



# 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>Herradura</b>		Telephone Number ( ) Establishment ( ) Owner <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>08/20/2019</b>	ID # <b>12298</b>
Establishment Address (number and street, city, state, zip code) <b>4610 Bellemeade Ave, Evansville, IN, 47714</b>				
Owner <b>Luis Antonio Perez</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>08/30/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 2 NC 2 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

- 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
192	C		Ready to eat food lacking date marking.	08/20/2019
344	C		Hand sink obstructed.	08/20/2019
416	NC		Removal needed of dead pests.	08/20/2019
295	NC		Drink dispenser nozzles in need of cleaning.	08/20/2019

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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<b>Establishment Name</b> Spudz N Stuff	<b>Telephone Number</b> (812-867-7783	<b>Date of Inspection</b> (mm/dd/yr) 08/22/2019	<b>ID #</b> 12173
<b>Establishment Address</b> (number and street, city, state, zip code) 601 E Bnvl-NH Rd, Evansville, IN, 47725	( ) Owner <redacted>		
<b>Owner</b> Craig Wargel	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 09/01/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		Menu Type ( <i>See additional page</i> )	
<b>Certified Food Handler</b> <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>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>The Perfect Plan To Go</b>		Telephone Number <b>(812-471-9599)</b> <small>( ) Owner</small> <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>08/21/2019</b>	ID # <b>12087</b>
Establishment Address (number and street, city, state, zip code) <b>3101 N Green River Rd Ste 310, Evansville, IN, 47715</b>				
Owner <b>Sean Melvin</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>08/31/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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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 <b>PIZZA HUT #316695</b>		Telephone Number <b>(812-867-8540)</b>	Date of Inspection (mm/dd/yr) <b>08/22/2019</b>	ID # <b>11956</b>
Establishment Address (number and street, city, state, zip code) <b>601 E Boonville New Harmony Rd, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PIZZA HUT OF AMERICA LLC c/o DMA</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>09/01/2019</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 2 3 4 5</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
			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>Orange Leaf of Evansville</b>		Telephone Number <b>(812-401-5215)</b>	Date of Inspection (mm/dd/yr) <b>08/20/2019</b>	ID # <b>11955</b>
Establishment Address (number and street, city, state, zip code) <b>701 N Burkhardt Rd, Evansville, IN, 47715</b>		Owner <b>&lt;redacted&gt;</b>	Follow-up <b>No</b>	
Owner <b>Allison Phillips/OLEvansville LLC</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) _____	Release Date <b>08/30/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
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 <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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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:	cc:



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<b>Establishment Name</b> <b>Frosty Mountain Ice</b>	<b>Telephone Number</b> (812-455-8213)	<b>Date of Inspection</b> (mm/dd/yr) 08/22/2019	<b>ID #</b> 11951										
<b>Establishment Address (number and street, city, state, zip code)</b> 1315 A W Columbia St, Evansville, IN, 47710	( ) Owner <redacted>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Follow-up</b> No</td> <td style="width:50%;"><b>Release Date</b> 09/01/2019</td> </tr> <tr> <td colspan="2"><b>Summary of Violations:</b></td> </tr> <tr> <td style="text-align: center;">C <u>0</u></td> <td style="text-align: center;">NC <u>0</u> R <u>0</u></td> </tr> <tr> <td colspan="2"><b>Menu Type (See additional page)</b></td> </tr> <tr> <td style="text-align: center;">1 <input checked="" type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/></td> </tr> </table>		<b>Follow-up</b> No	<b>Release Date</b> 09/01/2019	<b>Summary of Violations:</b>		C <u>0</u>	NC <u>0</u> R <u>0</u>	<b>Menu Type (See additional page)</b>		1 <input checked="" type="radio"/>	2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
<b>Follow-up</b> No	<b>Release Date</b> 09/01/2019												
<b>Summary of Violations:</b>													
C <u>0</u>	NC <u>0</u> R <u>0</u>												
<b>Menu Type (See additional page)</b>													
1 <input checked="" type="radio"/>	2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>												
<b>Owner</b> Mark/Nancy Brust	<b>Purpose:</b> <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) _____												
<b>Owner's Address</b> <redacted>	<b>Person in Charge</b> <redacted>	<b>Responsible Person's E-mail</b>  											
<b>Certified Food Handler</b> <redacted>													

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

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



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Establishment Name <b>Zoup/GBS A &amp; A LLC</b>		Telephone Number (812-477-2664)	Date of Inspection (mm/dd/yr) 08/23/2019	ID # 11783
Establishment Address (number and street, city, state, zip code) 6240 E Virginia St, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Ponni Subbiah	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 09/02/2019	
Owner's Address <redacted>		Summary of Violations: C <u>3</u> NC <u>3</u> R <u>1</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
344	C	R	Hand washing sink not accessible.	Corrected
346	NC		Hand soap not provided at hand sinks.	Corrected
347	NC		Hand drying provisions not provided at hand sinks.	Corrected
295	C		Ice dispenser at self service station soiled.	08/23/2019
411	NC		Inadequate lighting in walk in.	08/30/2019
118	C		Establishment lacking certified food employee.	11/30/2019

