



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 The Duffy Shuffle		Telephone Number (812-228-9632	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 12242
Establishment Address (number and street, city, state, zip code) 1203 E Baseline Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner Courtney Duffy	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 04/27/2019	
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 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"
- 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		Overhead fan in need of cleaning.	04/17/2019

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 Market Street Living		Telephone Number (812-402-9955)	Date of Inspection (mm/dd/yr) 04/16/2019	ID # 12062	
Establishment Address (number and street, city, state, zip code) 301 NW 3rd St, Evansville, IN, 47708		() Owner <redacted>			
Owner Riverwalk Development 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 04/26/2019	
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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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 Quick Mart		Telephone Number (812-425-5011)	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11922
Establishment Address (number and street, city, state, zip code) 400 Madison Ave, Evansville, IN, 47713		() Owner <redacted>		
Owner RBA INC Ram B Khatri		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 04/27/2019
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 checked="" type="radio"/> 2 <input 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
			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 Little Caesar`s Pizza		Telephone Number (812-471-5755)	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11776
Establishment Address (number and street, city, state, zip code) 2007 Washington Ave #1, Evansville, IN, 47714		() Owner <redacted>		
Owner Collective Efforts Investments, 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 Yes	Release Date 04/27/2019
Owner's Address <redacted>			Summary of Violations: C 0 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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Restroom hand washing sink lacking paper towels.	Corrected
431	NC		Wall at three compartment sink in need of cleaning. Replace caulking if it cannot be cleaned.	04/24/2019

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 Chuckles Food Mart #5		Telephone Number (812-422-4339)	Date of Inspection (mm/dd/yr) 04/16/2019	ID # 11768
Establishment Address (number and street, city, state, zip code) 401 S Boehne Camp Rd, Evansville, IN, 47712		() Owner <redacted>		
Owner C E TAYLOR OIL 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 04/26/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○		
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>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name KSN Petroleum and Food		Telephone Number (812-421-1460)	Date of Inspection (mm/dd/yr) 04/16/2019	ID # 11740
Establishment Address (number and street, city, state, zip code) 1905 W Franklin St, Evansville, IN, 47712		() Owner		
Owner Kusum Solanki	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 04/26/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</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 checked="" type="radio"/> 2 <input 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
218	NC	R	Walk in cooler latch in need of repair.	04/19/2019

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 Himal Food Mart Inc.		Telephone Number (812-401-4462)	Date of Inspection (mm/dd/yr) 04/16/2019	ID # 11666
Establishment Address (number and street, city, state, zip code) 3017 Kratzville Rd, Evansville, IN, 47710		() Owner <redacted>		
Owner Prem Khadka	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 04/26/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		
Certified Food Handler <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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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 United Methodist Youth Home		Telephone Number (812-479-7535)	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11625
Establishment Address (number and street, city, state, zip code) 2521 N Burkhardt Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner United Methodist Youth Home		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 04/27/2019
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>				

- 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:	cc:	cc:



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Establishment Name: Right Stuff
Telephone Number: (812) 401-2066
Date of Inspection: 04/16/2019
ID #: 11504
Establishment Address: 1321 N Fulton Ave, Evansville, IN, 47710
Owner: M N FOOD & GAS LLC
Purpose: Routine
Follow-up: No
Release Date: 04/26/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 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 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 Holiday Inn Evansville Airport	Telephone Number (812-867-7999)	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11477				
Establishment Address (number and street, city, state, zip code) 7101 Highway 41 North, Evansville, IN, 47725	() Owner <redacted>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Follow-up</td> <td style="width:50%;">Release Date</td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">04/27/2019</td> </tr> </table>		Follow-up	Release Date	No	04/27/2019
Follow-up	Release Date						
No	04/27/2019						
Owner Omninet Hotel LP	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: <div style="font-size: 2em; text-align: center;"> C <u>2</u> NC <u>1</u> R <u>2</u> </div>					
Owner's Address <redacted>	Person in Charge <redacted>						
Responsible Person's E-mail 	Certified Food Handler <redacted>						
Menu Type (See additional page) <div style="text-align: center;"> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> </div>							
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							

Section#	C/NC	R	Narrative	To Be Corrected By
324	C		Hand washing sink in need of repair.	04/17/2019
171	C	R	Bare hand contact with ready to eat food.	Corrected
430	NC	R	Outside door in need of replacing/repaired.	04/30/2019

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 Thorntons #84		Telephone Number (812-425-0035	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11404
Establishment Address (number and street, city, state, zip code) 813 N St Joseph Ave, EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner THORNTONS, 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 04/27/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 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>				

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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: TACO BELL #28907
Telephone Number: (812) 422-4705
Date of Inspection: 04/18/2019
ID #: 11381
Establishment Address: 1500 N Willow Rd, Evansville, IN, 47711
Owner: Bell Indiana LLC
Purpose: Routine
Follow-up: No
Release Date: 04/28/2019
Summary of Violations: C 0 NC 1 R 0
Menu Type: 1 2 3 4 5

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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: 218, NC, Walk-in cooler is dripping water., 04/22/2019

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 Cork 'N Cleaver		Telephone Number (812-479-6974	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11170
Establishment Address (number and street, city, state, zip code) 650 S Hebron Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner STEVEN M BENNETT		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 04/27/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from inspection on 1-30-19 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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Establishment Name Casey's General Store #2296	Telephone Number (812-423-2804	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11131
Establishment Address (number and street, city, state, zip code) 3100 N St. Joseph Ave, EVANSVILLE, IN, 47720	() Owner <redacted>		
Owner Casey's Marketing Company	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 04/27/2019
Owner's Address <redacted>	Summary of Violations: C 0 NC 0 R 0		
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 Canton Inn		Telephone Number (812-428-6611)	Date of Inspection (mm/dd/yr) 04/16/2019	ID # 11127
Establishment Address (number and street, city, state, zip code) 947 North Park Dr, Evansville, IN, 47710		() Owner <redacted>		
Owner Wai Yim Seto	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" 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 04/26/2019	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>2</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 type="radio"/> 4 <input checked="" 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
191	C	R	Items in the walk-in not date marked.	Corrected
190	NC		Improper cooling methods.	Corrected
177	NC	R	Containers in walk-in not covered.	Corrected

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

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 Lic's Ice Cream		Telephone Number (812) 473-0569	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11082
Establishment Address (number and street, city, state, zip code) 2001 Washington Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Don Smith	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 04/27/2019	
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 <redacted>				
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
245	NC		Sanitizer wiping cloth not stored in sanitizer when not in use.	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 Harvest Time		Telephone Number (812-204-3242)	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 11020
Establishment Address (number and street, city, state, zip code) 518 Linwood Ave, Evansville, IN, 47713		() Owner		
Owner Harvest Time - 1st Ebenezer Baptist Church		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 04/27/2019
Owner's Address <redacted>		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		<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 checked="" type="radio"/> 3 <input 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)		

- 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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SDH Form 51-0001

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

Establishment Name Twisted Tomato	Telephone Number (812-401-2323)	Date of Inspection (mm/dd/yr) 04/17/2019	ID # 13712
Establishment Address (number and street, city, state, zip code) 2333 St. George Rd., Evansville, IN, 47711	() Owner <redacted>		
Owner Evansville Twisted Tomato Pizza 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 No	Release Date 04/27/2019
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 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"
- 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		Sandwich prep table not maintaining 41 f or less.	04/17/2019

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