



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 Gale's Specialty Popcorn	Telephone Number (812-454-5880) (^{Establishment} (^{Owner} <redacted>	Date of Inspection (mm/dd/yr) 05/08/2019	ID # 13324
Establishment Address (number and street, city, state, zip code) 800 N. Green River Rd., Evansville, Indiana, 47715		Follow-up No	Release Date 05/18/2019
Owner Gale Harper	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>		Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <redacted>			
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 Milk and Sugar		Telephone Number (812-202-0136 (^{Business}) Owner <redacted>	Date of Inspection (mm/dd/yr) 05/10/2019	ID # 13185
Establishment Address (number and street, city, state, zip code) 2027 Suite B W Franklin St, Evansville, Indiana, 47712		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 05/20/2019
Owner Alisha Didia	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address <redacted>	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"/>			
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
			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 Zaxby's - N. Burkhardt		Telephone Number (812-602-5515)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 13086
Establishment Address (number and street, city, state, zip code) 1021 N. Burkhardt , Evansville, IN, 47715		Owner <redacted>	Follow-up No	Release Date 05/19/2019
Owner Harris CW Properties LLC	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C 0 NC 0 R 0		
Owner's Address <redacted>	<input type="checkbox"/> Follow-up			
Person in Charge <redacted>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP	Menu Type (See additional page)		
	<input type="checkbox"/> Other (list) _____	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 discrepancies observed	

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 Franklin Street Pizza Factory		Telephone Number (765-749-5969)	Date of Inspection (mm/dd/yr) 05/10/2019	ID # 12993
Establishment Address (number and street, city, state, zip code) 2033 W Franklin St, Evansville, Indiana, 47712		(^{Establishment}) Owner <redacted>		
Owner James Michael Wathen	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 05/20/2019	
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:	cc:	



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Establishment Name Carne Asada LLC	Telephone Number (812-459-5556)	Date of Inspection (mm/dd/yr) 05/10/2019	ID # 12277
Establishment Address (number and street, city, state, zip code) 1354 E Division ST, Evansville, IN, 47714	Owner (<redacted>) <redacted>		
Owner Larry Pollock, David Y.	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 05/20/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>1</u> NC <u>0</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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Some items lacking date marking.	Corrected

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 Los Bravos		Telephone Number (812-474-9078)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 12261
Establishment Address (number and street, city, state, zip code) 6226 Waterford Blvd, Evansville, IN, 47715		(<redacted>) Owner		
Owner Los Bravos 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 05/19/2019	
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 0 4 1 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
116	NC		Daily temperature logs not maintained for review. Started new log.	05/09/2019

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Received by (signature):	Inspected by (signature):
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Establishment Name Kona Ice of Evansville 'Kiosk'		Telephone Number (812-965-6620)	Date of Inspection (mm/dd/yr) 05/11/2019	ID # 12256
Establishment Address (number and street, city, state, zip code) 1911 Bell Rd, Chandler, IN, 47610		Owner <redacted>		
Owner Derek Taylor	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	Release Date 05/21/2019	
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 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):
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Establishment Name Franklin Street Tavern	Telephone Number (812-401-1313)	Date of Inspection (mm/dd/yr) 05/06/2019	ID # 12220
Establishment Address (number and street, city, state, zip code) 2126 W Franklin St, Evansville, IN, 47712	(Establishment) Owner <redacted>		
Owner FST Properties 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 05/16/2019
Owner's Address <redacted>	Summary of Violations: C 2 NC 0 R 0		
Person in Charge <redacted>	Menu Type (See additional page) 1 ○ 2 ○ 3 ● 4 ○ 5 ○		
Responsible Person's E-mail			
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. Using time as a public health control.	Corrected
438	C		Spray bottles containing toxic chemicals not labeled.	Corrected

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 Wendy's #401		Telephone Number (812-867-6410)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 11896
Establishment Address (number and street, city, state, zip code) 601 E Bnvl-New Harmony Rd Ste 800, Evansville, IN, 47725		() Owner <redacted>		
Owner SERVUS, 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 05/19/2019
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 0		
Person in Charge <redacted>		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"/>		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
232	NC		Microwave oven in need of cleaning.	Corrected
136	C		Uncovered employee drinks on counter.	Corrected

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Received by (signature):		Inspected by (signature):	
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Establishment Name Piston`s		Telephone Number (812) 401-1699 () Owner	Date of Inspection (mm/dd/yr) 05/10/2019	ID # 11506	
Establishment Address (number and street, city, state, zip code) 2131 W Franklin St, Evansville, IN, 47712					
Owner Jason English	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 05/20/2019		
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
296	C		Can opener soiled.	05/10/2019
431	NC	R	Walls and floors soiled under equipment.	05/10/2019

