



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 Penn Station East Coast Subs		Telephone Number (812-479-7366)	Date of Inspection (mm/dd/yr) 03/07/2019	ID # 11468
Establishment Address (number and street, city, state, zip code) 137 N Burkhardt Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Tri-State Cheesesteaks LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 03/17/2019
Owner's Address <redacted>			Summary of Violations: C 2 NC 2 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Floors at grill and fryer in need of cleaning.	03/07/2019
218	NC		Reach in cooler racks deteriorating (replace or repair).	03/14/2019
334	C		Hose at three compartment sink lacking air gap.	03/14/2019
177	C		Food in reach in cooler uncovered.	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 Target T-1481		Telephone Number (812-402-8500)	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 11389
Establishment Address (number and street, city, state, zip code) 6625 E Lloyd Expressway, Evansville, IN, 47715		() Owner <redacted>		
Owner Target Corporation	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 03/16/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Produce room handsink lacking disposable towels.	03/06/2019

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



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Establishment Name Reliable Adult Care		Telephone Number (812-477-1707	Date of Inspection (mm/dd/yr) 03/07/2019	ID # 11280
Establishment Address (number and street, city, state, zip code) 5130 Vogel Rd #130, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Chloericketts Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/17/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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



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Establishment Name Rally's #58		Telephone Number (812-425-8119)	Date of Inspection (mm/dd/yr) 03/08/2019	ID # 11276
Establishment Address (number and street, city, state, zip code) 1201 E Virginia St., Evansville, IN, 47711		() Owner <redacted>		
Owner JVCRJ Associates	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/18/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violations from inspection on 2-28-19 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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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 Pizza Depot	Telephone Number (812-867-9131) () Owner <redacted>	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 11257
Establishment Address (number and street, city, state, zip code) 2801 W Bnvl-New Harmony Rd., Evansville, IN, 47725		Follow-up Yes	
Owner Derek Ungethiem	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) _____	Release Date 03/16/2019	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
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
295	C		Ice machine shield in need of cleaning.	03/07/2019

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



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Establishment Name Pizza Depot	Telephone Number (812-867-9131)	Date of Inspection (mm/dd/yr) 03/08/2019	ID # 11257						
Establishment Address (number and street, city, state, zip code) 2801 W Bnvl-New Harmony Rd., Evansville, IN, 47725	() Owner <redacted>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Follow-up No</td> <td style="width:50%;">Release Date 03/18/2019</td> </tr> <tr> <td colspan="2" style="text-align: center;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> 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"/> </td> </tr> </table>		Follow-up No	Release Date 03/18/2019	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		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"/>	
Follow-up No	Release Date 03/18/2019								
Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>									
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"/>									
Owner Derek Ungethiem	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) _____								
Owner's Address <redacted>									
Person in Charge <redacted>									
Responsible Person's E-mail 									
Certified Food Handler <redacted>									

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violation from 3/6/2019 corrected.	

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



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Establishment Name Penn Station East Coast Subs		Telephone Number (812-434-7366)	Date of Inspection (mm/dd/yr) 03/05/2019	ID # 11252
Establishment Address (number and street, city, state, zip code) 5310 Pearl Dr, Evansville, IN, 47712		() Owner <redacted>		
Owner Tri-State Cheesesteaks LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/15/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 1	
Person in Charge <redacted>				Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Floors are excessively soiled under fryer and equipment.	03/06/2019

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



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Establishment Name McGary Middle School 6-8		Telephone Number (812-469-5088)	Date of Inspection (mm/dd/yr) 03/05/2019	ID # 11209
Establishment Address (number and street, city, state, zip code) 1535 Joyce Ave, EVANSVILLE, IN, 47714		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.		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 03/15/2019
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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



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Establishment Name McDonalds (JKK ENTERPRISES LLC)	Telephone Number (812-476-8422)	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 11207
Establishment Address (number and street, city, state, zip code) 49 N Burkhardt Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner JOSEPH & KATHERINE KENWORTHY	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 03/16/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>0</u> NC <u>1</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler <redacted>		1 <input type="radio"/> 2 <input 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
295	NC		Ice cream non food contact guards at front line and drive thru soiled.	03/06/2019

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



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Establishment Name Culver Family Learning Center		Telephone Number (812-435-8593)	Date of Inspection (mm/dd/yr) 03/07/2019	ID # 11177
Establishment Address (number and street, city, state, zip code) 1301 Judson St, EVANSVILLE, IN, 47713		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 03/17/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No discrepancies	

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: Covert Una Pizza
Telephone Number: 812-473-1122
Date of Inspection: 03/05/2019
ID #: 11173
Establishment Address: 2950 Covert Ave, Evansville, IN, 47714
Owner: Mike Stockinger
Purpose: Routine
Follow-up: No
Release Date: 03/15/2019
Summary of Violations: C 0 NC 1 R 1

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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: 431, NC, R, Hood vent in need of cleaning., 03/08/2019

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

Received by (signature):
Inspected by (signature):

cc: (three empty fields)



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Establishment Name Long John Silver's	Telephone Number (812-422-9824)	Date of Inspection (mm/dd/yr) 03/04/2019	ID # 11098
Establishment Address (number and street, city, state, zip code) 4625 W Lloyd Expy, Evansville, IN, 47712	() Owner <redacted>		
Owner LJS OPCO ONE, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/14/2019
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail			
Certified Food Handler <redacted>			

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

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



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Establishment Name Long John Silver's	Telephone Number (812) 425-6545	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 11096
Establishment Address (number and street, city, state, zip code) 2519 First Ave, Evansville, IN, 47710	() Owner <redacted>		
Owner LJS OPCO ONE, LLCC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up Yes	Release Date 03/16/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail <redacted>	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>	<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
430	NC	R	Tile floor in need of repair near fryers.	04/05/2019

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

cc:	cc:	cc:
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Establishment Name Highland Elementary School		Telephone Number (812-867-2428)	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 11028
Establishment Address (number and street, city, state, zip code) 6701 Darmstadt Rd., EVANSVILLE, IN, 47725		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 03/16/2019	
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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

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



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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: AIS 1st Ave
Telephone Number: 812-435-8611
Date of Inspection: 03/06/2019
ID #: 11021
Establishment Address: 3013 First Ave, EVANSVILLE, IN, 47710
Owner: Evansville Vanderburgh School Corp.
Purpose: Routine
Follow-up: No
Release Date: 03/16/2019
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. Narrative 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: cc: cc:



Retail Food Establishment Inspection Report

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Telephone 812-435-5695
Fax 812-435-5871

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Establishment Name Harrison High School		Telephone Number (812-477-2496)	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 11018
Establishment Address (number and street, city, state, zip code) 211 Fielding Rd., EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 03/16/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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

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



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Establishment Name Motomart #3202		Telephone Number (812-476-8621	Date of Inspection (mm/dd/yr) 03/07/2019	ID # 10953	
Establishment Address (number and street, city, state, zip code) 6328 E Lloyd Expwy, Evansville, IN, 47715		() Owner <redacted>			
Owner FKG Oil Co		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 03/17/2019	
Owner's Address <redacted>			Summary of Violations: C 2 NC 1 R 0		
Person in Charge <redacted>			Menu Type (See additional page)		
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>					

- 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
439	C		Chemicals stored with soft drink	03/07/2019
187	C		Sandwiches on bottom shelving refrigerated display measured 45 F -52 F product temperature. Unit not maintaining 41 F or lower. Remove product to proper operating unit.	03/07/2019
410	NC		Three compartment sink lights lacking protecting shielding.	03/07/2019

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



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Establishment Name Denny's #244		Telephone Number (812-473-1063)	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 10902
Establishment Address (number and street, city, state, zip code) 351 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner SERVUS, Inc.	Purpose:	Follow-up No	Release Date 03/16/2019	
Owner's Address <redacted>	<input type="checkbox"/> Routine	Summary of Violations:		
Person in Charge <redacted>	<input checked="" type="checkbox"/> Follow-up	C <u>0</u> NC <u>3</u> R <u>2</u>		
Responsible Person's E-mail	<input type="checkbox"/> Complaint	Menu Type (See additional page)		
Certified Food Handler <redacted>	<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

