



**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>Burger King #1075</b>		Telephone Number <b>(812-471-9730)</b>	Date of Inspection (mm/dd/yr) <b>03/26/2019</b>	ID # <b>13340</b>
Establishment Address (number and street, city, state, zip code) <b>2501 Menards Drive, Evansville, Indiana, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Carrols 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>04/05/2019</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>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

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



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Establishment Name <b>Express Mart</b>		Telephone Number <b>(812-228-1077)</b>	Date of Inspection (mm/dd/yr) <b>03/29/2019</b>	ID # <b>13240</b>
Establishment Address (number and street, city, state, zip code) <b>325 S Kentucky Ave, Evansville, Indiana, 47714</b>		( ) Owner		
Owner <b>Shree Mahadev 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>04/08/2019</b>
Owner's Address <redacted>			Summary of Violations: <b>C 1 NC 0 R 0</b>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous food hot held under 135 degrees. Product moved.	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>River Side Food Mart</b>		Telephone Number <b>(812-431-5373)</b>	Date of Inspection (mm/dd/yr) <b>03/27/2019</b>	ID # <b>12366</b>
Establishment Address (number and street, city, state, zip code) <b>1641 S Kentucky Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Gulshan Gora</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>04/06/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 2</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C	R	Hand sink used as dump sink.	Corrected
347	NC	R	No drying provisions at hand sinks.	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: Big Bang Mongolian Grill
Telephone Number: (812-602-1400)
Date of Inspection: 03/26/2019
ID #: 12346
Owner: Jun Cao
Purpose: Routine
Follow-up: Yes
Release Date: 04/05/2019
Summary of Violations: C 1 NC 3 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains entries for kitchen tile floor, walk in cooler floor, and dishwasher/sink edging.

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>Raffi's Oasis Café and Mediterranean Grille</b>		Telephone Number <b>(812-602-3660)</b>	Date of Inspection (mm/dd/yr) <b>03/29/2019</b>	ID # <b>12258</b>
Establishment Address (number and street, city, state, zip code) <b>5702 E Virginia St, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Raffi Manna</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>04/08/2019</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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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>El Patron</b>		Telephone Number <b>(812-402-6500)</b>	Date of Inspection (mm/dd/yr) <b>03/25/2019</b>	ID # <b>12133</b>
Establishment Address (number and street, city, state, zip code) <b>943 North Park Dr, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Natasha Gomez</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>04/04/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 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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Section#	C/NC	R	Narrative	To Be Corrected By
199	NC		Improper thawing of shrimp.	Corrected
345	C		Hand washing sink used for other purposes.	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>Casey's General Store #3073</b>	Telephone Number <b>(812-471-4290)</b>	Date of Inspection (mm/dd/yr) <b>03/26/2019</b>	ID # <b>12020</b>
Establishment Address (number and street, city, state, zip code) <b>2020 S Green River Rd, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Casey's Marketing Company</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>04/05/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 2 R 1</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
297	NC	R	Drink dispenser nozzles in need of cleaning.	03/26/2019
347	NC		Hand drying provisions not provided at hand sink.	03/26/2019

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name <b>Wayback Burgers #150</b>		Telephone Number <b>(812-422-4999)</b>	Date of Inspection (mm/dd/yr) <b>03/27/2019</b>	ID # <b>12016</b>
Establishment Address (number and street, city, state, zip code) <b>624 E Diamond Ave, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Philip G Dzienciol</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>04/06/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
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>PIZZA HUT #316308</b>	Telephone Number <b>(812-476-1666)</b>	Date of Inspection (mm/dd/yr) <b>03/28/2019</b>	ID # <b>11839</b>
Establishment Address (number and street, city, state, zip code) <b>925 N Green River Rd, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PIZZA HUT OF AMERICA LLC c/o DMA</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>04/07/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>	Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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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>MA. T. 888 China Bistro</b>		Telephone Number <b>(812-475-2888)</b>	Date of Inspection (mm/dd/yr) <b>03/26/2019</b>	ID # <b>11584</b>
Establishment Address (number and street, city, state, zip code) <b>5636 Vogel Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>TIAN Z MA</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>04/05/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Corrected all violations from 3-19-19 inspection.	

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



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Establishment Name <b>Cookies by Design</b>	Telephone Number (812-426-1599)	Date of Inspection (mm/dd/yr) 03/27/2019	ID # 11518
Establishment Address (number and street, city, state, zip code) <b>419 Metro Ave, Evansville, IN, 47715</b>	( ) Owner <redacted>		
Owner <b>Robert &amp; Ginger Hornbrook</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>04/06/2019</b>
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 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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Establishment Name: The Vineyard
Telephone Number: (812) 479-8777
Date of Inspection: 03/27/2019
ID #: 11402
Establishment Address: 5721 E Virginia St., Evansville, IN, 47715
Owner: James Peters II
Purpose: Routine
Follow-up: No
Release Date: 04/06/2019
Summary of Violations: C 0, NC 0, R 0
Menu Type: 2 (selected)

- 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. Content: No noted violations.

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 <b>TGI Fridays #432</b>		Telephone Number (812-491-8443)	Date of Inspection (mm/dd/yr) 03/28/2019	ID # 11394
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 101, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Central Florida Restaurants, 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 <b>No</b>	Release Date <b>04/07/2019</b>
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
422	NC		Improper storage of personal items.	Corrected
295	C	R	Knife stored soiled.	03/28/2019

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 <b>TACO BELL #28904</b>		Telephone Number <b>(812-423-8226)</b>	Date of Inspection (mm/dd/yr) <b>03/27/2019</b>	ID # <b>11380</b>
Establishment Address (number and street, city, state, zip code) <b>2408 W Maryland St, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Bell Indiana 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>04/06/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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:



# 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>Szechwan Restaurant</b>		Telephone Number <b>(812-479-7600)</b>	Date of Inspection (mm/dd/yr) <b>03/26/2019</b>	ID # <b>11379</b>
Establishment Address (number and street, city, state, zip code) <b>669 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jingyan Li</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>04/05/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 5 R 4</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
294	C		Chemical dish machine not sanitizing. Servicing call made at time of inspection	Corrected
291	NC		Not utilizing sanitizer test kit to monitor chemical dish machine.	Corrected
146	NC	R	Lack labeling for bulk containers of food to identify product.	03/26/2019
257	NC	R	Reachin coolers lack thermometer to monitor 41 F and lower.	03/27/2019
411	NC	R	Kitchen lighting not adequate. Increase lighting.	04/26/2019
431	NC	R	Walkin freezer floor and wok cooking area soiled. Clean.	03/29/2019

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: Subway Sandwich Shop
Telephone Number: (812) 424-8655
Date of Inspection: 03/27/2019
ID #: 11373
Establishment Address: 611 E Diamond Ave, Evansville, IN, 47711
Owner: Paul Kumar
Purpose: Routine
Follow-up: No
Release Date: 04/06/2019
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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

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

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

cc: cc: cc:





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Establishment Name <b>Sonic Drive-In #102</b>		Telephone Number <b>(812-475-1099)</b>	Date of Inspection (mm/dd/yr) <b>03/25/2019</b>	ID # <b>11328</b>
Establishment Address (number and street, city, state, zip code) <b>2200 Covert Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Sonic Drive-In of Evansville 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>04/04/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 2 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
429	NC		Dumpster area in need of cleaning.	03/25/2019
347	NC		Hand drying provisions not provided at hand sink.	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>River City Eagles #4023</b>		Telephone Number <b>(812-422-2956)</b>	Date of Inspection (mm/dd/yr) <b>03/26/2019</b>	ID # <b>11283</b>
Establishment Address (number and street, city, state, zip code) <b>1824 W Franklin St, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>River City Eagles</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>04/05/2019</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>		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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- 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:



**Retail Food Establishment Inspection Report**

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Establishment Name <b>O`Charleys #296</b>	Telephone Number <b>(812-424-3348)</b> ( ) Owner <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>03/28/2019</b>	ID # <b>11230</b>
Establishment Address (number and street, city, state, zip code) <b>5125 Pearl Dr, Evansville, IN, 47712</b>			
Owner <b>O`Charleys LLC</b>	Purpose: <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>04/07/2019</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) <b>1 0 3 4 5</b>	
Responsible Person's E-mail <b>&lt;redacted&gt;</b>			
Certified Food Handler <b>&lt;redacted&gt;</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Potentially hazardous food held above 41 degrees. Product voluntarily discarded.	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>McDonalds #11291</b>		Telephone Number <b>(812-421-0569)</b>	Date of Inspection (mm/dd/yr) <b>03/26/2019</b>	ID # <b>11197</b>
Establishment Address (number and street, city, state, zip code) <b>115 S Rosenberger Ave, EVANSVILLE, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PAUL SNIDER</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>04/05/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
174	NC	R	Sugar water container not labeled at the tea station.	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>Marigold Bar</b>		Telephone Number <b>(812-475-8780)</b>	Date of Inspection (mm/dd/yr) <b>03/25/2019</b>	ID # <b>11190</b>
Establishment Address (number and street, city, state, zip code) <b>2112 S Weinbach Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Bush Investments</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>04/04/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 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
297	NC		Ice guard soiled in ice machine.	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>Circle S Mart #27</b>		Telephone Number <b>(812-428-0361)</b>	Date of Inspection (mm/dd/yr) <b>03/29/2019</b>	ID # <b>11157</b>
Establishment Address (number and street, city, state, zip code) <b>5230 First Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>C &amp; S 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>04/08/2019</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 ● 2 ○ 3 ○ 4 ○ 5 ○</b>		
Responsible Person's E-mail				
Certified Food Handler				

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

Received by (name and title printed): <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>Chopstick House</b>		Telephone Number (812-473-5551)	Date of Inspection (mm/dd/yr) 03/29/2019	ID # 11151
Establishment Address (number and street, city, state, zip code) 5412 E Indiana St, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Eddie & Karen Kung		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 04/08/2019
Owner's Address <redacted>			Summary of Violations: C <u>4</u> NC <u>2</u> R <u>3</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
173	C	R	Improper storage of raw chicken product.	Corrected
441	C	R	Sanitizer solution for wiping cloths too strong.	Corrected
177	C	R	Food items in walk-in cooler and in dry stock/storage area not stored at least 6 inches off of the floor.	03/29/2019
187	C		Potentially hazardous food items not stored at 41 degrees Fahrenheit or less.	03/29/2019
342	NC		Employee restroom hand sink not provided with hot water of at least 100 degrees Fahrenheit.	04/12/2019
347	NC		No hand drying provisions for employee restroom.	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>Lic's Ice Cream</b>		Telephone Number <b>(812-423-4173</b>	Date of Inspection (mm/dd/yr) <b>03/29/2019</b>	ID # <b>11083</b>
Establishment Address (number and street, city, state, zip code) <b>2311 W Virginia St., Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Don Smith</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>04/08/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 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>	<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"
- 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: Ivy Cafe/Ivy Catering
Telephone Number: (812) 464-7807
Date of Inspection: 03/26/2019
ID #: 11053
Establishment Address: 16 W Virginia St., Evansville, IN, 47710
Owner: SWIRCA & More
Purpose: Routine
Follow-up: No
Release Date: 04/05/2019
Summary of Violations: C 0 NC 1 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 430, NC, Repair wall trim entering dish machine room., 04/09/2019

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 <b>Fujiyama</b>	Telephone Number <b>(812-962-4440)</b>	Date of Inspection (mm/dd/yr) <b>03/28/2019</b>	ID # <b>10977</b>
Establishment Address (number and street, city, state, zip code) <b>915 North Park Dr, Evansville, IN, 47710</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Ji Yi Xiao</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>04/07/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 2</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 2 3 4 5</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
218	NC	R	Replace chest freezer.	04/30/2019
187	C	R	Improper storage of cooked rice.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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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 <b>Holiday Inn Express</b>	Telephone Number (812-421-9773)	Date of Inspection (mm/dd/yr) 03/26/2019	ID # 10859
Establishment Address (number and street, city, state, zip code) 5737 Pearl Dr, Evansville, IN, 47712	( ) Owner <redacted>	Follow-up: No	
Owner Evansville West Hotel Ventures 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) _____	Release Date 04/05/2019	Summary of Violations: C <u>0</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
			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:



# Retail Food Establishment Inspection Report

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<b>Establishment Name</b> <b>Spudz-N-Stuff</b>	<b>Telephone Number</b> (812-402-7783)	<b>Date of Inspection</b> (mm/dd/yr) 03/26/2019	<b>ID #</b> 13878
<b>Establishment Address (number and street, city, state, zip code)</b> 2403 Washington Ave, Evansville, IN, 47714		<b>Owner</b> (<redacted>)	
<b>Owner</b> Jason Dicken	<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> Yes	<b>Release Date</b> 04/05/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>1</u> NC <u>4</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 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> _____			
<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
303	C		Dishes not being sanitized at 3 compartment sink.	Corrected
291	NC		Chemical test strips needed for sanitizer.	03/27/2019
245	NC		Wet wiping cloths improperly stored.	Corrected
431	NC		Floors in prep area need cleaning & sealed.	04/26/2019
119	NC		Insufficient training of employees.	03/26/2019

<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> _____



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: Dunkin Donuts/Baskin Robbins
Telephone Number: (812-550-1500)
Date of Inspection: 03/25/2019
ID #: 13860
Establishment Address: 3960 N First Ave., Evansville, IN, 47710
Owner: Kamlesh Patel
Purpose: [X] Routine
Follow-up: No
Release Date: 04/04/2019
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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.N

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



### Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Mele's Diner Breakfast &amp; More</b>	Telephone Number ( ) Establishment ( ) Owner <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>03/29/2019</b>	ID # <b>14013</b>						
Establishment Address (number and street, city, state, zip code) <b>6840 Logan Drive Suite A, Evansville, IN, 47715</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           Follow-up <b>No</b> </td> <td style="width:50%;">           Release Date <b>04/08/2019</b> </td> </tr> <tr> <td colspan="2" style="text-align:center;">           Summary of Violations:  <b>C 0 NC 1 R 0</b> </td> </tr> <tr> <td colspan="2" style="text-align:center;">           Menu Type (<i>See additional page</i>)  <b>1 0 2 0 3 0 4 0 5 0</b> </td> </tr> </table>		Follow-up <b>No</b>	Release Date <b>04/08/2019</b>	Summary of Violations: <b>C 0 NC 1 R 0</b>		Menu Type ( <i>See additional page</i> ) <b>1 0 2 0 3 0 4 0 5 0</b>	
Follow-up <b>No</b>	Release Date <b>04/08/2019</b>								
Summary of Violations: <b>C 0 NC 1 R 0</b>									
Menu Type ( <i>See additional page</i> ) <b>1 0 2 0 3 0 4 0 5 0</b>									
Owner <b>Jorge Melendres</b>									
Owner's Address <b>&lt;redacted&gt;</b>									
Person in Charge <b>&lt;redacted&gt;</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
199	NC		Improper thawing of frozen food.	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: