





# Retail Food Establishment Inspection Report

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

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

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

<b>Establishment Name</b> Zuki	<b>Telephone Number</b> (812-423-9854 ( <u>redacted</u> )	<b>Date of Inspection</b> (mm/dd/yr) 04/11/2019	<b>ID #</b> 12201
<b>Establishment Address</b> (number and street, city, state, zip code) 222 Main St, Evansville, IN, 47708			
<b>Owner</b> Rosabel Manalo-Ibay	<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> 04/21/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>1</u> NC <u>4</u> R <u>2</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type</b> (See additional page) 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
128	C		lacking hot water (100 F) for first floor restroom hand sink. Measured at 74 F. Servicing	04/11/2019
346	NC	R	Lacking soap for upstairs hand sinks.	Corrected
347	NC	R	Lacking disposable towels at hand sinks.	Corrected
			Provided hand washing signs for hand sinks.	
257	NC		Thermometers missing for several upstairs and down stair sushi refrigeration units. Temps ok.	04/12/2019
430	NC		Walkin freezer has ice accumulation from fans unto shelving and flooring. Service	04/12/2019

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

















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Establishment Name <b>Order of Owls Nest #30</b>		Telephone Number (812-422-2556 ( <b>&lt;redacted&gt;</b> ))	Date of Inspection (mm/dd/yr) 04/09/2019	ID # 11237
Establishment Address (number and street, city, state, zip code) 2427 N Sherman Ave, Evansville, IN, 47710				
Owner <b>ORDER OF OWLS NEST #30</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>04/19/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 3 NC 1 R 4</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>				

- 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	R	Dish machine not sanitizing dishes.	Corrected
291	NC	R	No chemical sanitizer test strips.	04/10/2019
191	C	R	Ready to eat foods not date marked.	Corrected
438	C	R	Chemical spray bottle not labeled with content.	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:	





















