



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 La Preferida LLC	Telephone Number (812-471-9057)	Date of Inspection (mm/dd/yr) 07/09/2019	ID # 13220
Establishment Address (number and street, city, state, zip code) 819 S Green River Rd, Evansville, Indiana, 47715	() Owner <redacted>		
Owner Uriel Sarmiento	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 07/19/2019
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 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			

- 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
347	NC		Hand drying provisions not provided at hand sink.	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 Meijer Gas Station #287		Telephone Number (812-647-2229	Date of Inspection (mm/dd/yr) 07/01/2019	ID # 13011
Establishment Address (number and street, city, state, zip code) 2611 Menards Dr, Evansville, Indiana, 47715		() Owner <redacted>		
Owner Meijer Stores Limited Partnership		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/11/2019
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>0</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)		

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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 Mission BBQ	Telephone Number (317) 378-9565	Date of Inspection (mm/dd/yr) 07/01/2019	ID # 12393
Establishment Address (number and street, city, state, zip code) 1530 N Green River Rd, Evansville, Indiana, 47715	() Owner <redacted>		
Owner Mission BBQ Evansville, LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/11/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
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 type="radio"/> 3 <input checked="" 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)		

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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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Establishment Name Nachos Grill Mexican Restaurant		Telephone Number (812-459-3871)	Date of Inspection (mm/dd/yr) 07/09/2019	ID # 12377
Establishment Address (number and street, city, state, zip code) 821 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Jose M Mosqueda-Lopez		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 07/19/2019
Owner's Address <redacted>			Summary of Violations: C 2 NC 2 R 3	
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
346	NC	R	Hand soap not provided at hand sink.	07/09/2019
173	C	R	Improper storage of raw meat in cooler.	07/09/2019
438	C	R	Chemical bottles not labeled	07/09/2019
399	NC		Ceiling tiles in need of repair in kitchen.	

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 PIZZA HUT #317147	Telephone Number (812-426-1166)	Date of Inspection (mm/dd/yr) 07/09/2019	ID # 12210
Establishment Address (number and street, city, state, zip code) 4508 First Ave, Evansville, IN, 47710	() 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 07/19/2019
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 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
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Establishment Name Franklin Street Bazaar		Telephone Number (812-550-0996	Date of Inspection (mm/dd/yr) 06/29/2019	ID # 12195
Establishment Address (number and street, city, state, zip code) 2000 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner Franklin Street Events Association	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 07/09/2019	
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
			Inspected 5 food trucks and 12 booths.	
			No noted violations.	

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



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Establishment Name Sky Zone	Telephone Number (812-730-4759)	Date of Inspection (mm/dd/yr) 07/08/2019	ID # 12183						
Establishment Address (number and street, city, state, zip code) 49 N Green River Rd, Evansville, IN, 47715	(<redacted>) Owner	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> Follow-up No </td> <td style="width:50%; text-align: center;"> Release Date 07/18/2019 </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> 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"/> </td> </tr> </table>		Follow-up No	Release Date 07/18/2019	Summary of Violations: C <u>0</u> NC <u>1</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"/>	
Follow-up No	Release Date 07/18/2019								
Summary of Violations: C <u>0</u> NC <u>1</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"/>									
Owner Rodiga Ventures 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)								
Owner's Address <redacted>									
Person in Charge <redacted>									
Responsible Person's E-mail <redacted>									
Certified Food Handler <redacted>									

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Hand drying provisions not provided at hand sink.	Corrected

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: Subway #870
Telephone Number: 812-422-5255
Date of Inspection: 07/09/2019
ID #: 12174
Establishment Address: 4218 First Ave, Evansville, IN, 47711
Owner: Piyush Patel
Purpose: Routine
Follow-up: No
Release Date: 07/19/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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Table with 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):
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Establishment Name Madi's Main Squeeze		Telephone Number (812-454-2501)		Date of Inspection (mm/dd/yr) 06/29/2019		ID # 11944	
Establishment Address (number and street, city, state, zip code) 2025 W Franklin St, Jasper , IN, 47546		Owner <redacted>		Follow-up No		Release Date 07/09/2019	
Owner Madison Spond		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> Menu Type (<i>See additional page</i>) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
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					
		<input type="checkbox"/> Other (list) _____					

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			No noted violations.	

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Received by (signature):		Inspected by (signature):	
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Establishment Name Tee Time Golf		Telephone Number (812-473-7010)	Date of Inspection (mm/dd/yr) 07/08/2019	ID # 11940
Establishment Address (number and street, city, state, zip code) 7800 Morgan Ave, Evansville, IN, 47715		() Owner		
Owner Sterling Properties		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 07/18/2019
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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			No noted violations.	

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Received by (signature):		Inspected by (signature):	
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Establishment Name Pattie's Sand Trap		Telephone Number (812-435-6028)	Date of Inspection (mm/dd/yr) 06/26/2019	ID # 11819
Establishment Address (number and street, city, state, zip code) 1900 E Diamond Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner Pattie Wise	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 07/06/2019	
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 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.	

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Received by (signature):	Inspected by (signature):
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Establishment Name: Major Munch
Telephone Number: (812) 499-0160
Date of Inspection: 07/10/2019
ID #: 11816
Establishment Address: 101 NW 1st St Ste 100, Evansville, IN, 47708
Owner: David Siewert
Purpose: Routine
Follow-up: No
Release Date: 07/20/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 3

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Establishment Name PIZZA HUT #316428		Telephone Number (812-474-9077)	Date of Inspection (mm/dd/yr) 06/26/2019	ID # 11801
Establishment Address (number and street, city, state, zip code) 1357 Covert Ave, Evansville, IN, 47714		() 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 07/06/2019
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				
Certified Food Handler <redacted>				

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Establishment Name Penn Station East Coast Subs		Telephone Number (812-402-7366)	Date of Inspection (mm/dd/yr) 06/27/2019	ID # 11782
Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Dr, Evansville, IN, 47715		() Owner <redacted>		
Owner Tri-State Cheesesteaks 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 07/07/2019
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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			No noted violations.	

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Received by (signature):	Inspected by (signature):
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Establishment Name Burger Bank		Telephone Number (812-475-2265)	Date of Inspection (mm/dd/yr) 06/27/2019	ID # 11770
Establishment Address (number and street, city, state, zip code) 1617 S Weinbach Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Falcone 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 07/07/2019
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>				

- 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
295	C		Ice machine in need of cleaning.	06/27/2019
346	NC		Restroom hand sink lacking soap.	Corrected

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

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Establishment Name Burger Bank		Telephone Number (812-475-2265)	Date of Inspection (mm/dd/yr) 07/08/2019	ID # 11770
Establishment Address (number and street, city, state, zip code) 1617 S Weinbach Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Falcone Investments 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 07/18/2019
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 0 3 ● 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
			All violations from 6/27/2019 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

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Establishment Name Thunderbolt Pass Golf Course		Telephone Number (812) 426-2166	Date of Inspection (mm/dd/yr) 06/26/2019	ID # 11719
Establishment Address (number and street, city, state, zip code) 6901 Petersburg Rd, Evansville, IN, 47711		() Owner		
Owner Evansville Vanderburgh Airport Authority		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/06/2019
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) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler		<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"
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Section#	C/NC	R	Narrative	To Be Corrected By
415	C		Insect activity present in bar area.	06/26/2019

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 Menards		Telephone Number (812) 475-8970	Date of Inspection (mm/dd/yr) 06/28/2019	ID # 11709
Establishment Address (number and street, city, state, zip code) 2808 Menard Dr, Evansville, IN, 47715		() Owner		
Owner Menard 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 07/08/2019
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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- 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 Gas & Food Mart	Telephone Number (812-477-2920) () Owner	Date of Inspection (mm/dd/yr) 06/27/2019	ID # 11692	
Establishment Address (number and street, city, state, zip code) 2912 Lincoln Ave, Evansville, IN, 47715				
Owner Shiva Hari Khatri	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 07/07/2019	
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 _____				
Certified Food Handler <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"/>		

- 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
			All violations from 6/20/2019 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 Ricks 718 Bar and Lounge		Telephone Number (812-423-0872)	Date of Inspection (mm/dd/yr) 06/28/2019	ID # 11621
Establishment Address (number and street, city, state, zip code) 718 N Third Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner RICHARD KENNEDY		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 07/08/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 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>				

- 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
310	NC		Hood vents are soiled.	06/29/2019

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 Subway #19853		Telephone Number (812-401-4545)	Date of Inspection (mm/dd/yr) 06/25/2019	ID # 11590
Establishment Address (number and street, city, state, zip code) 501 N Main Suite A, Evansville, IN, 47711		() Owner <redacted>		
Owner Pathil Amin	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 07/05/2019	
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>				

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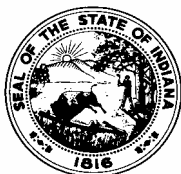
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name TACO BELL #28908		Telephone Number (812-473-0040)	Date of Inspection (mm/dd/yr) 06/24/2019	ID # 11555
Establishment Address (number and street, city, state, zip code) 1001 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Bell Indiana 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 07/04/2019	
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>				

- 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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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 Mayse Farm Market	Telephone Number (812) 963-3175	Date of Inspection (mm/dd/yr) 06/28/2019	ID # 11551
Establishment Address (number and street, city, state, zip code) 6400 N St Joe Ave, Evansville, IN, 47720		Owner <redacted>	
Owner PAUL MAYSE	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 07/08/2019
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 checked="" type="radio"/> 3 <input 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
			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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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 Stockwell Inn		Telephone Number (812-476-2384	Date of Inspection (mm/dd/yr) 06/28/2019	ID # 11355
Establishment Address (number and street, city, state, zip code) 4001 E Eichel Ave., EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Audrey Christie	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 07/08/2019	
Owner's Address <redacted>		Summary of Violations: C 0 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC	R	Various areas of the premises in need of repair.	07/29/2019
291	NC		Sanitizer test kit not provided.	06/28/2019
410	NC		Lacking light shielding in the kitchen area.	07/01/2019

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 O'Brians Sports Bar & Grill		Telephone Number (812-401-4630)	Date of Inspection (mm/dd/yr) 06/28/2019	ID # 11322
Establishment Address (number and street, city, state, zip code) 1801 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner O'Brians Sports Bar & Grill		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 07/08/2019
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>3</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
291	NC		Establishment lacking sanitizer concentration test strips.	06/28/2019
324	C		Water at hand washing sinks not reaching required temperature of 100 degrees fahrenheit.	06/28/2019
218	NC		Reach in cooler/prep table door seal in need of replacement.	07/05/2019
234	NC		Improper storage of utensil between equipment.	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 PaPa Johns		Telephone Number (812-425-2345)	Date of Inspection (mm/dd/yr) 07/09/2019	ID # 11247
Establishment Address (number and street, city, state, zip code) 4204 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner KGK Enterprises 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 07/19/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 1 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>				

- 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
415	C		Fly activity present	07/09/2019
431	NC		Walls in pizza prep area in need of cleaning.	07/09/2019

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 G.D. Ritzys		Telephone Number (812-474-6259)	Date of Inspection (mm/dd/yr) 06/24/2019	ID # 10980
Establishment Address (number and street, city, state, zip code) 601 N Green River Rd, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Dan Grunow/Chad Grunow		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 07/04/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 2 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
310	NC	R	Hood vent in need of cleaning.	06/28/2019
199	NC		Improper thawing of raw meat.	06/24/2019
246	C		Employees not changing gloves as often as needed.	Corrected

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

