



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 Aihua International Market		Telephone Number (812-479-7168)	Date of Inspection (mm/dd/yr) 01/10/2019	ID # 11898
Establishment Address (number and street, city, state, zip code) 1624 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Aihua Sun	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 01/20/2019	
Owner's Address <redacted>		Summary of Violations: C 3 NC 2 R 5		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Floor, shelves, and ceiling around grill fryer area in need of cleaning.	01/17/2019
177	C	R	Cover food in reach in cooler and freezer.	01/10/2019
173	C	R	Improper storage of raw meat over vegetables.	Corrected
174	NC	R	Bulk container of floor not labeled.	Corrected
191	C	R	Food lacking proper date label.	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 CVS Pharmacy #6255		Telephone Number (812-468-8257	Date of Inspection (mm/dd/yr) 01/07/2019	ID # 11805
Establishment Address (number and street, city, state, zip code) 1145 Washington Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner HOOK-SUPERX 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 01/17/2019
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 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
139	C		Expired baby formula on shelf.	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 Wendy's #399		Telephone Number (812-471-4395)	Date of Inspection (mm/dd/yr) 01/08/2019	ID # 11791
Establishment Address (number and street, city, state, zip code) 400 N Burkhardt Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner SERVUS, Inc.	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) _____	Follow-up	Release Date 01/18/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 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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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Hand drying provisions not provided for hand washing sink in dish area.	Corrected
216	NC		Insulating foam board within the lid of the ice cream machine does not meet the requirements of a surface that is corrosion-resistant, nonabsorbent, or smooth.	01/09/2019

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Establishment Name Horstkettters		Telephone Number (812-423-0692)	Date of Inspection (mm/dd/yr) 01/09/2019	ID # 11043
Establishment Address (number and street, city, state, zip code) 5809 Stringtown Rd, Evansville, IN, 47711		() Owner <redacted>		
Owner Joe Horstketter	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 01/19/2019	
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				

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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):
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Establishment Name Edco Station		Telephone Number (812-426-1796)	Date of Inspection (mm/dd/yr) 01/07/2019	ID # 10940
Establishment Address (number and street, city, state, zip code) 2505 Stringtown Rd, Evansville, IN, 47711		() Owner <redacted>		
Owner Karl E Ralph	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 01/17/2019	
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 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
413	NC		Side door in need of repair.	01/11/2019

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



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Establishment Name Dollar General #1620		Telephone Number (812-473-9947	Date of Inspection (mm/dd/yr) 01/07/2019	ID # 10913
Establishment Address (number and street, city, state, zip code) 4829 Pollack Ave., Evansville, IN, 47715		() Owner <redacted>		
Owner DOLGENCORP 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 01/17/2019
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			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
295	NC	R	Coolers in need of cleaning.	01/09/2019

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Received by (signature):	Inspected by (signature):
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Establishment Name Bob's Gym	Telephone Number (812-424-2627)	Date of Inspection (mm/dd/yr) 01/10/2019	ID # 10871
Establishment Address (number and street, city, state, zip code) 200 N Rosenberger Ave, Evansville, IN, 47712	() Owner <redacted>		
Owner BOB SWALLOWS	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 01/20/2019
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>			

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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):
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Establishment Name Acropolis		Telephone Number (812-475-9320)	Date of Inspection (mm/dd/yr) 01/11/2019	ID # 10827
Establishment Address (number and street, city, state, zip code) 501 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Yiochriella, 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 01/21/2019	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>1</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 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
294	C	R	Chemical dish machine in bar area not dispensing sanitizer adequately. Call for repair.	01/16/2019
430	NC	R	Flooring/Tiling in dish are in need of repair.	01/31/2019

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Establishment Name Charlies Cafe	Telephone Number (812-303-2214	Date of Inspection (mm/dd/yr) 01/07/2019	ID # 13962
Establishment Address (number and street, city, state, zip code) 315 E Diamond Ave, Evansville, IN, 47711	() Owner <redacted>		
Owner SHOU ZHU QIN	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 01/17/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>2</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler <redacted>		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
438	C		Spray bottles not marked with contents.	Corrected
344	C		Hand washing sink obstructed.	Corrected

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