



# 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.

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br><b>Ben's Soft Pretzels</b>  | <b>Telephone Number</b><br>(574-970-2188)   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/31/2019  | <b>ID #</b><br>13056              |
| <b>Establishment Address (number and street, city, state, zip code)</b><br>2622 Menards Dr, Evansville, Indiana, 47715 |   | ( ) Owner<br><redacted>  |                                   |
| <b>Owner</b><br>Ronald Williams  | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>Yes  | <b>Release Date</b><br>02/10/2019 |
| <b>Owner's Address</b><br><redacted>   |   | <b>Summary of Violations:</b><br>C <u>1</u> NC <u>1</u> R <u>0</u>   |                                   |
| <b>Person in Charge</b><br><redacted>  |   | <b>Menu Type (See additional page)</b><br>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><br>_____  |   | _____  |                                   |
| <b>Certified Food Handler</b><br><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 |
|----------|------|---|--------------------------------------|--------------------|
| 324      | C    |   | Grease trap log not up to date.      | 01/31/2019         |
| 234      | NC   |   | Bulk container lacking proper label. | 01/31/2019         |
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| <b>Received by (name and title printed):</b><br><redacted> | <b>Inspected by (name and title printed):</b><br><redacted> |
| <b>Received by (signature):</b><br>_____                   | <b>Inspected by (signature):</b><br>_____                   |
| <b>cc:</b><br>_____  | <b>cc:</b><br>_____   |



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|  |  |   |   |               |
|--|--|---|---|---------------|
| Establishment Name<br><b>Sushi Maru Express @ Meijer</b>   |  | Telephone Number<br>(201-654-0422)  | Date of Inspection (mm/dd/yr)<br>01/31/2019 | ID #<br>13012 |
| Establishment Address (number and street, city, state, zip code)<br>2622 Menards Dr, Evansville, IN, 47715 |  | ( <b>&lt;redacted&gt;</b> ) Owner   |   |               |
| Owner<br>Sushi Maru Express Inc  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br><b>No</b>  | Release Date<br>02/10/2019                  |               |
| Owner's Address<br><redacted>  |  | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>   |   |               |
| Person in Charge<br><redacted>   |  | Menu Type (See additional page)<br>1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> |   |               |
| Responsible Person's E-mail  |  |   |   |               |
| Certified Food Handler<br><redacted>   |  |   |   |               |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section# | C/NC | R | Narrative      | To Be Corrected By |
|----------|------|---|----------------|--------------------|
|          |      |   | No violations. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|  |  |   |   |                                   |
|--|--|---|---|-----------------------------------|
| Establishment Name<br><b>Meijer Store #287</b>   |  | Telephone Number<br>(812-647-2200)<br>( <b>&lt;redacted&gt;</b> )   | Date of Inspection (mm/dd/yr)<br>01/31/2019   | ID #<br>13006                     |
| Establishment Address (number and street, city, state, zip code)<br><b>2622 Menards Drive, Evansville, IN, 47715</b> |  |   |   |                                   |
| Owner<br><b>Meijer Stores Limited Partnership</b>  |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>  | Release Date<br><b>02/10/2019</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>   |  |   | Summary of Violations:<br><b>C 1 NC 0 R 0</b>   |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>  |  |   | Menu Type (See additional page)<br>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<br><b>&lt;redacted&gt;</b>  |  |   |   |                                   |
|  |  |   |   |                                   |

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| Section# | C/NC | R | Narrative   | To Be Corrected By |
|----------|------|---|---|--------------------|
| 345      | C    |   | Hand washing sink being used for purpose other than hand washing. | Corrected          |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> |     | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |  |
| Received by (signature):   |     | Inspected by (signature):   |  |
| cc:  | cc: | cc:   |  |



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|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br>Barber Bistro/Rogers Hair Academy East  | <b>Telephone Number</b><br>(812-589-2674)   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>02/01/2019  | <b>ID #</b><br>12387              |
| <b>Establishment Address</b> (number and street, city, state, zip code)<br>105 N Green River Rd, Vanderburgh, Indiana, 47715 |   | ( <b>Owner</b> )<br><redacted>   |                                   |
| <b>Owner</b><br>Noah Hayden  | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>No   | <b>Release Date</b><br>02/11/2019 |
| <b>Owner's Address</b><br><redacted>   |   | <b>Summary of Violations:</b>  |                                   |
| <b>Person in Charge</b><br><redacted>  |   | C <u>1</u> NC <u>2</u> R <u>0</u>  |                                   |
| <b>Responsible Person's E-mail</b>   |   | <b>Menu Type</b> (See additional page)   |                                   |
| <b>Certified Food Handler</b><br><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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- 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 |
|----------|------|---|---|--------------------|
| 344      | C    |   | Hand sink blocked by equipment.   | Corrected          |
| 307      | NC   |   | No hood ventilation for cooking. Cooking prohibited & limited to pre-packaged & heat & serve items. | Corrected          |
| 142      | NC   |   | Coffee being roasted from a non-approved location.  | 02/01/2019         |
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| <b>Received by</b> (name and title printed):<br><redacted> | <b>Inspected by</b> (name and title printed):<br><redacted> |
| <b>Received by</b> (signature):                            | <b>Inspected by</b> (signature):                            |
| <b>cc:</b>   | <b>cc:</b>  |



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|   |  |  |                                   |
|---|--|--|-----------------------------------|
| Establishment Name<br><b>Walmart Market #5452</b>   | Telephone Number<br>(812-647-9499)<br>( <b>&lt;redacted&gt;</b> ) Owner  | Date of Inspection (mm/dd/yr)<br>01/28/2019  | ID #<br>12349                     |
| Establishment Address (number and street, city, state, zip code)<br>2500 N First Ave, Evansville, IN, 47710 |  | Follow-up<br><b>No</b>   | Release Date<br><b>02/07/2019</b> |
| Owner<br>Wal-mart Stores East, LP   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Summary of Violations:<br><b>C</b> <u>0</u> <b>NC</b> <u>1</u> <b>R</b> <u>1</u>   |                                   |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  | Menu Type (See additional page)  |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  | 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<br><b>&lt;redacted&gt;</b>   |  |  |                                   |

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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 |
|----------|------|---|---------------------------------|--------------------|
| 139      | NC   | R | Baby formula expired. Discarded | Corrected          |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
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|   |  |   |   |                      |
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| Establishment Name<br><b>Honey Baked Ham Co</b>   |  | Telephone Number<br><b>(812-471-2940)</b> | Date of Inspection (mm/dd/yr)<br><b>01/29/2019</b>  | ID #<br><b>12006</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>1446 N Green River Rd, Evansville, IN, 47715</b> |  | Owner<br><b>&lt;redacted&gt;</b>          | Follow-up<br><b>No</b>  |                      |
| Owner<br><b>Best Ham, LLC</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ |   | Release Date<br><b>02/08/2019</b>   |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  |   | Summary of Violations:<br><b>C 1 NC 0 R 0</b>   |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  |   | Menu Type (See additional page)<br>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<br><b>&lt;redacted&gt;</b>   |  |   |   |                      |

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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 |
|----------|------|---|---|--------------------|
| 443      | C    |   | Sanitizer concentration for wiping cloths and at three compartment sink too strong. | Corrected          |
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|   |   |  |                                   |
|---|---|--|-----------------------------------|
| <b>Establishment Name</b><br><b>Ruler Food Store #227</b>   | <b>Telephone Number</b><br>(812-471-9970)<br>( <redacted> ) Owner   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/28/2019  | <b>ID #</b><br>11984              |
| <b>Establishment Address</b> (number and street, city, state, zip code)<br>2040 E Morgan Ave, Evansville, IN, 47711 |   |  |                                   |
| <b>Owner</b><br>Jay C Food Stores   | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>No   | <b>Release Date</b><br>02/07/2019 |
| <b>Owner's Address</b><br><redacted>  |   | <b>Summary of Violations:</b><br>C <u>0</u> NC <u>0</u> R <u>0</u>   |                                   |
| <b>Person in Charge</b><br><redacted>   |   | <b>Menu Type</b> (See additional page)<br>1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |
| <b>Responsible Person's E-mail</b><br><br>  |   |  |                                   |
| <b>Certified Food Handler</b><br><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. |                    |
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| <b>Received by</b> (signature):<br><br>                    | <b>Inspected by</b> (signature):<br><br>                    |
| <b>cc:</b> _____   | <b>cc:</b> _____  |



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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.

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| <b>Establishment Name</b><br><b>Grand Buffet</b>  | <b>Telephone Number</b><br>(812-476-6666)   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/30/2019  | <b>ID #</b><br>11901              |
| <b>Establishment Address (number and street, city, state, zip code)</b><br>1356 N Green River Rd, Evansville, IN, 47715 |   | <b>Owner</b><br>( <redacted> )   |                                   |
| <b>Owner</b><br>Yun Lin   | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>Yes  | <b>Release Date</b><br>02/09/2019 |
| <b>Owner's Address</b><br><redacted>  |   | <b>Summary of Violations:</b>  |                                   |
| <b>Person in Charge</b><br><redacted>   |   | C <u>5</u> NC <u>1</u> R <u>5</u>  |                                   |
| <b>Responsible Person's E-mail</b>  |   | <b>Menu Type (See additional page)</b>   |                                   |
| <b>Certified Food Handler</b><br><redacted>   |   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> |                                   |

- 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 |
|----------|------|---|--|--------------------|
| 173      | C    | R | Improper storage of raw meat in the walk in and reach in cooler.               | Corrected          |
| 191      | C    | R | Ready to eat food lacking date label.  | Corrected          |
| 187      | C    | R | Food not maintained at required temperature (41 and below or 135 and greater). | Corrected          |
| 303      | C    |   | Food contact surfaces not sanitized.   | Corrected          |
| 234      | NC   | R | Scoops for dispensing products lacking proper handle.                          | Corrected          |
| 193      | C    | R | Improper use of time as a public health control.                               | 01/30/2019         |
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| <b>Received by (signature):</b>                            | <b>Inspected by (signature):</b>                            |
| <b>cc:</b>   | <b>cc:</b>  |





# 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.

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br>Jeanne's Gelato & More  | <b>Telephone Number</b><br>(812-479-8272)   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/28/2019  | <b>ID #</b><br>11883              |
| <b>Establishment Address</b> (number and street, city, state, zip code)<br>2003 Lincoln Ave, Evansville, IN, 47714 | Owner<br><redacted>   |  |                                   |
| <b>Owner</b><br>Valerie Ewers  | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>No   | <b>Release Date</b><br>02/07/2019 |
| <b>Owner's Address</b><br><redacted>   |   | <b>Summary of Violations:</b>  |                                   |
| <b>Person in Charge</b><br><redacted>  |   | C <u>0</u> NC <u>0</u> R <u>0</u>  |                                   |
| <b>Responsible Person's E-mail</b>   |   | <b>Menu Type</b> (See additional page)   |                                   |
| <b>Certified Food Handler</b><br><redacted>  |   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |

- 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. |                    |
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| <b>cc:</b>   | <b>cc:</b>  |



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State Form 22116 (R7 /12-04)  
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Vanderburgh County Department of Health  
Telephone 812-435-5695  
Fax 812-435-5871

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|  |   |   |   |                      |
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| Establishment Name<br><b>Ruth's House</b>  |   | Telephone Number<br><b>(812-402-0424</b><br><small>(Establishment)</small><br><b>&lt;redacted&gt;</b><br><small>(Owner)</small> | Date of Inspection<br>(mm/dd/yr)<br><b>01/30/2019</b> | ID #<br><b>11630</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>321 Walnut St, Evansville, IN, 477008</b> |   |   |   |                      |
| Owner<br><b>UNITED CARING SERVICES</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>  | Release Date<br><b>02/09/2019</b>                     |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>   |   | Summary of Violations:<br><b>C 0 NC 0 R 0</b>   |   |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>  |   | Menu Type (See additional page)<br><b>1 0 2 0 3 1 4 0 5 0</b>   |   |                      |
| Responsible Person's E-mail  |   |   |   |                      |
| Certified Food Handler<br><b>&lt;redacted&gt;</b>  |   |   |   |                      |

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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. |                    |
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| Received by (signature):   | Inspected by (signature):   |
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# Retail Food Establishment Inspection Report

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

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

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|   |   |   |  |                      |
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| Establishment Name<br><b>Las Americas Tiendas Restaurant</b>  |   | Telephone Number<br><b>(812-483-3483)</b>   | Date of Inspection (mm/dd/yr)<br><b>01/30/2019</b> | ID #<br><b>11580</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>1016-A S Weinbach Ave, Evansville, IN, 47714</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>  |  |                      |
| Owner<br><b>Jose Miranda</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>Yes</b>   | Release Date<br><b>02/09/2019</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |   | Summary of Violations:<br><b>C 3 NC 2 R 5</b>   |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |   | Menu Type (See additional page)<br>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<br><b>&lt;redacted&gt;</b>  |   |   |  |                      |
| Certified Food Handler<br><b>&lt;redacted&gt;</b>   |   |   |  |                      |

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| Section# | C/NC | R | Narrative   | To Be Corrected By |
|----------|------|---|---|--------------------|
| 191      | C    | R | Ready to eat food lacking date marking.                           | 01/30/2019         |
| 187      | C    | R | Potentially hazardous food not being held at 41 degrees or lower. | 01/30/2019         |
| 218      | NC   | R | Walk in cooler in need of repair.                                 | 01/31/2019         |
| 146      | NC   | R | Dessert in cooler not labeled.                                    | 01/30/2019         |
| 173      | C    | R | Improper storage of raw meat.                                     | 01/30/2019         |
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**Retail Food Establishment Inspection Report**

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

Vanderburgh County Department of Health  
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Fax 812-435-5871

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

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Establishment Name<br><b>Big M's Pizzeria</b>  | Telephone Number<br>(812-434-6909)<br>( <b>&lt;redacted&gt;</b> )  | Date of Inspection (mm/dd/yr)<br>01/31/2019   | ID #<br>11511                     |
| Establishment Address (number and street, city, state, zip code)<br><b>1313 N First Ave, Evansville, IN, 47710</b> | Owner<br><b>Dallas R May II</b>  | Follow-up<br><b>Yes</b>   | Release Date<br><b>02/10/2019</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Summary of Violations:<br><b>C 0 NC 2 R 1</b>   |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>  |  | Menu Type (See additional page)<br>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<br><b>&lt;redacted&gt;</b>   |  | Certified Food Handler<br><b>&lt;redacted&gt;</b>   |                                   |

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| Section# | C/NC | R | Narrative  | To Be Corrected By |
|----------|------|---|--|--------------------|
| 324      | NC   | R | Three compartment sink faucet in need of repair. | 02/15/2019         |
| 411      | NC   |   | Increased lighting needed in kitchen.            | 02/15/2019         |
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| Received by (signature):   | Inspected by (signature):   |
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# Retail Food Establishment Inspection Report

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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<br><b>T Minimart</b>  |  | Telephone Number<br><b>(812-473-2585)</b>   | Date of Inspection (mm/dd/yr)<br><b>01/28/2019</b>   | ID #<br><b>11476</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>2400 Washington Ave., Evansville, IN, 47714</b> |  | ( <b>&lt;redacted&gt;</b> ) Owner   |  |                                   |
| Owner<br><b>Pash B Tamang</b>  |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>Yes</b>  | Release Date<br><b>02/07/2019</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>   |  |   | Summary of Violations:<br><b>C 2 NC 1 R 1</b>  |                                   |
| Person in Charge<br><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<br><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 |
|----------|------|---|---|--------------------|
| 129      | C    |   | Employee not washing when required.     | Corrected          |
| 295      | C    | R | Ice machine shield in need of cleaning. | 01/28/2019         |
| 324      | NC   |   | Grease trap log not up to date.         | 01/28/2019         |
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|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br>T Minimart  | <b>Telephone Number</b><br>(812-473-2585)   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/29/2019  | <b>ID #</b><br>11476              |
| <b>Establishment Address</b> (number and street, city, state, zip code)<br>2400 Washington Ave., Evansville, IN, 47714 |   | <b>Owner</b><br><redacted>   |                                   |
| <b>Owner</b><br>Pash B Tamang  | <b>Purpose:</b><br><input type="checkbox"/> Routine<br><input checked="" type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>No   | <b>Release Date</b><br>02/08/2019 |
| <b>Owner's Address</b><br><redacted>   |   | <b>Summary of Violations:</b>  |                                   |
| <b>Person in Charge</b><br><redacted>  |   | C <u>0</u> NC <u>0</u> R <u>0</u>  |                                   |
| <b>Responsible Person's E-mail</b>   |   | <b>Menu Type</b> (See additional page)   |                                   |
| <b>Certified Food Handler</b><br><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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- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section# | C/NC | R | Narrative                                 | To Be Corrected By |
|----------|------|---|---|--------------------|
|          |      |   | All violations from 01/28/2019 corrected. |                    |
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| <b>Received by (signature):</b>                            | <b>Inspected by (signature):</b>                            |
| <b>cc:</b>   | <b>cc:</b>  |



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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.

|   |   |   |                            |
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| Establishment Name<br><b>Zesto</b>  | Telephone Number<br>(812-423-5961)  | Date of Inspection<br>(mm/dd/yr)<br>01/28/2019  | ID #<br>11461              |
| Establishment Address (number and street, city, state, zip code)<br>920 E Riverside Dr, Evansville, IN, 47713 | ( ) Owner<br><redacted>   |   |                            |
| Owner<br>Daniel Hardesty  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br>No   | Release Date<br>02/07/2019 |
| Owner's Address<br><redacted>   |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>   |                            |
| Person in Charge<br><redacted>  |   | Menu Type (See additional page)<br>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<br><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. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| 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.

|  |  |   |  |                                   |
|--|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br><b>Walmart Market #5372</b>   |  | <b>Telephone Number</b><br>(812-471-4243<br>(Establishment Owner)<br><redacted>   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/29/2019  | <b>ID #</b><br>11426              |
| <b>Establishment Address</b> (number and street, city, state, zip code)<br>3430 Taylor Ave., Evansville, IN, 47714 |  |   |  |                                   |
| <b>Owner</b><br>Wal-mart Stores East, LP   |  | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br><b>No</b>  | <b>Release Date</b><br>02/08/2019 |
| <b>Owner's Address</b><br><redacted>   |  |   | <b>Summary of Violations:</b>  |                                   |
| <b>Person in Charge</b><br><redacted>  |  |   | C <u>0</u> NC <u>0</u> R <u>0</u>  |                                   |
| <b>Responsible Person's E-mail</b>   |  |   | <b>Menu Type</b> (See additional page)   |                                   |
| <b>Certified Food Handler</b><br><redacted>  |  |   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |

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





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SDH Form 51-0001

Vanderburgh County Department of Health  
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Fax 812-435-5871

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|  |  |  |  |                            |
|--|--|--|--|----------------------------|
| Establishment Name<br><b>Vanderburgh Coliseum</b>  |  | Telephone Number<br>(812-422-2457)   | Date of Inspection (mm/dd/yr)<br>02/02/2019  | ID #<br>11421              |
| Establishment Address (number and street, city, state, zip code)<br>300 Court St., EVANSVILLE, IN, 47708 |  | ( ) Owner  |  |                            |
| Owner<br>VANDERBURGH COLISEUM  |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br>No  | Release Date<br>02/12/2019 |
| Owner's Address<br><redacted>  |  |  | Summary of Violations:   |                            |
| Person in Charge<br><redacted>   |  |  | C <u>0</u> NC <u>3</u> R <u>2</u>  |                            |
| Responsible Person's E-mail  |  |  | Menu Type (See additional page)  |                            |
| Certified Food Handler<br><redacted>   |  |  | 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                            |

- 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 |
|----------|------|---|--|--------------------|
| 307      | NC   | R | Hood vent not extended over fryer cooking area.              | 03/02/2019         |
| 431      | NC   | R | Floor in fryer area has grease build-up.                     | 02/04/2019         |
| 297      | NC   |   | Ice machine for non-consumption ice needs cleaning/flushing. | 02/04/2019         |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> |     | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |  |
| 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.

Form with fields: Establishment Name (United Caring Shelter), Telephone Number (812-426-9960), Date of Inspection (01/29/2019), ID # (11419), Establishment Address (324 NW Sixth St., EVANSVILLE, IN, 47708), Owner (UNITED CARING SERVICES), Purpose (Routine checked), Follow-up (No), Release Date (02/08/2019), Summary of Violations (C 0, NC 0, R 0), 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 contains 'No noted violations.'

Received by (name and title printed): <redacted>
Inspected by (name and title printed): <redacted>
Received by (signature):
Inspected by (signature):
cc: 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: Subway #12340
Telephone Number: (812) 473-5255
Date of Inspection: 01/28/2019
ID #: 11365
Establishment Address: 1401 Covert Ave, Evansville, IN, 47714
Owner: Shantee, Inc.
Purpose: Routine
Follow-up: No
Release Date: 02/07/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 3

- 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: 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 for distribution list



**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

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| Establishment Name<br><b>The Pony</b>  | Telephone Number<br>(812-473-0472<br>(<redacted>) Owner  | Date of Inspection<br>(mm/dd/yr)<br>02/01/2019   | ID #<br>11351 |
| Establishment Address (number and street, city, state, zip code)<br>4820 Tecumseh, EVANSVILLE, IN, 47715 |  | Follow-up No: <b>No</b>  |               |
| Owner<br><b>PONY INDY LLC</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Release Date<br><b>02/11/2019</b>  |               |
| Owner's Address<br><redacted>  |  | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |               |
| Person in Charge<br><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<br><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. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |     |
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SDH Form 51-0001

Vanderburgh County Department of Health  
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|   |  |  |                            |
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| Establishment Name<br><b>Steak `N Shake</b>   | Telephone Number<br>(812-475-1400<br>( <u>redacted</u> ))  | Date of Inspection<br>(mm/dd/yr)<br>01/31/2019   | ID #<br>11349              |
| Establishment Address (number and street, city, state, zip code)<br>7929 E Division St, Evansville, IN, 47715   |  | Follow-up<br>No  | Release Date<br>02/10/2019 |
| Owner<br>C Douglas Knipp, Pres./Family Dining Inc.  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Summary of Violations:<br>C <u>3</u> NC <u>3</u> R <u>4</u>  |                            |
| Owner's Address<br><redacted>   |  | Menu Type (See additional page)  |                            |
| Person in Charge<br><redacted>  |  | 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<br><redacted>  |  |  |                            |
| <ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul> |  |  |                            |

| Section# | C/NC | R | Narrative  | To Be Corrected By |
|----------|------|---|--|--------------------|
| 118      | C    | R | Food establishment lacking certified food employee.                  | 02/28/2019         |
| 415      | C    | R | Live pests present. Contact pest control.                            | 02/01/2019         |
| 416      | NC   |   | Trapped pests in need of removal.                                    | 01/31/2019         |
| 438      | C    |   | Working containers for toxic materials not labeled with common name. | Corrected          |
| 431      | NC   | R | Flooring under equipment and prep area excessively soiled.           | 02/01/2019         |
| 295      | NC   | R | Equipment and shelving soiled.                                       | 02/01/2019         |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
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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.

|  |   |   |                            |
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| Establishment Name<br><b>Schnucks #728</b>   | Telephone Number<br>(812-473-4510<br>( <b>&lt;redacted&gt;</b> )  | Date of Inspection<br>(mm/dd/yr)<br>01/31/2019  | ID #<br>11307              |
| Establishment Address (number and street, city, state, zip code)<br>3501 N Green River Rd, EVANSVILLE, IN, 47715 | Owner<br>Schnucks Markets Inc   | Follow-up<br>Yes  | Release Date<br>02/10/2019 |
| Owner's Address<br><redacted>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Summary of Violations:<br>C <u>1</u> NC <u>0</u> R <u>0</u>   |                            |
| Person in Charge<br><redacted>   |   | Menu Type (See additional page)<br>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<br>_____   |   |   |                            |
| Certified Food Handler<br><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 |
|----------|------|---|---|--------------------|
| 443      | C    |   | Sanitizer concentration at three compartment sink in deli too strong. | Corrected          |
|          |      |   |   |                    |
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SDH Form 51-0001

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|   |   |  |                                   |
|---|---|--|-----------------------------------|
| Establishment Name<br><b>Sam's Food Mkt/Smoke Shop</b>  | Telephone Number<br><b>(812-430-7831</b><br><small>(Establishment)</small><br><b>&lt;redacted&gt;</b><br><small>(Owner)</small>   | Date of Inspection<br>(mm/dd/yr)<br><b>01/28/2019</b>  | ID #<br><b>11293</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>900 W Columbia St, Evansville, IN, 47710</b> |   | Follow-up<br><b>No</b>   | Release Date<br><b>02/07/2019</b> |
| Owner<br><b>Columbia Food Market Incorporated</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Summary of Violations:<br><b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>   |                                   |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |   | Menu Type (See additional page)  |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |   | 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<br><b>&lt;redacted&gt;</b>  |   |  |                                   |
| Certified Food Handler<br><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. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| 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.

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Establishment Name</b><br><b>Noble Romans - Wash. Sq.</b>  |  | <b>Telephone Number</b><br><b>(812) 473-4606</b>               | <b>Date of Inspection</b><br>(mm/dd/yr)<br><b>02/01/2019</b>   | <b>ID #</b><br><b>11226</b>              |
| <b>Establishment Address (number and street, city, state, zip code)</b><br><b>1216 Washington Sq, Evansville, IN, 47715</b> |  | ( ) Owner  |  |  |
| <b>Owner</b><br><b>RBC&amp;C INC.</b>   |  | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine | <b>Follow-up</b><br><b>No</b>  | <b>Release Date</b><br><b>02/11/2019</b> |
| <b>Owner's Address</b><br><redacted>  |  | <input type="checkbox"/> Follow-up                             | <b>Summary of Violations:</b><br>C <u>0</u> NC <u>0</u> R <u>0</u>   |  |
| <b>Person in Charge</b><br><redacted>   |  | <input type="checkbox"/> Complaint                             |  |  |
| <b>Responsible Person's E-mail</b><br>  |  | <input type="checkbox"/> Pre-Operational                       |  |  |
| <b>Certified Food Handler</b><br><redacted>   |  | <input type="checkbox"/> Temporary                             | <b>Menu Type (See additional page)</b><br>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><br>  |  | <input type="checkbox"/> HACCP                                 |  |  |
| <b>Responsible Person's E-mail</b><br>  |  | <input type="checkbox"/> Other (list)<br>_____                 |  |  |

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





# 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<br><b>McDonalds-Covert Ave</b>   |  | Telephone Number<br><b>(812-477-7041)</b><br><i>(Establishment Owner)</i>   |   | Date of Inspection (mm/dd/yr)<br><b>01/30/2019</b> | ID #<br><b>11203</b>              |  |
| Establishment Address (number and street, city, state, zip code)<br><b>2960 Covert Ave, Evansville, IN, 47714</b> |  | <i>(Owner)</i><br><b>&lt;redacted&gt;</b>   |   |  |                                   |  |
| Owner<br><b>Mann Enterprises LLC</b>  |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>                              |  | Release Date<br><b>02/09/2019</b> |  |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  |   | Summary of Violations:<br><b>C 0 NC 0 R 0</b>       |  |                                   |  |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  |   |   |  |                                   |  |
| Responsible Person's E-mail<br><b>&lt;redacted&gt;</b>  |  |   |   |  |                                   |  |
| Certified Food Handler<br><b>&lt;redacted&gt;</b>   |  |   | Menu Type (See additional page)<br><b>1</b> 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"

| Section# | C/NC | R | Narrative            | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
|          |      |   | No noted violations. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> |     | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |     |
| Received by (signature):   |     | Inspected by (signature):   |     |
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Vanderburgh County Department of Health  
Telephone 812-435-5695  
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|  |  |   |   |               |
|--|--|---|---|---------------|
| Establishment Name<br><b>Cross-Eyed Cricket</b>  |  | Telephone Number<br>(812-422-6464)  | Date of Inspection (mm/dd/yr)<br>01/30/2019 | ID #<br>11176 |
| Establishment Address (number and street, city, state, zip code)<br>2101 W Pennsylvania St., Evansville, IN, 47712 |  | ( <b>&lt;redacted&gt;</b> ) Owner   |   |               |
| Owner<br>Fernando Tudela   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br><b>Yes</b>   | Release Date<br>02/09/2019                  |               |
| Owner's Address<br><redacted>  |  | Summary of Violations:<br><b>C 3 NC 4 R 5</b>   |   |               |
| Person in Charge<br><redacted>   |  | Menu Type (See additional page)<br>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<br><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 |
|----------|------|---|---|--------------------|
| 173      | C    | R | Raw meat being thawed over uncovered bulk product.                                  | Corrected          |
| 199      | NC   | R | Improper thawing of frozen foods.   | Corrected          |
| 303      | C    |   | Improper use of 3 compartment sink/ not sanitizing.                                 | Corrected          |
| 239      | NC   |   | Utensils not inverted to prevent contamination.                                     | Corrected          |
| 430      | NC   | R | Ceiling tiles need replaced & broken floor tiles in kitchen need repaired/replaced. | 02/06/2019         |
| 431      | NC   | R | Area around 3 compartment sink in need of cleaning.                                 | 01/30/2019         |
| 191      | C    | R | Ready to eat food not date marked.  | 01/30/2019         |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> |     | Inspected by (name and title printed):<br><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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Fax 812-435-5871