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Establishment Name Old Tyme Deli & Meat Shop	Telephone Number (812-401-1030 (<u>redacted</u>))	Date of Inspection (mm/dd/yr) 05/10/2019	ID # 11492
Establishment Address (number and street, city, state, zip code) 307 N First Ave, Evansville, IN, 47710			
Owner Charles M Holder	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 05/20/2019
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 Rademacher's Cafe		Telephone Number (812-488-2952 <redacted>)	Date of Inspection (mm/dd/yr) 05/06/2019	ID # 11471
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722				
Owner Chartwells	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 05/16/2019	
Owner's Address <redacted>		Summary of Violations: C <u>3</u> NC <u>1</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
129	C		Employee not washing when required.	Corrected
324	C		Hand sink in need of repair.	05/09/2019
347	NC		Hand sink lacking disposable towels.	Corrected
294	C		Sanitizer for wiping clothes too weak.	Corrected

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Received by (signature):		Inspected by (signature):	
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Establishment Name Rademacher's Cafe		Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 11471
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722		(Establishment) Owner <redacted>		
Owner Chartwells	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 05/19/2019	
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 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
			All violations from 05/06/2019 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 CAFÉ COURT	Telephone Number (812) 488-2952 () Owner	Date of Inspection (mm/dd/yr) 05/06/2019	ID # 11418
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		Follow-up No	Release Date 05/16/2019
Owner Chartwells	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 2 NC 0 R 0	
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 <redacted>			
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Ice bucket storage location in need of cleaning.	05/06/2019
136	C		Personal cell phone usage in food prep area.	05/06/2019

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Establishment Name Texas Roadhouse	Telephone Number (812-477-7427)	Date of Inspection (mm/dd/yr) 05/08/2019	ID # 11393
Establishment Address (number and street, city, state, zip code) 7900 Eagle Crest, EVANSVILLE, IN, 47716	(^{Establishment} <redacted>) (^{Owner} <redacted>)		
Owner Texas Roadhouse	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 05/18/2019
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) 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
324	NC		Dishmachine table leaking. Servicing.	05/09/2019

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
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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 HUT #316305	Telephone Number (812-424-4433)	Date of Inspection (mm/dd/yr) 05/08/2019	ID # 11262
Establishment Address (number and street, city, state, zip code) 310 N St. Joseph Ave, Evansville, IN, 47712	(Establishment) (Owner) <redacted>		
Owner PIZZA HUT OF AMERICA LLC c/o DMA	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 05/18/2019
Owner's Address <redacted>	Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>	Menu Type (See additional page) 1 <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 <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:



Retail Food Establishment Inspection Report

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Establishment Name China Lu Market	Telephone Number (812-471-9999)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 11148
Establishment Address (number and street, city, state, zip code) 4604 Vogel Rd., Evansville, IN, 47715	(<redacted>) Owner		
Owner Yue Ying Yang	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 05/19/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>4</u> NC <u>4</u> R <u>4</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

Section#	C/NC	R	Narrative	To Be Corrected By
324	C		Lacking proper grease trap hook up. Consult with Sewer Dept.	05/10/2019
324	C		Lacking adequate three compartment sink sizing to wash pans.	05/09/2019
118	C		Lacking certified food safety employee.	11/11/2019
413	NC	R	Back door not sealed. Repair.	06/10/2019
128	C		Employees not washing hands before or after packaging or prep of food.	05/09/2019
347	NC	R	Lacking soap for hand sinks.	05/09/2019
346	NC	R	Lacking disposable towels for hand sink.	05/09/2019
146	NC	R	Lacking labeling of some packaged fish.	05/09/2019
			Holding fish in freezer until plumbing issues are 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 China Express	Telephone Number (812-428-3838)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 11145
Establishment Address (number and street, city, state, zip code) 1505 S Governor St., Evansville, IN, 47713	(<redacted>) Owner		
Owner Quan Tran	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 05/19/2019
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>		
Person in Charge <redacted>			
Responsible Person's E-mail _____	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>			

- 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		Hood vent soiled.	05/16/2019
431	NC		Floor under cooking area soiled.	05/16/2019
431	NC		Shelving at kitchen hand sink.	05/16/2019

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 Chili's Grill & Bar #900		Telephone Number (812-475-1510)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 11143
Establishment Address (number and street, city, state, zip code) 600 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Southwest Dining Inc Attn: Jill Condon	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 05/19/2019	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</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>				

- 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
187	C	R	Ready to eat food not being held at 41 degrees or less in prep table cooler.	05/09/2019

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 Sauced	Telephone Number (812-402-2230)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 11072
Establishment Address (number and street, city, state, zip code) 1119 Parrett St., EVANSVILLE, IN, 47713		Owner (redacted)	
Owner Scott Schymik	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	Release Date 05/19/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>1</u> NC <u>0</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
334	C		Kitchen hose at sink and dish machine sink hose lacking required air gap/back-siphonage device	05/16/2019

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 Chick-fil-A	Telephone Number (812) 488-2061 (<redacted>) Owner	Date of Inspection (mm/dd/yr) 05/06/2019	ID # 13804
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722			
Owner Chartwells	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 05/16/2019
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (See additional page) 1 <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 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 Ace's Place	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 05/06/2019	ID # 11015
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		Follow-up No	Release Date 05/16/2019
Owner Chartwells	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 0 NC 0 R 0	
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input 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 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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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 Great Harvest Bread	Telephone Number (812-476-4999)	Date of Inspection (mm/dd/yr) 05/10/2019	ID # 10996
Establishment Address (number and street, city, state, zip code) 423 Metro Ave, Evansville, IN, 47715	(<small>Establishment</small>) Owner <redacted>		
Owner Riland, 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 05/20/2019
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>			

- 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	

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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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 Drone's Convenience	Telephone Number (812-429-1137) (<u><redacted></u>) Owner	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 10933
Establishment Address (number and street, city, state, zip code) 410 Tekoppel Ave., Evansville, IN, 47712	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 05/19/2019
Owner KMT Inc		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Owner's Address <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"/>	
Person in Charge <redacted>			
Responsible Person's E-mail			
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
191	C		Ready to eat, potentially hazardous food lacking date marking.	05/09/2019

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 Domino's Pizza #2577	Telephone Number (812-424-7333)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 10924
Establishment Address (number and street, city, state, zip code) 421 N St. Joseph Ave, Evansville, IN, 47712	() Owner		
Owner J & C Pizza Inc	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 05/19/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 1 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)	
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
438	C		Working container of toxic material not labeled.	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 DeerHead Sidewalk Cafe		Telephone Number (812-425-2515)	Date of Inspection (mm/dd/yr) 05/08/2019	ID # 10900	
Establishment Address (number and street, city, state, zip code) 222 E Columbia St., Evansville, IN, 47711		(<redacted>)			
Owner Charles Johnson Jr		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 05/18/2019	
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>					
Responsible Person's E-mail 					
Certified Food Handler <redacted>			Menu Type (See additional page) 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"

Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Date marking needed on ready to eat foods.	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 Beans & Baristas		Telephone Number (812-457-8566)	Date of Inspection (mm/dd/yr) 05/08/2019	ID # 10811
Establishment Address (number and street, city, state, zip code) 800 N Green River, Evansville, IN, 47715		(Establishment) Owner <redacted>		
Owner Regina Smith & Phyllis Wolf	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 05/18/2019	
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 1 3 0 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:



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Establishment Name Mo's House	Telephone Number (812-401-3800) (<u><redacted></u>)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 13725
Establishment Address (number and street, city, state, zip code) 1114 Parrett St, Evansville, IN, 47713		Owner Slopbucket, LLC	
Owner's Address <redacted>	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 05/19/2019
Person in Charge <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail		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>			

- 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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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 Smart Market (Koch Building)	Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 05/06/2019	ID # 13771
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722	(<redacted>) Owner	Follow-up No	
Owner Chartwells	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 05/16/2019	Summary of Violations: C 0 NC 0 R 0
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Menu Type (See additional page)	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
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

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

Vanderburgh County Department of Health
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Establishment Name: Maidens Brewery & Pub
Telephone Number: (812) 909-1956
Date of Inspection: 05/10/2019
ID #: 13866
Owner: John Mills
Purpose: Routine
Follow-up: No
Release Date: 05/20/2019
Summary of Violations: C 1, NC 0, R 0

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

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 173, C, Improper storage of eggs in cooler, Corrected

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



Retail Food Establishment Inspection Report

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Establishment Name White Swan Coffee Lab	Telephone Number (812-402-0233 <small>(Establishment) Owner</small> (<redacted>)	Date of Inspection <small>(mm/dd/yr)</small> 05/10/2019	ID # 13902
Establishment Address (number and street, city, state, zip code) 2025 W Franklin St, Evansville, IN, 47712	Owner David Rudibaugh		
Owner's Address <redacted>	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 05/20/2019
Person in Charge <redacted>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Responsible Person's E-mail _____	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 _____			

- 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

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

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Establishment Name Evansville Seafood LLC	Telephone Number (812-401-2220) (<small>Establishment</small>)	Date of Inspection (mm/dd/yr) 05/09/2019	ID # 13992
Establishment Address (number and street, city, state, zip code) 420 S Green River Rd, Evansville, IN, 47715		Owner (<small>Owner</small>) <redacted>	
Owner Tracy Elbahga	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 05/19/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>2</u> NC <u>3</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (<i>See additional page</i>)	
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"/>	

- 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		Improper storage of raw meat in cooler.	05/09/2019
346	NC		Hand soap not provided at hand sinks.	05/09/2019
347	NC		Hand drying provisions not provided at hand sinks.	05/09/2019
345	C		Hand sink used for other purposes other than hand washing.	05/09/2019
342	NC		No hot water at hand sink in frying area.	05/16/2019

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

