Owner: HOOK-SUPERX LLC
Purpose: Routine
Follow-up: 0, NC: 0, R: 0
Menu Type: 1

- 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

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 Burger King #120	Telephone Number (812-426-0303) () Owner <redacted>	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 11116
Establishment Address (number and street, city, state, zip code) 4400 First Ave, Evansville, IN, 47710		Follow-up	Release Date 01/12/2019
Owner Carrols, LLC	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			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 Logans Roadhouse #316		Telephone Number (812-471-8403)	Date of Inspection (mm/dd/yr) 01/04/2019	ID # 11092
Establishment Address (number and street, city, state, zip code) 1 N Burkhardt Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner LOGANS ROADHOUSE INC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 01/14/2019
Owner's Address <redacted>			Summary of Violations: C 2 NC 3 R 2	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input 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
415	C		Fruit flies present in bar area.	01/25/2019
345	C		Hand sink in back kitchen area used as a dump sink.	Corrected
430	NC	R	Tile and coving in walk-in cooler in need of repair/replacing.	01/25/2019
431	NC	R	Walls in dish area soiled.	01/11/2019
410	NC		Lacking light shielding in dish washing area.	01/07/2019

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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Establishment Name Domino's Pizza #2574		Telephone Number (812-423-5511)	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 10922
Establishment Address (number and street, city, state, zip code) 5714 First Ave, Evansville, IN, 47710		() Owner		
Owner E`-VILLE PIZZA, 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 01/12/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			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 Ivy Tech Cafe		Telephone Number (812-492-0574)	Date of Inspection (mm/dd/yr) 01/02/2019	ID # 13730
Establishment Address (number and street, city, state, zip code) 3501 First Ave., Evansville, IN, 47710		() Owner		
Owner	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 01/12/2019	
Owner's Address		Summary of Violations: C 0 NC 0 R 0		
Person in Charge		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

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

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Wings Etc.	Telephone Number (812) 909-2945	Date of Inspection (mm/dd/yr) 01/03/2019	ID # 13765
Establishment Address (number and street, city, state, zip code) 628 E Diamond, Evansville, IN, 47710	() Owner <redacted>		
Owner MHD Holdings Evansville	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/13/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Certified Food Handler <redacted>	<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
			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 Comfort By the Cross Eyed-Cricket	Telephone Number (812-760-7167)	Date of Inspection (mm/dd/yr) 01/03/2019	ID # 13774
Establishment Address (number and street, city, state, zip code) 228 Main St, Evansville, IN, 47708	() Owner <redacted>		
Owner Joshua Tudela	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/13/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (<i>See additional page</i>) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>	<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
187	C		Ready to eat foods not maintained at 41f or less.	Corrected

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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Establishment Name GaylaCake		Telephone Number (812-454-9791)	Date of Inspection (mm/dd/yr) 01/04/2019	ID # 14006
Establishment Address (number and street, city, state, zip code) 320 N.Main, Evansville, IN, 47711		() Owner <redacted>		
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 No	Release Date 01/14/2019	
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)		
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
			Approved for operations.	
			Finish installing rubber based covered molding.	

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