



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 Honey Moon Coffee Co.		Telephone Number (812-602-3123)	Date of Inspection (mm/dd/yr) 05/14/2019	ID # 13224
Establishment Address (number and street, city, state, zip code) 612 S Weinbach Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jessica Parsons	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 05/24/2019	
Owner's Address <redacted>		Summary of Violations: C 1 NC 3 R 1		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Shelving in kitchen in need of cleaning.	05/15/2019
256	NC	R	Reach in coolers lacking proper thermometers.	05/15/2019
430	NC		Reach in cooler door seal in need of repair.	Corrected
294	C		Sanitizer for wiping clothes too weak.	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 Honey Moon Coffee Co.		Telephone Number (812-602-3123	Date of Inspection (mm/dd/yr) 05/16/2019	ID # 13224
Establishment Address (number and street, city, state, zip code) 612 S Weinbach Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jessica Parsons	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 05/26/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violation from 5/14/2019 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 Philly Grill		Telephone Number (812-602-4027)	Date of Inspection (mm/dd/yr) 05/15/2019	ID # 12995
Establishment Address (number and street, city, state, zip code) 600 E Bnvl NH Rd Ste D, Evansville, IN, 47725		() Owner <redacted>		
Owner Laura O'Leary	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 05/25/2019	
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 checked="" type="radio"/> 3 <input 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 Violations observed at time of inspection.	

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 Pangea Kitchen		Telephone Number (812-401-2405)	Date of Inspection (mm/dd/yr) 05/14/2019	ID # 12480
Establishment Address (number and street, city, state, zip code) 111 S Green River Rd Ste E, Evansville, IN, 47715		() Owner <redacted>		
Owner Randy Hobson	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 05/24/2019	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:		
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C <u>0</u>	NC <u>1</u>	R <u>0</u>
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"
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Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		Back siphonage device in need of repair.	05/15/2019

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 Schnucks #742	Telephone Number (812-464-3500)	Date of Inspection (mm/dd/yr) 05/15/2019	ID # 12284
Establishment Address (number and street, city, state, zip code) 600 E Bnvl-NH Rd, Evansville, IN, 47725	() Owner <redacted>		
Owner Schnucks Markets Inc	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 05/25/2019
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 0 2 0 3 ● 4 0 5 0	
Certified Food Handler	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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Section#	C/NC	R	Narrative	To Be Corrected By
			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 Los Bravos		Telephone Number (812-474-9078)	Date of Inspection (mm/dd/yr) 05/17/2019	ID # 12261
Establishment Address (number and street, city, state, zip code) 6226 Waterford Blvd, Evansville, IN, 47715		() Owner <redacted>		
Owner Los Bravos Inc		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 05/27/2019
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 type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Corrected violation from 4/10/19 inspection	

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 Twice the Ice		Telephone Number (812-582-1473		Date of Inspection (mm/dd/yr) 05/13/2019	ID # 12204
Establishment Address (number and street, city, state, zip code) 401 S Kentucky Ave, Evansville, IN, 47714		() Owner <redacted>			
Owner Miller Ice 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 05/23/2019
Owner's Address <redacted>				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>					
Responsible Person's E-mail 				Menu Type (<i>See additional page</i>) 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 discrepanceies	

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 Savannah's	Telephone Number (812-773-5001)	Date of Inspection (mm/dd/yr) 05/16/2019	ID # 12163
Establishment Address (number and street, city, state, zip code) 1802 Stringtown Rd, Evansville, IN, 47711	() Owner <redacted>	Follow-up No	
Owner Larry Lang	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 05/26/2019	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	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>	<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		
	<input type="checkbox"/> Other (list) _____		

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Section#	C/NC	R	Narrative	To Be Corrected By
171	C		Employee handling ready to eat food with bare hands.	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 Cheddar's # 2148		Telephone Number (812-491-9976)	Date of Inspection (mm/dd/yr) 05/15/2019	ID # 11993
Establishment Address (number and street, city, state, zip code) 2100 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Cheddar's Casual Cafe		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 Yes	Release Date 05/25/2019
Owner's Address <redacted>			Summary of Violations: C 2 NC 2 R 2	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
199	NC		Improper thawing of potentially hazardous food.	Corrected
129	C	R	Employees not washing when required.	Corrected
136	C	R	Employee food and drink in food prep areas.	Corrected
431	NC		Reach in cooler seals in need of cleaning.	05/15/2019

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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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 Lincoln Garden		Telephone Number (812-471-8881)	Date of Inspection (mm/dd/yr) 05/14/2019	ID # 11930
Establishment Address (number and street, city, state, zip code) 2001 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jenny Zhang	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 05/24/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</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 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
443	C		Sanitizer concentration for wiping cloths too strong.	Corrected
136	C		Employee drink in food prep area.	Corrected
431	NC	R	Kitchen floors and walls under/behind equipment need of cleaning.	07/17/2019
293	NC	R	Improper use of three compartment sink.	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 Lincoln Garden	Telephone Number (812-471-8881)	Date of Inspection (mm/dd/yr) 05/16/2019	ID # 11930
Establishment Address (number and street, city, state, zip code) 2001 Lincoln Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Jenny Zhang	Purpose: <input type="checkbox"/> Routine	Follow-up No	Release Date 05/26/2019
Owner's Address <redacted>	<input checked="" 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		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Other (list) _____		

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 05/14/2019 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: Royal Suite
Telephone Number: 812-479-9732
Date of Inspection: 05/15/2019
ID #: 11889
Establishment Address: 4706 Morgan Ave, Evansville, IN, 47715
Owner: North Park Cinemas Inc
Purpose: Follow-up
Follow-up No: No
Release Date: 05/25/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 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: Violation from 5/3/2019 corrected.

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 Wendy's #346		Telephone Number (812-401-7126)	Date of Inspection (mm/dd/yr) 05/16/2019	ID # 11439
Establishment Address (number and street, city, state, zip code) 401A S Boehne Camp Rd., Evansville, IN, 47712		() 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 05/26/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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

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



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Establishment Name Steve's Una Pizza		Telephone Number (812-477-5411)	Date of Inspection (mm/dd/yr) 05/13/2019	ID # 11354
Establishment Address (number and street, city, state, zip code) 1005 S St James Blvd, Evansville, IN, 47714		<redacted>		
Owner Joshua Adkins	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	<i>e e a e a e</i> 05/23/2019	
Owner's Address <redacted>		<i>S a o f o a o</i> C 1 NC 0 R 0		
Person in Charge <redacted>		<i>e p e (See additional page)</i> 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
443	C		Sanitizer concentration for wiping cloths too strong.	Corrected

<i>e c e e b (a e a e p e)</i> <redacted>	<i>p e c e b (a e a e p e)</i> <redacted>
<i>e c e e b (g a e)</i>	<i>p e c e b (g a e)</i>
cc	cc



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Establishment Name Showplace Cinemas	Telephone Number (812) 479-9732	Date of Inspection (mm/dd/yr) 05/13/2019	ID # 11316
Establishment Address (number and street, city, state, zip code) 1801 Morgan Center Dr, Evansville, IN, 47715		Owner <redacted>	
Owner North Park Cinemas Inc	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 05/23/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>0</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"/>	
Responsible Person's E-mail			

- 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
			Violation from 5/3/2019 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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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

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Establishment Name Captain D's #3731		Telephone Number (812-423-3731)	Date of Inspection (mm/dd/yr) 05/14/2019	ID # 11128
Establishment Address (number and street, city, state, zip code) 1200 Covert Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner CAPTAIN D'S, 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 05/24/2019	
Owner's Address <redacted>		Summary of Violations: C_1 NC_0 R_1		
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
295	C	R	Knives stored soiled on magnetic rack.	05/14/2019

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 Hacienda #4	Telephone Number 812-423-6355	Date of Inspection (mm/dd/yr) 05/13/2019	ID # 11000
Establishment Address (number and street, city, state, zip code) 711 First Ave, Evansville, IN, 47710	<redacted>		
Owner HMR Acquisition Company, 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	05/23/2019
Owner's Address <redacted>		C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>		<i>(See additional page)</i>	
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
324	NC		Back siphonage device in need of repair.	05/17/2019

<redacted>	<redacted>



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Establishment Name Hacienda #16	Telephone Number (812-422-2055 <small>() Owner</small> <redacted>	Date of Inspection <small>(mm/dd/yr)</small> 05/15/2019	ID # 10999
Establishment Address (number and street, city, state, zip code) 5440 Pearl Dr, 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) _____		
Owner HMR Acquisition Company, Inc.			
Owner's Address <redacted>	Follow-up No Release Date 05/25/2019		
Person in Charge <redacted>			
Responsible Person's E-mail 	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Certified Food Handler <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"/>			

- 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
285	NC		Dish washing machine not reaching proper temperature.	05/17/2019

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 Comfort Inn	Telephone Number (812) 423-5818	Date of Inspection (mm/dd/yr) 05/14/2019	ID # 10935
Establishment Address (number and street, city, state, zip code) 3901 N Highway 41, Evansville, IN, 47711	() Owner <redacted>		
Owner Evansville Inn & Suites	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 05/24/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>1</u> NC <u>2</u> R <u>1</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler		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
346	NC		No soap at the hand washing sink.	Corrected
191	C		Ready to eat food not date marked.	Corrected
190	NC	R	Improper cooling of 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 Buffalo Wild Wings #50		Telephone Number (812) 423-9464		Date of Inspection (mm/dd/yr) 05/15/2019		ID # 10888	
Establishment Address (number and street, city, state, zip code) 5405 Pearl Dr, Evansville, IN, 47712		(<redacted>) Owner					
Owner Buffalo Wild Wings		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 05/25/2019	
Owner's Address <redacted>		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>			
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		Menu Type (See additional page)			
		<input type="checkbox"/> HACCP		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
		<input type="checkbox"/> Other (list) _____					

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

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Section#	C/NC	R	Narrative	To Be Corrected By
281	NC		Dish washer in bar not dispensing sanitizer.	05/17/2019

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 Bob Evans Restaurants, LLC #132	Telephone Number 812-473-9022	Date of Inspection (mm/dd/yr) 05/15/2019	ID # 10869
Establishment Address (number and street, city, state, zip code) 1125 N Green River Rd, Evansville, IN, 47715		<redacted>	
Owner Bob Evans Restaurants, 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	05/25/2019
Owner's Address <redacted>		C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge <redacted>		<i>(See additional page)</i>	
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
250	NC		Tableware handled improperly.	Corrected
347	NC		Hand drying provisions not provided at hand sink.	Corrected

<redacted>	<redacted>



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Establishment Name Hacienda #12		Telephone Number (812-401-2180)	Date of Inspection (mm/dd/yr) 05/15/2019	ID # 13828
Establishment Address (number and street, city, state, zip code) 600 E Bnvl-NH Rd Ste F, Evansville, IN, 47725		() Owner <redacted>		
Owner HMR Acquisition Co. 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 05/25/2019
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
136	C		Employee drinks uncovered in prep area.	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 Paradise Ice		Telephone Number (812-568-2112)	Date of Inspection (mm/dd/yr) 05/15/2019	ID # 13940
Establishment Address (number and street, city, state, zip code) 6418 N First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Garrett Jones	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 05/25/2019	
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				
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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Mr. Bubble Tea	Telephone Number (812-550-3166)	Date of Inspection (mm/dd/yr) 05/13/2019	ID # 13988
Establishment Address (number and street, city, state, zip code) 503 N. Green River Rd., Evansville, IN, 47715		() Owner <redacted>	
Owner Yao Peng	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
Owner's Address <redacted>		Release Date 05/23/2019	
Person in Charge <redacted>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input 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 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 Twice the Ice		Telephone Number (812-582-1473)	Date of Inspection (mm/dd/yr) 05/13/2019	ID # 14053
Establishment Address (number and street, city, state, zip code) 501 N Tekoppel Ave, Evansville, IN, 47712		() Owner <redacted>		
Owner Miller Ice 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 05/23/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type <i>additional a</i> 1 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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

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