- 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
			follow up from 2/5/19 inspection	
430	NC	R	Mop sink wall area needs service/repair.	03/18/2019
430	NC		Dish machine floor tile grout worn with water accumulation. Re-grout and Service	06/06/2019
431	NC	R	Front cooking line under equipment soiled with food debris. Clean daily.	03/06/2019

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



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Establishment Name Bob's Lounge		Telephone Number (812-425-4929)	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 10872
Establishment Address (number and street, city, state, zip code) 907 N Fares Ave., Evansville, IN, 47711		() Owner <redacted>		
Owner L & D Williams Enterprises LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/16/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 2 R 1	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- 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
295	NC		Outside of equipment in need of cleaning.	03/06/2019
430	NC	R	Finish repairing kitchen walls, floors & ceiling.	04/05/2019

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



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Establishment Name AMF Arc Lanes	Telephone Number (812-476-3003)	Date of Inspection (mm/dd/yr) 03/08/2019	ID # 10850
Establishment Address (number and street, city, state, zip code) 4901 Monroe Ave., Evansville, IN, 47715	() Owner <redacted>		
Owner AMF BOWLING CENTERS INC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/18/2019
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail <redacted>			
Certified Food Handler <redacted>			

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

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



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Establishment Name Wayback Burgers #56		Telephone Number (812-475-9272)	Date of Inspection (mm/dd/yr) 03/07/2019	ID # 10807
Establishment Address (number and street, city, state, zip code) 115 Cross Point Blvd Suite 4, Evansville, IN, 47715		() Owner <redacted>		
Owner Philip G Dzienciol	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 03/17/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No discrepancies	

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 Lombardi's Pizza	Telephone Number (812-202-5255) Owner <redacted>	Date of Inspection (mm/dd/yr) 03/07/2019	ID # 13411
Establishment Address (number and street, city, state, zip code) 3311 N Green River Rd, Evansville, IN, 47715		Follow-up No	Release Date 03/17/2019
Owner Ryan Herbertz	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>	Menu Type (See additional page)	
Responsible Person's E-mail	Certified Food Handler <redacted>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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



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Establishment Name Burger King #115	Telephone Number (812-455-4545)	Date of Inspection (mm/dd/yr) 03/06/2019	ID # 13718
Establishment Address (number and street, city, state, zip code) 1100 Hirschland, Evansville, IN, 47715	() Owner <redacted>		
Owner Carrols LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/16/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

- 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 discrepancies observer	

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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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 Spankey's Una Pizza		Telephone Number (812-402-6776)	Date of Inspection (mm/dd/yr) 03/08/2019	ID # 13746
Establishment Address (number and street, city, state, zip code) 4404 W Lloyd Expwy, Evansville, IN, 47712		() Owner <redacted>		
Owner Ryan Huck	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 03/18/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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



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Establishment Name Salsarita's		Telephone Number (812-437-2572)	Date of Inspection (mm/dd/yr) 03/04/2019	ID # 13775
Establishment Address (number and street, city, state, zip code) 3910 E Morgan Ave, Evansville, IN, 47715		() Owner <redacted>		
Owner Jeffrey D. Kelsey		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 03/14/2019
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
416	NC		Dead pests not removed in basement.	03/04/2019

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



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Establishment Name McCutchanville Elementary School		Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 03/07/2019	ID # 13947
Establishment Address (number and street, city, state, zip code) 10701 Petersburg Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner Evansville Vanderburgh School Corporation		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 03/17/2019
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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

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



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Establishment Name Panaderia San Miguel LLC		Telephone Number (317-332-3937)	Date of Inspection (mm/dd/yr) 03/05/2019	ID # 13839
Establishment Address (number and street, city, state, zip code) 2400 Washington Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Miguel Ochoa	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 03/15/2019	
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <redacted>	Menu Type (See additional page)			
Responsible Person's E-mail	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler <redacted>				

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

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

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



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Establishment Name The Granola Jar @ 111		Telephone Number (812-401-8111)	Date of Inspection (mm/dd/yr) 03/08/2019	ID # 13855
Establishment Address (number and street, city, state, zip code) 111 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Nealie Anthony	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 03/18/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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

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