



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: Domino's Pizza #2570
Telephone Number: 812-473-1011
Date of Inspection: 02/12/2019
ID #: 10926
Establishment Address: 600 N Weinbach Ave., Evansville, IN, 47711
Owner: E-VILLE PIZZA, INC
Purpose: Routine
Follow-up: No
Release Date: 02/22/2019
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 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: fields



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Establishment Name: Farm 57 Market, LLC
Telephone Number: (812) 626-9315
Date of Inspection: 02/14/2019
ID #: 12966
Establishment Address: 3443 Kansas Rd, Vanderburgh, Indiana, 47725
Owner: Aaron & Stephanie Peckenpaugh
Purpose: Routine
Follow-up: No
Release Date: 02/24/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

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

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



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Establishment Name <b>Domino's Pizza #2578</b>		Telephone Number <b>(812) 473-3383</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>02/12/2019</b>	ID # <b>10925</b>
Establishment Address (number and street, city, state, zip code) <b>2101 S Weinbach Ave., Evansville, IN, 47711</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>
Owner's Address <redacted>				Release Date <b>02/22/2019</b>
Person in Charge <redacted>				Summary of Violations: 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>				

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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:	cc:



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<b>Establishment Name</b> The Perfect Plan To Go		<b>Telephone Number</b> (812) 471-9599		<b>Date of Inspection</b> (mm/dd/yr) 02/13/2019		<b>ID #</b> 12087	
<b>Establishment Address</b> (number and street, city, state, zip code) 3101 N Green River Rd Ste 310, Evansville, IN, 47715		Owner <redacted>		<b>Follow-up</b> No		<b>Release Date</b> 02/23/2019	
<b>Owner</b> Sean Melvin		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>  <b>Menu Type</b> ( <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"/>			
<b>Owner's Address</b> <redacted>		<input type="checkbox"/> Follow-up					
<b>Person in Charge</b> <redacted>		<input type="checkbox"/> Complaint					
<b>Responsible Person's E-mail</b>		<input type="checkbox"/> Pre-Operational					
<b>Certified Food Handler</b> <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.	

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



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Establishment Name <b>Dairy Queen</b>		Telephone Number (812-428-4022)	Date of Inspection (mm/dd/yr) 02/13/2019	ID # 10892
Establishment Address (number and street, city, state, zip code) 4140 First Ave, Evansville, IN, 47710		( ) Owner <redacted>		
Owner Paula & Morgan Kirk	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 02/23/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input 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
226	NC		Ice buildup in walk-in freezer.	02/13/2019

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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<b>Establishment Name</b> <b>AIS Diamond</b>	<b>Telephone Number</b> (812-435-3423)	<b>Date of Inspection</b> (mm/dd/yr) 02/15/2019	<b>ID #</b> 12057
<b>Establishment Address (number and street, city, state, zip code)</b> 2319 Stringtown Rd, EVANSVILLE, IN, 47711	<b>Owner</b> (<redacted>)		
<b>Owner</b> EVSC	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 02/25/2019
<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>Responsible Person's E-mail</b>  	<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<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>American Legion Post #265</b>	Telephone Number (812-423-4033)	Date of Inspection (mm/dd/yr) 02/14/2019	ID # 10838
Establishment Address (number and street, city, state, zip code) <b>1301 N Fares Ave., Evansville, IN, 47711</b>	( ) Owner <redacted>		
Owner <b>American Legion #265</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>02/24/2019</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)	
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: Chick-fil-A At Cross Pointe
Telephone Number: (812) 471-9203
Date of Inspection: 02/11/2019
ID #: 11935
Establishment Address: 7101 E Indiana St, Evansville, IN, 47715
Owner: Jack R Stierwalt II
Purpose: Routine
Follow-up: No
Release Date: 02/21/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

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Received by (signature):
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Establishment Name <b>MOD Pizza</b>	Telephone Number <b>(812-602-5525)</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>13762</b>
Establishment Address (number and street, city, state, zip code) <b>6401 E. Lloyd Expressway, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Garyen Denning</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>02/23/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Certified Food Handler <b>&lt;redacted&gt;</b>	<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): <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>Heady's Pizza</b>		Telephone Number <b>(812-437-4343)</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>11881</b>
Establishment Address (number and street, city, state, zip code) <b>4120 B N First Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Douglas Hunter</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>02/23/2019</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 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:	cc:	



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Establishment Name <b>The Rooftop Food &amp; Drinks</b>		Telephone Number <b>(812-550-1599)</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>13832</b>
Establishment Address (number and street, city, state, zip code) <b>112 NW MLK BLVD, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Rooftop Restaurant</b>	Purpose:	Follow-up <b>No</b>	Release Date <b>02/23/2019</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			
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Pre-Operational			
	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP	Menu Type (See additional page)		
	<input type="checkbox"/> Other (list) _____	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
			Corrected all violations from 2/5/19 inspection	

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: Tri-State Athletic Club; Telephone Number: (812) 479-3111; Date of Inspection: 02/13/2019; ID #: 11763; Establishment Address: 555 Tennis Lane, Evansville, IN, 47715; Owner: TSAC Acquisition Co LLC; Purpose: Routine; Follow-up: No; Release Date: 02/23/2019; Summary of Violations: C 0, NC 0, R 0; Menu Type: 2; Certified Food Handler: <redacted>

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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>D-Ice</b>		Telephone Number <b>(812-319-9071)</b>	Date of Inspection (mm/dd/yr) <b>02/15/2019</b>	ID # <b>13841</b>
Establishment Address (number and street, city, state, zip code) <b>800 N Green River Rd Suite 112, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kim Hock Seow</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>02/25/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 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
345	C		Hand sink used for other purposes other than hand washing.	02/15/2019

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>China Experience</b>		Telephone Number (513-709-1190)	Date of Inspection (mm/dd/yr) 02/15/2019	ID # 11710
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Lin, Jie	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 02/25/2019	
Owner's Address <redacted>		Summary of Violations: C <u>5</u> NC <u>4</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
173	C		Improper storage of raw meat in prep cooler.	02/15/2019
346	NC		Hand soap not provided at hand sink in prep area.	02/15/2019
347	NC		Hand drying provisions not provided at hand sink in prep area.	02/15/2019
438	C		Chemical bottles not labeled.	Corrected
324	C	R	Mop sink and drains in need of repair.	02/28/2019
216	NC		Use of cardboard on non food contact surfaces.	02/15/2019
415	C	R	Live pest activity.	02/28/2019
431	NC		Cleaning needed throughout facility.	02/17/2019
191	C		Date marking lacking on ready to eat foods.	02/15/2019

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 <b>711 Tavern</b>	Telephone Number <b>(812-422-0904</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>11686</b>
Establishment Address (number and street, city, state, zip code) <b>711 E Virginia St, Evansville, IN, 47711</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kip Herbert</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>02/23/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<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): <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>Franco Primo Chef</b>	Telephone Number <b>(812-604-8850</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>14001</b>
Establishment Address (number and street, city, state, zip code) <b>270 N Green River Rd., Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Franco Mannino</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>02/23/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <b>0</b> NC <b>0</b> R <b>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			

- 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): <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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Vanderburgh County Department of Health  
Telephone 812-435-5695  
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Establishment Name <b>Donut Bank</b>		Telephone Number (812-401-4111)	Date of Inspection (mm/dd/yr) 02/14/2019	ID # 11658
Establishment Address (number and street, city, state, zip code) 1200 Lincoln Ave, Evansville, IN, 47711		( ) 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 <b>02/24/2019</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)		
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
443	C		Sanitizer concentration for wiping cloths too strong.	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**

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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>TWISTED 2MATO</b>		Telephone Number <b>(812-424-8882</b>		Date of Inspection (mm/dd/yr) <b>02/14/2019</b>	ID # <b>14016</b>
Establishment Address (number and street, city, state, zip code) <b>1101 Harmony Way, Evansville, IN, 47720</b>		Owner <b>&lt;redacted&gt;</b>			
Owner	Purpose: <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)			Follow-up <b>No</b>	Release Date <b>02/24/2019</b>
Owner's Address				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge				Menu Type ( <i>See additional page</i> )	
Responsible Person's E-mail				1 <input type="radio"/> 2 <input checked="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
			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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Vanderburgh County Department of Health  
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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>Papa Murphys Take N Bake</b>		Telephone Number <b>(812-491-7272)</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>11614</b>	
Establishment Address (number and street, city, state, zip code) <b>4827 Davis Lant Dr Suite C, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>			
Owner <b>Chad Gries</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>02/23/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)		
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>					

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C		Establishment lacking certified food safe handler certificate.	05/13/2019

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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<b>Establishment Name</b> Las Americas Tiendas Restaurant	<b>Telephone Number</b> (812) 483-3483	<b>Date of Inspection</b> (mm/dd/yr) 02/15/2019	<b>ID #</b> 11580
<b>Establishment Address</b> (number and street, city, state, zip code) 1016-A S Weinbach Ave, Evansville, IN, 47714	( ) Owner <redacted>		
<b>Owner</b> Jose Miranda	<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>Follow-up</b> No	<b>Release Date</b> 02/25/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>1</u> R <u>1</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page)	
<b>Certified Food Handler</b> <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC	R	Grab & go items not properly labeled.	Corrected

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



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Establishment Name <b>Gordon Food Service Store LLC</b>		Telephone Number <b>(812-473-0096)</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>11490</b>
Establishment Address (number and street, city, state, zip code) <b>1500 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Gordon Food Service 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>02/23/2019</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>				

- 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): <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>Cold Stone Creamery</b>		Telephone Number <b>(812-454-0156)</b>	Date of Inspection (mm/dd/yr) <b>02/13/2019</b>	ID # <b>11475</b>
Establishment Address (number and street, city, state, zip code) <b>6401 E Lloyd Expressway, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Wayne Kinney</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>02/23/2019</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 1 4 0 5 0</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"
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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>Evansville Lutheran School</b>		Telephone Number <b>(812-424-7252)</b>	Date of Inspection (mm/dd/yr) <b>02/12/2019</b>	ID # <b>11465</b>
Establishment Address (number and street, city, state, zip code) <b>111 E Virginia St, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Evansville Lutheran School</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>02/22/2019</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 <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"
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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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<b>Establishment Name</b> <b>Turoni's</b>	<b>Telephone Number</b> (812-424-9871)	<b>Date of Inspection</b> (mm/dd/yr) 02/13/2019	<b>ID #</b> 11414																
<b>Establishment Address (number and street, city, state, zip code)</b> <b>408 N Main St, EVANSVILLE, IN, 47711</b>	( ) Owner <b>&lt;redacted&gt;</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>Follow-up</b></td> <td style="padding: 5px;"><b>Release Date</b> 02/23/2019</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Summary of Violations:</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;">C <u>0</u></td> <td style="text-align: center; padding: 5px;">NC <u>1</u></td> </tr> <tr> <td style="text-align: center; padding: 5px;">R <u>0</u></td> <td></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Menu Type (See additional page)</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;">1 <input type="radio"/></td> <td style="text-align: center; padding: 5px;">2 <input type="radio"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3 <input checked="" type="radio"/></td> <td style="text-align: center; padding: 5px;">4 <input type="radio"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">5 <input type="radio"/></td> <td></td> </tr> </table>		<b>Follow-up</b>	<b>Release Date</b> 02/23/2019	<b>Summary of Violations:</b>		C <u>0</u>	NC <u>1</u>	R <u>0</u>		<b>Menu Type (See additional page)</b>		1 <input type="radio"/>	2 <input type="radio"/>	3 <input checked="" type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
<b>Follow-up</b>	<b>Release Date</b> 02/23/2019																		
<b>Summary of Violations:</b>																			
C <u>0</u>	NC <u>1</u>																		
R <u>0</u>																			
<b>Menu Type (See additional page)</b>																			
1 <input type="radio"/>	2 <input type="radio"/>																		
3 <input checked="" type="radio"/>	4 <input type="radio"/>																		
5 <input type="radio"/>																			
<b>Owner</b> <b>Turoni's Pizza Inc/Judith Turner</b>	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____																		
<b>Owner's Address</b> <b>&lt;redacted&gt;</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>Person in Charge</b> <b>&lt;redacted&gt;</b></td> </tr> <tr> <td style="padding: 5px;"><b>Responsible Person's E-mail</b></td> </tr> <tr> <td style="padding: 5px;"><b>Certified Food Handler</b> <b>&lt;redacted&gt;</b></td> </tr> </table>			<b>Person in Charge</b> <b>&lt;redacted&gt;</b>	<b>Responsible Person's E-mail</b>	<b>Certified Food Handler</b> <b>&lt;redacted&gt;</b>													
<b>Person in Charge</b> <b>&lt;redacted&gt;</b>																			
<b>Responsible Person's E-mail</b>																			
<b>Certified Food Handler</b> <b>&lt;redacted&gt;</b>																			
<b>Person in Charge</b> <b>&lt;redacted&gt;</b>																			
<b>Responsible Person's E-mail</b>																			

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Section#	C/NC	R	Narrative	To Be Corrected By
217	NC		Scoops with handles needed to dispense bulk ingredients .	02/13/2019

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





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SDH Form 51-0001

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Establishment Name <b>St Pauls Lutheran Church</b>		Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr) <b>02/12/2019</b>	ID # <b>11340</b>
Establishment Address (number and street, city, state, zip code) <b>106 E Michigan St., EVANSVILLE, IN, 47711</b>		( ) Owner		
Owner <b>ST PAULS LUTHERAN CHURCH</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>02/22/2019</b>
Owner's Address			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):	
cc:	cc:	cc:	



### Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Outback Steakhouse #1519</b>		Telephone Number <b>(812-474-0005</b>	Date of Inspection (mm/dd/yr) <b>02/11/2019</b>	ID # <b>11240</b>
Establishment Address (number and street, city, state, zip code) <b>7201 E Indiana St, EVANSVILLE, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Outback Steakhouse of Florida, LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>02/21/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 1 NC 0 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary	Menu Type (See additional page)		
	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
	<input type="checkbox"/> Other (list)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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
187	C	R	Ready to eat food not being held at 41 degrees or less in cooler. Temperature adjusted.	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>Oak Meadow Country Club</b>		Telephone Number <b>(812-867-1900)</b>	Date of Inspection (mm/dd/yr) <b>02/15/2019</b>	ID # <b>11233</b>
Establishment Address (number and street, city, state, zip code) <b>11505 Browning Rd., Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>David &amp; Karen Blankenberger</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>02/25/2019</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>O'Charleys #237</b>		Telephone Number <b>(812-479-6632)</b>	Date of Inspection (mm/dd/yr) <b>02/11/2019</b>	ID # <b>11231</b>
Establishment Address (number and street, city, state, zip code) <b>7301 E Indiana St, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>O'Charleys 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>02/21/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Ready to eat food not being held at 41 degrees or less in prep table cooler.	Corrected
414	NC		Roof and ceiling in need of repair.	03/15/2019

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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<b>Establishment Name</b> Himalaya Food Mart		<b>Telephone Number</b> (812-477-6853	<b>Date of Inspection (mm/dd/yr)</b> 02/12/2019	<b>ID #</b> 10932
<b>Establishment Address (number and street, city, state, zip code)</b> 6720 Washington Ave., Evansville, IN, 47715		( ) Owner <redacted>		
<b>Owner</b> Mahendra Adhikari		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 02/22/2019
<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="" 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>	<b>cc:</b>	



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Establishment Name <b>Donut Bank</b>		Telephone Number <b>(812-477-2711</b>	Date of Inspection (mm/dd/yr) <b>02/14/2019</b>	ID # <b>10930</b>
Establishment Address (number and street, city, state, zip code) <b>1950 Washington Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
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 <b>02/24/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
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 <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 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: