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 Meijer Gas Station #287	**Telephone Number** ( ) Establishment 812-647-2229 ( ) Owner <redacted>	**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 Meijer Stores Limited Partnership	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/11/2019
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations:	
Person in Charge <redacted>	Pre-Operational Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		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
			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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Establishment Name Mission BBQ	**Telephone Number** (317) Establishment 317-378-9565 ( ) Owner <redacted>	**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 Mission BBQ Evansville, LLC	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/11/2019
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	Pre-Operational		
	Temporary	Menu Type *(See additional page)*	
	HACCP		
Certified Food Handler <redacted>	Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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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 Mike`s Food Market	**Telephone Number** ( ) Establishment 812-423-2275 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/01/2019	**ID #** 12152
Establishment Address (number and street, city, state, zip code) 407 E Riverside Dr, Evansville, IN, 47713			
Owner Yahya Malkawi	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/11/2019
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations:	
Person in Charge <redacted>	Pre-Operational Temporary	C 0 NC 1 R 0	
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 2 3 4 5	

- **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
297	NC		Ice guard in ice machine soiled.	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 Culinary Innovations by April Boeke, LLC	**Telephone Number** ( ) Establishment 812-228-7626 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/03/2019	**ID #** 12083
Establishment Address (number and street, city, state, zip code) 2308 W Franklin St Suite B, Evansville, IN, 47712			
Owner April Boeke	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/13/2019
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations:	
Person in Charge <redacted>	Pre-Operational Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

- **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
			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 Stop & Go - LS Petroleum Inc	**Telephone Number** ( ) Establishment 812-421-8190 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/02/2019	**ID #** 11521
Establishment Address (number and street, city, state, zip code) 520 S Barker Ave, Evansville, IN, 47712			
Owner Parmod Solanki	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/12/2019
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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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 Wesselmans-Royal	**Telephone Number** ( ) Establishment 812-479-8603 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/03/2019	**ID #** 11446
Establishment Address (number and street, city, state, zip code) 1200 N Fulton Ave, Evansville, IN, 47710			
Owner Winkler Inc	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/13/2019
Owner's Address <redacted>	☐ Follow-up ✓ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

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

cc:	cc:	cc:

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Establishment Name Wesselmans Sonntag	**Telephone Number** (812) Est. Contact 812-424-3549 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/01/2019	**ID #** 11442
Establishment Address (number and street, city, state, zip code) 700 Sonntag Ave., EVANSVILLE, IN, 47712			
Owner Winkler Inc	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/11/2019
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ HACCP	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
	☐ 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
			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 Szechwan Restaurant	**Telephone Number** ( ) Establishment 812-479-7600 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/02/2019	**ID #** 11379
Establishment Address (number and street, city, state, zip code) 669 N Green River Rd, Evansville, IN, 47715			
Owner Jingyan Li	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/12/2019
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint	C 3 NC 1 R 4	
Responsible Person's E-mail	Pre-Operational		
	Temporary	Menu Type *(See additional page)*	
	HACCP		
Certified Food Handler <redacted>	Other (list)	1 2 3 ● 4 5	

- **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
344	C	R	Hand sink obstructed.	Corrected
438	C	R	Chemical bottles not labeled.	07/02/2019
191	C	R	Ready to eat food lacking date marking.	07/02/2019
413	NC	R	Door sweep in need of repair.	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 Subway	**Telephone Number** (812) Establishment 812-429-0090 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/01/2019	**ID #** 11361
Establishment Address (number and street, city, state, zip code) 4750 W Lloyd Expwy, Evansville, IN, 47712			
Owner PATHIL AMIN	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/11/2019
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint	C 1 NC 0 R 1	
Responsible Person's E-mail	Pre-Operational		
	Temporary	Menu Type *(See additional page)*	
	HACCP		
Certified Food Handler <redacted>	Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Sanitizer concentration in bucket was 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:	cc:

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Establishment Name Motomart #4202	**Telephone Number** ( ) Establishment 812-473-0028 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/01/2019	**ID #** 11218
Establishment Address (number and street, city, state, zip code) 1900 N Green River Rd, Evansville, IN, 47715			
Owner FKG Oil Co	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/11/2019
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

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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Establishment Name McDonalds #35457	**Telephone Number** (812) Establishment 812-425-5922 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/02/2019	**ID #** 11206
Establishment Address (number and street, city, state, zip code) 1617 Bartlett Ave, Evansville, IN, 47711			
Owner PAUL SNIDER	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/12/2019
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Ice guard soiled in ice machine.	07/02/2019

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 Hadi Shrine Temple	**Telephone Number** ( ) Establishment 812-423-4285 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/01/2019	**ID #** 11002
Establishment Address (number and street, city, state, zip code) 6 Walnut St, Evansville, IN, 47708			
Owner HADI SHRINE TEMPLE	**Purpose:** ✓ Routine	**Follow-up** Yes	Release Date 07/11/2019
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations: C 1 NC 1 R 2	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 2 3 ● 4 5	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Potentially hazardous food cold holding above 41 degrees. Using time as a public health control.	Corrected
218	NC	R	Salad bar table is not maintaining the proper temperature.	07/02/2019

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 Hadi Shrine Temple	**Telephone Number** ( ) Establishment 812-423-4285 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/02/2019	**ID #** 11002
Establishment Address (number and street, city, state, zip code) 6 Walnut St, Evansville, IN, 47708			
Owner HADI SHRINE TEMPLE	**Purpose:** ☐ Routine ☑ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	**Follow-up** No	Release Date 07/12/2019
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 7-1-2019 are 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 Evansville Christian Life Center	**Telephone Number** ( ) Establishment 812-423-9222 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 07/05/2019	**ID #** 10950
Establishment Address (number and street, city, state, zip code) 509 S Kentucky Ave, Evansville, IN, 47714			
Owner Evansville Christian Life Center	**Purpose:** ✓ Routine	**Follow-up** No	Release Date 07/15/2019
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	Temporary HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	Other (list)	1 2 3 ● 4 5	

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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: