



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>The Caboose</b>	Telephone Number (812-202-5719)	Date of Inspection (mm/dd/yr) 02/06/2019	ID # 13187
Establishment Address (number and street, city, state, zip code) 915 Main St, Evansville, Indiana, 47708	( ) Owner <redacted>		
Owner Robyn Legeay	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/16/2019
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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 washing sink obstructed	Corrected

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



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Establishment Name <b>Ben's Soft Pretzels</b>		Telephone Number <b>(574-970-2188)</b>	Date of Inspection (mm/dd/yr) <b>02/05/2019</b>	ID # <b>13056</b>
Establishment Address (number and street, city, state, zip code) <b>2622 Menards Dr, Evansville, Indiana, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Ronald Williams</b>	Purpose:	Follow-up <b>No</b>	Release Date <b>02/15/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Routine	Summary of Violations:		
Person in Charge <b>&lt;redacted&gt;</b>	<input checked="" type="checkbox"/> Follow-up	C <u>0</u>	NC <u>0</u>	R <u>0</u>
Responsible Person's E-mail	<input type="checkbox"/> Complaint			
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)		
	<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)			

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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 01/31/2019 corrected.	

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



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Establishment Name <b>Shyler's Bar-B-Q</b>	Telephone Number <b>(812-476-4599)</b>	Date of Inspection (mm/dd/yr) <b>02/04/2019</b>	ID # <b>12398</b>
Establishment Address (number and street, city, state, zip code) <b>5416 E Indiana, Vanderburgh, Indiana, 47715</b>	Owner <b>&lt;redacted&gt;</b>	Follow-up <b>No</b> Release Date <b>02/14/2019</b>	
Owner <b>Porky's LLC.</b>	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <b>C 1 NC 1 R 0</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Menu Type ( <i>See additional page</i> ) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Date marking lacking in meat cooler.	02/04/2019
431	NC		Walk in cooler floor soiled.	02/04/2019

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



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Establishment Name <b>Hucks #383</b>		Telephone Number <b>(812-867-3811)</b>	Date of Inspection (mm/dd/yr) <b>02/06/2019</b>	ID # <b>12028</b>
Establishment Address (number and street, city, state, zip code) <b>3131 Kansas Rd, Evansville, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>MARTIN &amp; BAYLEY INC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>02/16/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Soda machine drink nozzles and ice shields in need of cleaning.	02/06/2019

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



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Establishment Name <b>Hucks #383</b>		Telephone Number <b>812-867-3811</b>	Date of Inspection (mm/dd/yr) <b>02/08/2019</b>	ID # <b>12028</b>
Establishment Address (number and street, city, state, zip code) <b>3131 Kansas Rd, Evansville, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>MARTIN &amp; BAYLEY INC</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/18/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <b>0</b> NC <b>0</b> R <b>0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type ( <i>See additional page</i> ) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violation from 02/06/2019 corrected.	

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



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Establishment Name <b>Grand Buffet</b>		Telephone Number <b>(812-476-6666)</b>	Date of Inspection (mm/dd/yr) <b>02/06/2019</b>	ID # <b>11901</b>
Establishment Address (number and street, city, state, zip code) <b>1356 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Yun Lin</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/16/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 1/30/2019 remain corrected.	

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



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Establishment Name <b>Red Robin Gourmet Burgers</b>		Telephone Number <b>(812-473-4100)</b>	Date of Inspection (mm/dd/yr) <b>02/04/2019</b>	ID # <b>11715</b>
Establishment Address (number and street, city, state, zip code) <b>6636 E Lloyd Expressway, Evansville, IN, 47751</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Red Robin International Inc</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/14/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <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.	

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



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Establishment Name <b>PaPa Murphys Take N Bake</b>		Telephone Number (812-402-8686)		Date of Inspection (mm/dd/yr) 02/07/2019	ID # 11675
Establishment Address (number and street, city, state, zip code) <b>779 S Green River Rd, Evansville, IN, 47715</b>		Owner <b>&lt;redacted&gt;</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	
Owner <b>Chad Gries</b>		Follow-up <b>Yes</b>		Release Date <b>02/17/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 1</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <b>&lt;redacted&gt;</b>					
Responsible Person's E-mail					
Certified Food Handler <b>&lt;redacted&gt;</b>					

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Section#	C/NC	R	Narrative	To Be Corrected By
335	C	R	Back siphonage device in need of repair.	02/14/2019

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





**Retail Food Establishment Inspection Report**

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Establishment Name <b>Walgreens #10939</b>		Telephone Number <b>(812-475-9541</b> <small>( ) Owner</small> <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>02/06/2019</b>	ID # <b>11605</b>
Establishment Address (number and street, city, state, zip code) <b>4828 Davis Lant Dr, Evansville, IN, 47715</b>				
Owner <b>Walgreen Co</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/16/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>				
Responsible Person's E-mail <b>&lt;redacted&gt;</b>			Menu Type ( <i>See additional page</i> ) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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



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Establishment Name <b>THE SPORTSDEN</b>		Telephone Number (812-479-8887)		Date of Inspection (mm/dd/yr) 02/05/2019		ID # 11331	
Establishment Address (number and street, city, state, zip code) 701 N Weinbach Ave. #110, Evansville, IN, 47711		Owner <redacted>		Follow-up <b>No</b>		Release Date 02/15/2019	
Owner Janell Roehr		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address <redacted>							
Person in Charge <redacted>							
Responsible Person's E-mail							
Certified Food Handler <redacted>							
				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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

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



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Establishment Name: Schnucks #728
Telephone Number: 812-473-4510
Date of Inspection: 02/05/2019
ID #: 11307
Establishment Address: 3501 N Green River Rd, EVANSVILLE, IN, 47715
Owner: Schnucks Markets Inc
Purpose: Follow-up
Follow-up No: No
Release Date: 02/15/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: All violation from 01/31/2019 corrected.

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



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Establishment Name <b>Cross Pointe Shell</b>	Telephone Number (812-479-9461)	Date of Inspection (mm/dd/yr) 02/06/2019	ID # 11175
Establishment Address (number and street, city, state, zip code) 101 Cross Pointe Blvd., Evansville, IN, 47715	( ) Owner <redacted>		
Owner Dersch Energies Inc	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/16/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <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 <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) _____		

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

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



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<b>Establishment Name</b> Coconut Cafe @ Walther's Golf-N-Fun Center	<b>Telephone Number</b> (812) 464-4472	<b>Date of Inspection</b> (mm/dd/yr) 02/06/2019	<b>ID #</b> 11163
<b>Establishment Address (number and street, city, state, zip code)</b> 2301 N First Ave, EVANSVILLE, IN, 47710	( ) Owner <redacted>		
<b>Owner</b> NORTH RANGE INC.	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 02/16/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b> <redacted>			

- 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.	

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



# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Bonkers</b>		Telephone Number <b>(812-867-2126</b>	Date of Inspection (mm/dd/yr) <b>02/06/2019</b>	ID # <b>11114</b>
Establishment Address (number and street, city, state, zip code) <b>11901 Petersburg Rd., Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Vijaykumar K Patel</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>02/16/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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	C	R	Ice machine shield in need of cleaning.	Corrected

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



Retail Food Establishment Inspection Report

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Establishment Name: Bonkers
Telephone Number: 812-867-2126
Date of Inspection: 02/08/2019
ID #: 11114
Establishment Address: 11901 Petersburg Rd., Evansville, IN, 47725
Owner: Vijaykumar K Patel
Purpose: Follow-up
Follow-up No: No
Release Date: 02/18/2019
Summary of Violations: C 0, NC 0, R 0
Menu Type: 1 0, 2 0, 3 1, 4 0, 5 0

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

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Violation from 2/6/2019 corrected.

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



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Establishment Name <b>Hornets Nest</b>		Telephone Number <b>(812-867-2386)</b>	Date of Inspection (mm/dd/yr) <b>02/06/2019</b>	ID # <b>11042</b>
Establishment Address (number and street, city, state, zip code) <b>11845 Petersburg Rd., Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Derek Ungethiem</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>02/16/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 3 NC 2 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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		Food prep employee not washing when required.	Corrected
187	C	R	Hot food not being held at the required temperature of 135 degrees.	Corrected
430	NC		Wall in kitchen in need of repair.	04/24/2019
177	C		Food in walk in cooler not stored at least 6 inches off the floor.	02/06/2019
431	NC		Walk in cooler shelving and fans in need of cleaning.	02/08/2019

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





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Establishment Name <b>Hornets Nest</b>		Telephone Number <b>(812-867-2386</b>	Date of Inspection (mm/dd/yr) <b>02/08/2019</b>	ID # <b>11042</b>
Establishment Address (number and street, city, state, zip code) <b>11845 Petersburg Rd., Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Derek Ungethiem</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>02/18/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			Food elevated off the walk in cooler floor.	
			Walk in cooler shelving and fans cleaned.	

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



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Establishment Name <b>Hickory Pit Stop</b>		Telephone Number <b>(812-422-6919)</b>	Date of Inspection (mm/dd/yr) <b>02/08/2019</b>	ID # <b>11026</b>
Establishment Address (number and street, city, state, zip code) <b>1521 N Main St, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Hickory Pit Stop Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/18/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

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



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Establishment Name <b>Donut Bank</b>	Telephone Number (812) 479-0511	Date of Inspection (mm/dd/yr) 02/07/2019	ID # 10929
Establishment Address (number and street, city, state, zip code) <b>5 N Green River Rd, Evansville, IN, 47715</b>	( ) Owner <redacted>		
Owner <b>CHRIS KEMPF</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/17/2019</b>
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>			

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

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

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



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Establishment Name <b>Denny's #244</b>		Telephone Number <b>(812-473-1063)</b>	Date of Inspection (mm/dd/yr) <b>02/05/2019</b>	ID # <b>10902</b>
Establishment Address (number and street, city, state, zip code) <b>351 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>SERVUS, Inc.</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>02/15/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 4 NC 4 R 5</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
415	C		Live pest activity present. Called pest control	02/18/2019
295	C	R	Food residue present on cleaned silverware.	02/05/2019
345	C		Hand washing sink on front line used for purposes other than hand washing.	02/05/2019
294	C	R	Sanitizer concentration for all wipe cloths to weak.	Corrected
430	NC	R	Walls around mop sink and ceiling along front line in need of repair.	02/26/2019
433	NC	R	Mop not stored to allow proper air drying.	Corrected
422	NC		Personal items stored improperly on rack where clean dishware is kept.	Corrected
431	NC	R	Facility under and behind equipment in need of cleaning.	02/09/2019

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



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<b>Establishment Name</b> AFC Sushi @ Schnucks #728		<b>Telephone Number</b> 812-473-4510	<b>Date of Inspection</b> (mm/dd/yr) 02/05/2019	<b>ID #</b> 10832
<b>Establishment Address (number and street, city, state, zip code)</b> 3501 N Green River Rd, Evansville, IN, 47715		( ) <b>Owner</b> <redacted>		
<b>Owner</b> ADVANCED FRESH CONCEPTS FRANCHISE CORP		<b>Purpose:</b> <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 02/15/2019
<b>Owner's Address</b> <redacted>			<b>Summary of Violations:</b>	
<b>Person in Charge</b> <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> <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
			All violation from 01/31/2019 corrected.	

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



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Establishment Name <b>Doubletree Evansville</b>		Telephone Number <b>(812-423-5002)</b>	Date of Inspection (mm/dd/yr) <b>02/04/2019</b>	ID # <b>13678</b>
Establishment Address (number and street, city, state, zip code) <b>601 Walnut St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>HCW Evansville Hotel, LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/14/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

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



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Establishment Name: The Rooftop Food & Drinks
Telephone Number: (812) 550-1599
Date of Inspection: 02/05/2019
ID #: 13832
Establishment Address: 112 NW MLK BLVD, Evansville, IN, 47708
Owner: Rooftop Restaurant
Purpose: Routine
Follow-up: Yes
Release Date: 02/15/2019
Summary of Violations: C 2 NC 1 R 1

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

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains rows for violations 218, 188, and 191.

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



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Establishment Name <b>El Paisano</b>		Telephone Number <b>812-602-3535</b>	Date of Inspection (mm/dd/yr) <b>02/06/2019</b>	ID # <b>13853</b>
Establishment Address (number and street, city, state, zip code) <b>225 S Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Eutiqui Chama</b>		Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>02/16/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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 inspection on 01-16-19 corrected.	

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





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<b>Establishment Name</b> Planters Cafe & Coffee Bar		<b>Telephone Number</b> (812) 453-8316		<b>Date of Inspection</b> (mm/dd/yr) 02/04/2019		<b>ID #</b> 13879	
<b>Establishment Address (number and street, city, state, zip code)</b> 1211 Tutor Lane Ste. E-2, Evansville, IN, 47715		( <u>      </u> ) <b>Owner</b> <redacted>					
<b>Owner</b> David Jones		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		<b>Follow-up</b> No		<b>Release Date</b> 02/14/2019	
<b>Owner's Address</b> <redacted>				<b>Summary of Violations:</b> C <u>  2  </u> NC <u>  0  </u> R <u>  0  </u>			
<b>Person in Charge</b> <redacted>				<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
<b>Responsible Person's E-mail</b> _____							
<b>Certified Food Handler</b> <redacted>							

- 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
173	C		Improper storage of eggs in cooler.	Corrected
294	C		Chemical sanitizer concentration below required level.	02/04/2019

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