



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 Kona Ice Trailer | | Telephone Number (812-965-6620) | Date of Inspection (mm/dd/yr) 05/24/2019 | ID # 13005 |
| 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 06/03/2019 | |
| 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 | | | | |

- 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. | |
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| 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 Wassmer Golf Shop/Wesselmanns Par 3 | | Telephone Number () Establishment () Owner | Date of Inspection (mm/dd/yr) 05/24/2019 | ID # 11445 |
| Establishment Address (number and street, city, state, zip code) 551 N Boeke Rd., Evansville, IN, 47711 | | 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 Michael Wassmer | Owner's Address <redacted> | Person in Charge <redacted> | Responsible Person's E-mail | Certified Food Handler |
| Follow-up No | | Release Date 06/03/2019 | | |
| Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | 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"/> | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------|--------------------|
| | | | No violations. | |
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|--|---|--|--|----------------------|
| Establishment Name Wassmer Golf Shop Inc/McDonalds Golf Course | | Telephone Number (812-475-2578 | Date of Inspection (mm/dd/yr) 05/24/2019 | ID # 11433 |
| Establishment Address (number and street, city, state, zip code) 2905 E Morgan Ave., Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Michael Wassmer | 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 06/03/2019 | |
| Owner's Address <redacted> | | Summary of Violations: C 1 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 |
|----------|------|---|------------------------------|--------------------|
| 324 | C | | Hand sink in need of repair. | 05/31/2019 |
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| | | | | |
|--|--|---|--|----------------------------|
| Establishment Name Rafferty's | | Telephone Number (812-471-0024) | Date of Inspection (mm/dd/yr) 05/24/2019 | ID # 11273 |
| Establishment Address (number and street, city, state, zip code) 1400 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Raffertys Inc/Dan Davis | | 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 06/03/2019 |
| Owner's Address <redacted> | | | Summary of Violations: C <u>1</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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | | |

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|----------|------|---|--|--------------------|
| 431 | NC | | Walk in cooler shelving in need of cleaning. | 05/31/2019 |
| 177 | C | | Food items lacking proper coverage. | Corrected |
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| | | | |
|---|---|---|-----------------------------------|
| Establishment Name Kabob Xpress | Telephone Number (812-402-0244) | Date of Inspection (mm/dd/yr) 05/24/2019 | ID # 14072 |
| Establishment Address (number and street, city, state, zip code) 3305 N Greenriver Rd , Evansville, IN, 47715 | | Owner (<redacted>) | |
| Owner Hossam Mohamed | 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 06/03/2019 |
| 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. | |
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