



# Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health  
Telephone 812-435-2400 opt 3  
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 <b>Center of Hope</b>		Telephone Number (812-402-5106)	Date of Inspection (mm/dd/yr) 08/13/2019	ID # 12297
Establishment Address (number and street, city, state, zip code) 808 SE Third, Evansville, IN, 47708		( ) Owner <redacted>		
Owner Center of Hope	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 <b>No</b>	Release Date 08/23/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 <b>The Inflatable Fun Factory</b>		Telephone Number <b>(812-471-5867)</b>	Date of Inspection (mm/dd/yr) <b>08/16/2019</b>	ID # <b>11975</b>
Establishment Address (number and street, city, state, zip code) <b>6600 Frito Lay Dr. Ste B, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>All Blown Up Inflatable Rentals</b>		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 <b>No</b>	Release Date <b>08/26/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>OV Water Sports Grill</b>	Telephone Number <b>(812-425-1912)</b>	Date of Inspection (mm/dd/yr) <b>08/14/2019</b>	ID # <b>11717</b>
Establishment Address (number and street, city, state, zip code) <b>325 LST Drive, Evansville, IN, 47713</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Oscar Velez</b>	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 <b>No</b>	Release Date <b>08/24/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: <b>C 1 NC 2 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>			
Responsible Person's E-mail			Menu Type (See additional page) <b>1 2 3 4 5</b>
Certified Food Handler <b>&lt;redacted&gt;</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
344	C		Hand washing sink not accessible.	Corrected
347	NC		Hand drying provisions not provided at hand sink.	Corrected
295	NC		Ice guard soiled in ice machine.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Papa Murphys Take N Bake</b>		Telephone Number (812-491-7272)	Date of Inspection (mm/dd/yr) 08/16/2019	ID # 11614
Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Dr Suite C, Evansville, IN, 47715		( ) Owner <redacted>		
Owner <b>Chad Gries</b>	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 <b>No</b>	Release Date <b>08/26/2019</b>	
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>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name: United Caring Shelter
Telephone Number: (812) 426-9960
Date of Inspection: 08/13/2019
ID #: 11419
Establishment Address: 324 NW Sixth St., EVANSVILLE, IN, 47708
Owner: UNITED CARING SERVICES
Purpose: Routine
Follow-up: No
Release Date: 08/23/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 3

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Table with 4 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):
Inspected by (signature):

cc:



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Establishment Name <b>Los Bravos</b>	Telephone Number <b>(812-464-3163)</b>	Date of Inspection (mm/dd/yr) <b>08/15/2019</b>	ID # <b>11103</b>
Establishment Address (number and street, city, state, zip code) <b>4630 W Lloyd Expressway, Evansville, IN, 47712</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Los Bravos Inc</b>	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 <b>No</b>	Release Date <b>08/25/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 8-6-2019 were corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Gasoline Alley</b>	Telephone Number (812-471-5764	Date of Inspection (mm/dd/yr) 08/16/2019	ID # 10981
Establishment Address (number and street, city, state, zip code) <b>3526 Interstate Dr, Evansville, IN, 47715</b>	( ) Owner <redacted>		
Owner <b>Muhammed Raza</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>Yes</b>	Release Date <b>08/26/2019</b>
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</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	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
431	NC		Walk in cooler fans in need of cleaning.	08/16/2019
177	C		PHF in walk in cooler not stored 6 inches off the floor.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>El Charro</b>		Telephone Number <b>(812-421-1986)</b>	Date of Inspection (mm/dd/yr) <b>08/15/2019</b>	ID # <b>10941</b>
Establishment Address (number and street, city, state, zip code) <b>720 N Sonntag Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Andres Correa</b>		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 <b>No</b>	Release Date <b>08/25/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 8-9-2019 were corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Himalaya Food Mart</b>		Telephone Number <b>(812-477-6853</b>	Date of Inspection (mm/dd/yr) <b>08/15/2019</b>	ID # <b>10932</b>
Establishment Address (number and street, city, state, zip code) <b>6720 Washington Ave., Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mahendra Adhikari</b>		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 <b>No</b>	Release Date <b>08/25/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C_0 NC_1 R_1</b>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Floors and walls in need of cleaning near stove.	08/16/2019

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Domino's Pizza #2570</b>	Telephone Number <b>(812-473-1011</b>	Date of Inspection (mm/dd/yr) <b>08/12/2019</b>	ID # <b>10926</b>
Establishment Address (number and street, city, state, zip code) <b>600 N Weinbach Ave., Evansville, IN, 47711</b>		( ) Owner	
Owner <b>E`-VILLE PIZZA, INC</b>	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 <b>No</b>	Release Date <b>08/22/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C_0 NC_0 R_0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type ( <i>See additional page</i> ) <b>1 2 3 4 5</b>	
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): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name <b>Domino's Pizza #2578</b>	Telephone Number <b>(812-473-3383)</b>	Date of Inspection (mm/dd/yr) <b>08/12/2019</b>	ID # <b>10925</b>
Establishment Address (number and street, city, state, zip code) <b>2101 S Weinbach Ave., Evansville, IN, 47711</b>	( ) Owner	Follow-up No <b>No</b>	
Owner <b>E`-VILLE PIZZA, INC</b>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <b>08/22/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint	Menu Type (See additional page)	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>	<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): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Dairy Queen</b>	Telephone Number (812-422-9341)	Date of Inspection (mm/dd/yr) 08/12/2019	ID # 10894
Establishment Address (number and street, city, state, zip code) 1159 E Virginia St., Evansville, IN, 47711	( ) Owner <redacted>		
Owner <b>MIKE SCHLOSS</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>08/22/2019</b>
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <b>0</b> NC <b>1</b> R <b>0</b>	
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 checked="" type="radio"/> 3 <input 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
422	NC		Employee items not stored in designated area.	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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