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|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br><b>Cork 'N Cleaver</b>  | <b>Telephone Number</b><br>(812-479-6974)   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/30/2019  | <b>ID #</b><br>11170              |
| <b>Establishment Address (number and street, city, state, zip code)</b><br>650 S Hebron Ave, Evansville, IN, 47714 | (<redacted>) Owner  |  |                                   |
| <b>Owner</b><br>STEVEN M BENNETT   | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>Yes  | <b>Release Date</b><br>02/09/2019 |
| <b>Owner's Address</b><br><redacted>   |   | <b>Summary of Violations:</b><br>C <u>2</u> NC <u>2</u> R <u>2</u>   |                                   |
| <b>Person in Charge</b><br><redacted>  |   |  |                                   |
| <b>Responsible Person's E-mail</b><br>_____  |   |  |                                   |
| <b>Certified Food Handler</b><br><redacted>  |   | <b>Menu Type (See additional page)</b><br>1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |

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

| Section# | C/NC | R | Narrative                                     | To Be Corrected By |
|----------|------|---|---|--------------------|
| 295      | NC   | R | Dessert cooler in need of cleaning.           | Corrected          |
| 173      | C    |   | Improper storage of raw meat in cooler.       | Corrected          |
| 324      | C    | R | Hand sink in need of repair in serving area.  | 02/22/2019         |
| 232      | NC   |   | Shelving in storage area in need of painting. | 02/05/2019         |
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| <b>Received by (name and title printed):</b><br><redacted> | <b>Inspected by (name and title printed):</b><br><redacted> |
| <b>Received by (signature):</b><br>_____                   | <b>Inspected by (signature):</b><br>_____                   |
| <b>cc:</b> _____   | <b>cc:</b> _____  |



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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.

|   |  |   |                                   |
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| Establishment Name<br><b>Circle S Mart #25</b>  | Telephone Number<br><b>(812-475-0014</b>   | Date of Inspection<br>(mm/dd/yr)<br><b>01/28/2019</b>   | ID #<br><b>11156</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>2335 N Green River Rd, Evansville, IN, 47715</b> | ( <b>&lt;redacted&gt;</b> ) Owner  |   |                                   |
| Owner<br><b>C &amp; S Inc</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br><b>Yes</b>   | Release Date<br><b>02/07/2019</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  | Summary of Violations:<br><b>C 1 NC 1 R 0</b>   |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  | Menu Type (See additional page)<br>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<br><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 |
|----------|------|---|--|--------------------|
| 443      | C    |   | Sanitizer concentration for wiping cloths too strong.      | 01/28/2019         |
| 291      | NC   |   | Establishment lacking sanitizer concentration test strips. | 01/28/2019         |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|   |  |   |                      |                           |                                   |   |  |   |  |
|---|--|---|----------------------|---------------------------|-----------------------------------|---|--|---|--|
| Establishment Name<br><b>Circle S Mart #25</b>  | Telephone Number<br><b>(812-475-0014)</b><br>( ) Owner<br><b>&lt;redacted&gt;</b>  | Date of Inspection (mm/dd/yr)<br><b>01/29/2019</b>  | ID #<br><b>11156</b> |                           |                                   |   |  |   |  |
| Establishment Address (number and street, city, state, zip code)<br><b>2335 N Green River Rd, Evansville, IN, 47715</b>   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           Follow-up No<br/><b>No</b> </td> <td style="width:50%;">           Release Date<br/><b>02/08/2019</b> </td> </tr> <tr> <td colspan="2">           Summary of Violations:<br/>           C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2">           Menu Type (See additional page)<br/>           1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> </td> </tr> </table> |                      | Follow-up No<br><b>No</b> | Release Date<br><b>02/08/2019</b> | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u> |  | Menu Type (See additional page)<br>1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |  |
| Follow-up No<br><b>No</b>   | Release Date<br><b>02/08/2019</b>  |   |                      |                           |                                   |   |  |   |  |
| Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>   |  |   |                      |                           |                                   |   |  |   |  |
| Menu Type (See additional page)<br>1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |  |   |                      |                           |                                   |   |  |   |  |
| Owner<br><b>C &amp; S Inc</b>   | Purpose:<br><input type="checkbox"/> Routine<br><input checked="" type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ |   |                      |                           |                                   |   |  |   |  |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  |   |                      |                           |                                   |   |  |   |  |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  |   |                      |                           |                                   |   |  |   |  |
| Responsible Person's E-mail<br>   |  |   |                      |                           |                                   |   |  |   |  |
| Certified Food Handler<br><b>&lt;redacted&gt;</b>   |  |   |                      |                           |                                   |   |  |   |  |

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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 |
|----------|------|---|---|--------------------|
|          |      |   | All violations from 01/28/2019 corrected. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|   |  |  |  |                      |
|---|--|--|--|----------------------|
| Establishment Name<br><b>The Kitchen Buffet/Tropicana Hotel/Conference Center</b>                                     |  | Telephone Number<br><b>(812-433-4000)</b>  | Date of Inspection (mm/dd/yr)<br><b>01/31/2019</b> | ID #<br><b>11132</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>421 NW Riverside Dr, Evansville, IN, 47708</b> |  | ( ) Owner<br><b>&lt;redacted&gt;</b>   |  |                      |
| Owner<br><b>Aztar Indiana Gaming Co LLC / dba Tropicana Evansville</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br><b>No</b>   | Release Date<br><b>02/10/2019</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  | Summary of Violations:<br><b>C 1 NC 0 R 1</b>  |  |                      |
| Person in Charge<br><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<br><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 |
|----------|------|---|--|--------------------|
| 191      | C    | R | Ready to eat food in reach-in cooler was lacking date marking. | Corrected          |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> |     | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |  |
| Received by (signature):   |     | Inspected by (signature):   |  |
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# Retail Food Establishment Inspection Report

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

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

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

|   |   |  |                            |
|---|---|--|----------------------------|
| Establishment Name<br><b>Circle K #4700093</b>  | Telephone Number<br>(812-477-1609)                      | Date of Inspection (mm/dd/yr)<br>01/28/2019  | ID #<br>11107              |
| Establishment Address (number and street, city, state, zip code)<br>300 S Green River Rd, Evansville, IN, 47715 | ( ) Owner<br><redacted>                                 |  |                            |
| Owner<br>Mac's Convenience Store LLC  | Purpose:<br><input checked="" type="checkbox"/> Routine | Follow-up<br>No  | Release Date<br>02/07/2019 |
| Owner's Address<br><redacted>   | <input type="checkbox"/> Follow-up                      | Summary of Violations:   |                            |
| Person in Charge<br><redacted>  | <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<br><redacted>  | <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)<br>_____          |  |                            |

- 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. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| 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<br><b>Kipplees Stadium Inn</b>   |  | Telephone Number<br>(812-476-1936)  | Date of Inspection<br>(mm/dd/yr)<br>01/28/2019 | ID #<br>11071 |
| Establishment Address (number and street, city, state, zip code)<br>2350 Division St, EVANSVILLE, IN, 47711 |  | ( <sup>Establishment</sup> ) Owner<br><redacted>  |  |               |
| Owner<br>Ron Schutz   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br>Yes  | Release Date<br>02/07/2019                     |               |
| Owner's Address<br><redacted>   |  | Summary of Violations:<br>C <u>0</u> NC <u>2</u> R <u>0</u>   |  |               |
| Person in Charge<br><redacted>  |  | Menu Type (See additional page)<br>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<br><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 |
|----------|------|---|--|--------------------|
| 291      | NC   |   | Establishment lacking sanitizer concentration test strips. | 01/28/2019         |
| 431      | NC   |   | Walk in cooler fans and ceilings in need of cleaning.      | 01/29/2019         |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| 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: Kipplees Stadium Inn
Telephone Number: 812-476-1936
Date of Inspection: 01/29/2019
ID #: 11071
Establishment Address: 2350 Division St, EVANSVILLE, IN, 47711
Owner: Ron Schutz
Purpose: Follow-up
Follow-up No: No
Release Date: 02/08/2019
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. Row 1: All violations from 01/28/2019 corrected.

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



# 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.

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| <b>Establishment Name</b><br><b>Just Cookies and More</b>  | <b>Telephone Number</b><br>(812-476-7884)  | <b>Date of Inspection</b><br>(mm/dd/yr)<br>02/01/2019  | <b>ID #</b><br>11064              |
| <b>Establishment Address (number and street, city, state, zip code)</b><br>1120 Washington Sq, Evansville, IN, 47715 |  | (<redacted>)<br>Owner  |                                   |
| <b>Owner</b><br>Vicki Barnes   | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | <b>Follow-up</b><br>No   | <b>Release Date</b><br>02/11/2019 |
| <b>Owner's Address</b><br><redacted>   |  | <b>Summary of Violations:</b>  |                                   |
| <b>Person in Charge</b><br><redacted>  |  | C <u>0</u> NC <u>0</u> R <u>0</u>  |                                   |
| <b>Responsible Person's E-mail</b>   |  | <b>Menu Type (See additional page)</b>   |                                   |
| <b>Certified Food Handler</b><br><redacted>  |  | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |

- 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. |                    |
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| Received by (signature): | Inspected by (signature): |
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**Retail Food Establishment Inspection Report**

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

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

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

|   |  |   |  |                                   |
|---|--|---|--|-----------------------------------|
| Establishment Name<br><b>Tropicana Pavillion- Cavanaugh's</b>   |  | Telephone Number<br><b>(812-433-4000)</b>   | Date of Inspection<br>(mm/dd/yr)<br><b>01/31/2019</b>  | ID #<br><b>10853</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>450 NW Riverside Dr, EVANSVILLE, IN, 47708</b> |  | ( <sup>Establishment</sup> )<br><b>&lt;redacted&gt;</b>   |  |                                   |
| Owner<br><b>Aztar Indiana Gaming Co LLC / dba Tropicana Evansville</b>  |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date<br><b>02/10/2019</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  |   | Summary of Violations:<br><b>C 1 NC 0 R 1</b>  |                                   |
| Person in Charge<br><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<br><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 |
|----------|------|---|--|--------------------|
| 187      | C    | R | Ready to eat food held above 41 degrees in reach in cooler. Voluntarily discarded. | Corrected          |
|          |      |   |  |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> |     | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |     |
| Received by (signature):   |     | Inspected by (signature):   |     |
| cc:  | cc: | cc:   | cc: |

**Retail Food Establishment Inspection Report**State Form 22116 (R7/12-04)  
SDH Form 51-0001Vanderburgh County Department of Health  
Telephone 812-435-5695  
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|   |  |   |  |                                   |
|---|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br>AFC Sushi @ Schnucks #728  |  | <b>Telephone Number</b><br>(812-473-4510)<br><small>(Establishment)</small> | <b>Date of Inspection</b><br>(mm/dd/yr)<br>01/31/2019  | <b>ID #</b><br>10832              |
| <b>Establishment Address</b> (number and street, city, state, zip code)<br>3501 N Green River Rd, Evansville, IN, 47715 |  | <b>Owner</b><br>( )<br><redacted>   |  |                                   |
| <b>Owner</b><br>ADVANCED FRESH CONCEPTS FRANCHISE CORP  | <b>Purpose:</b>                                |   | <b>Follow-up</b><br>Yes  | <b>Release Date</b><br>02/10/2019 |
| <b>Owner's Address</b><br><redacted>  | <input checked="" type="checkbox"/> Routine    |   | <b>Summary of Violations:</b><br><br>C <u>1</u> NC <u>0</u> R <u>0</u><br><br><b>Menu Type</b> (See additional page)<br>1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |
| <b>Person in Charge</b><br><redacted>   | <input type="checkbox"/> Follow-up             |   |  |                                   |
| <b>Responsible Person's E-mail</b>  | <input type="checkbox"/> Complaint             |   |  |                                   |
| <b>Certified Food Handler</b><br><redacted>   | <input type="checkbox"/> Pre-Operational       |   |  |                                   |
|   | <input type="checkbox"/> Temporary             |   |  |                                   |
|   | <input type="checkbox"/> HACCP                 |   |  |                                   |
|   | <input type="checkbox"/> Other (list)<br>_____ |   |  |                                   |

- 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    |   | Improper date marking of PHF. | Corrected          |
|          |      |   |                               |                    |
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| <b>Received by (name and title printed):</b><br><redacted> |            | <b>Inspected by (name and title printed):</b><br><redacted> |            |
| <b>Received by (signature):</b>                            |            | <b>Inspected by (signature):</b>                            |            |
| <b>cc:</b>   | <b>cc:</b> | <b>cc:</b>  | <b>cc:</b> |



# Retail Food Establishment Inspection Report

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

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Telephone 812-435-5695  
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|  |   |  |  |               |  |
|--|---|--|--|---------------|--|
| Establishment Name<br><b>Adeles</b>  |   | Telephone Number<br>(812-467-0295<br>( <u>&lt;redacted&gt;</u> ) Owner   | Date of Inspection<br>(mm/dd/yr)<br>01/29/2019 | ID #<br>10828 |  |
| Establishment Address (number and street, city, state, zip code)<br><b>4488 First Ave, Evansville, IN, 47710</b> |   |  |  |               |  |
| Owner<br><b>James Yoe</b>  | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br><b>No</b>   | Release Date<br><b>02/08/2019</b>              |               |  |
| Owner's Address<br><redacted>  |   | Summary of Violations:   |  |               |  |
| Person in Charge<br><redacted>   |   | C <u>0</u>   | NC <u>0</u>                                    | R <u>0</u>    |  |
| Responsible Person's E-mail  |   | Menu Type (See additional page)  |  |               |  |
| Certified Food Handler   |   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |  |               |  |

- 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. |                    |
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# Retail Food Establishment Inspection Report

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

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

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

|   |   |  |   |                      |
|---|---|--|---|----------------------|
| Establishment Name<br><b>Annamaries Fajita Shack @Chicken Wing Fest</b>   |   | Telephone Number<br><b>(270-454-8337</b><br><small>(Establishment)</small> | Date of Inspection<br>(mm/dd/yr)<br><b>02/02/2019</b> | ID #<br><b>13789</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>715 Locust St, Evansville, IN, 47715</b> |   | <b>&lt;redacted&gt;</b><br><small>(Owner)</small>                          |   |                      |
| Owner<br><b>Rosie Stevens</b>   | Purpose:<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input checked="" type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up  | Release Date<br><b>02/12/2019</b>                     |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |   | Summary of Violations:<br><b>C 0 NC 0 R 0</b>                              |   |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |   | Menu Type (See additional page)<br><b>1 0 2 0 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 |
|----------|------|---|----------------------|--------------------|
|          |      |   | Wing Fest            |                    |
|          |      |   | No noted violations. |                    |
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| Received by (name and title printed): |     | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |  |
| Received by (signature):              |     | Inspected by (signature):   |  |
| cc:                                   | cc: | cc:   |  |



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|  |  |   |   |                            |
|--|--|---|---|----------------------------|
| Establishment Name<br><b>Wing Stop</b>   |  | Telephone Number<br>(812-909-3445)  | Date of Inspection (mm/dd/yr)<br>01/30/2019   | ID #<br>13869              |
| Establishment Address (number and street, city, state, zip code)<br>499 N. Green River Rd. Ste. B, Evansville, IN, 47715 |  | Owner<br><redacted>   |   |                            |
| Owner<br>Christopher Tooley  |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>  | Release Date<br>02/09/2019 |
| Owner's Address<br><redacted>  |  |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>   |                            |
| Person in Charge<br><redacted>   |  |   | Menu Type (See additional page)<br>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<br><redacted>   |  |   |   |                            |

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| Section# | C/NC | R | Narrative            | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
|          |      |   | No noted violations. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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SDH Form 51-0001

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Fax 812-435-5871

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|  |   |                                    |   |                            |
|--|---|------------------------------------|---|----------------------------|
| Establishment Name<br><b>Pizza Pub</b>   |   | Telephone Number<br>(812-909-1704) | Date of Inspection<br>(mm/dd/yr)<br>01/29/2019  | ID #<br>13837              |
| Establishment Address (number and street, city, state, zip code)<br>606 N Main St, Evansville, IN, 47711 |   | ( <b>&lt;redacted&gt;</b> ) Owner  |   |                            |
| Owner<br>Yvonne Woodburn   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ |                                    | Follow-up<br><b>No</b>  | Release Date<br>02/08/2019 |
| Owner's Address<br><redacted>  |   |                                    | Summary of Violations:<br>C <u>0</u> NC <u>1</u> R <u>0</u>   |                            |
| Person in Charge<br><redacted>   |   |                                    | Menu Type (See additional page)<br>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<br><redacted>   |   |                                    |   |                            |

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| Section# | C/NC | R | Narrative                        | To Be Corrected By |
|----------|------|---|----------------------------------|--------------------|
| 431      | NC   |   | Fryer & oven area need cleaning. | 01/29/2019         |
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| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |





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|   |   |  |  |                      |
|---|---|--|--|----------------------|
| Establishment Name<br><b>Subway (Deaconess Midtown)</b>   |   | Telephone Number<br><b>(812-422-7921)</b>  | Date of Inspection (mm/dd/yr)<br><b>02/01/2019</b> | ID #<br><b>13840</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>520 Mary St Ste 110, Evansville, IN, 47710</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>   |  |                      |
| Owner<br><b>Houchens North Foods LLC</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date<br><b>02/11/2019</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |   | Summary of Violations:<br><b>C 0 NC 1 R 0</b>  |  |                      |
| Person in Charge<br><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  |   |  |  |                      |

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| Section# | C/NC | R | Narrative                                   | To Be Corrected By |
|----------|------|---|---|--------------------|
| 426      | NC   |   | Remove and or elevate items behind walk-in. | 02/04/2019         |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Establishment Name<br><b>Diva's Cooking</b>  | Telephone Number<br><b>(812-602-8682)</b>  | Date of Inspection (mm/dd/yr)<br><b>02/02/2019</b> | ID #<br><b>14002</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>1200 Corrigedor Circle, Evansville, IN, 47714</b> | ( <sup>Business</sup> ) Owner<br><b>&lt;redacted&gt;</b>   |  |                                   |
| Owner<br><b>LaTonya Davis</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up  | Release Date<br><b>02/12/2019</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |  |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>  | Menu Type (See additional page)<br>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   |  |  |                                   |

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