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 <b>Tri-State Athletic Club</b>		Telephone Number <b>(812-479-3111)</b>	Date of Inspection (mm/dd/yr) <b>08/23/2019</b>	ID # <b>11763</b>
Establishment Address (number and street, city, state, zip code) <b>555 Tennis Lane, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>TSAC Acquisition Co LLC</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>09/02/2019</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)	
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 <b>&lt;redacted&gt;</b>				

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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 <b>Dollar General #11539</b>		Telephone Number (812-477-2078)	Date of Inspection (mm/dd/yr) 08/21/2019	ID # 11721
Establishment Address (number and street, city, state, zip code) 1555 S Boeke Rd, Evansville, IN, 47714		( ) Owner <redacted>		
Owner DOLGENCORP 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 08/31/2019	
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 checked="" type="radio"/> 2 <input 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 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>Bonefish Grill #7505</b>		Telephone Number (812-401-3474)	Date of Inspection (mm/dd/yr) 08/21/2019	ID # 11707
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Bonefish Grill 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 08/31/2019
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 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
			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 <b>Jimmy Johns</b>		Telephone Number <b>(812-401-5400</b>	Date of Inspection (mm/dd/yr) <b>08/20/2019</b>	ID # <b>11607</b>
Establishment Address (number and street, city, state, zip code) <b>701 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>KEN BUTLER, II</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>08/30/2019</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
			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 <b>Sonic Drive-In #111</b>		Telephone Number (812-476-7730)	Date of Inspection (mm/dd/yr) 08/21/2019	ID # 11604
Establishment Address (number and street, city, state, zip code) 3433 N Green River Rd, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Sonic Drive-In of Evansville Inc	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up Yes	Release Date 08/31/2019	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>2</u> R <u>1</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) _____			

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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
430	NC		Light shield in walk in freezer in need of repair.	09/11/2019
431	NC		Walls at three compartment sink in need of cleaning.	08/21/2019
345	C	R	Hand sink being used for purpose other than hand washing.	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

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>Starbucks Coffee Co #8955</b>		Telephone Number (812-401-1771)	Date of Inspection (mm/dd/yr) 08/23/2019	ID # 11501
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Starbucks Coffee Co		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 09/02/2019
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) 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
344	C		Hand sink used for other purposes other than hand washing.	09/13/2019

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 <b>Moe's Southwest Grill</b>		Telephone Number (812-491-6637)	Date of Inspection (mm/dd/yr) 08/21/2019	ID # 11499
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Brian Ferris	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 08/31/2019	
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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- 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>Crazy Buffet</b>		Telephone Number (812-437-8833)	Date of Inspection (mm/dd/yr) 08/21/2019	ID # 11494
Establishment Address (number and street, city, state, zip code) 701 N Burkhardt Rd, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Fei En Pan	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 08/31/2019	
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"
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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 <b>Gordon Food Service Store LLC</b>	Telephone Number (812-473-0096)	Date of Inspection (mm/dd/yr) 08/23/2019	ID # 11490
Establishment Address (number and street, city, state, zip code) 1500 N Burkhardt Rd, Evansville, IN, 47715	( ) Owner <redacted>		
Owner Gordon Food Service Store LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/02/2019
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		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	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"/>	
	<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 <b>Little Italy</b>		Telephone Number (812-401-0588)	Date of Inspection (mm/dd/yr) 08/21/2019	ID # 11478
Establishment Address (number and street, city, state, zip code) 4430 First Ave, Evansville, IN, 47710		( ) Owner <redacted>		
Owner Ammar Jawabrah	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 08/31/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>3</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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Repair fans & condensation in walk-in.	08/23/2019
324	C		Prep sink in need of repair.	08/23/2019
411	NC		Increase lighting in kitchen.	08/23/2019
200	C		Improper use of 3 compartment sink for food prep.	Corrected
431	NC	R	Kitchen floors & walls in need of cleaning.	08/21/2019

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 <b>Windmill Dairy Queen</b>	Telephone Number <b>(812-425-6107)</b>	Date of Inspection (mm/dd/yr) <b>08/23/2019</b>	ID # <b>11453</b>
Establishment Address (number and street, city, state, zip code) <b>6801 Highway 41, Evansville, IN, 47725</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>MIKE SCHLOSS</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>09/02/2019</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 1 3 0 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
			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>Schnucks #728</b>		Telephone Number (812-473-4510)	Date of Inspection (mm/dd/yr) 08/20/2019	ID # 11307
Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, EVANSVILLE, IN, 47715		( ) Owner <redacted>		
Owner Schnucks Markets 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	Release Date 08/30/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Ice machine in Seafood department in need of cleaning.	08/20/2019
294	C		Sanitizer concentration for wiping clothes in seafood department too weak.	Corrected
347	NC		Hand washing sinks at deli department kitchen and service counter lacking paper towels.	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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<b>Establishment Name</b> Pie Pan Restaurant and Bakery	<b>Telephone Number</b> (812) 425-2261	<b>Date of Inspection</b> (mm/dd/yr) 08/21/2019	<b>ID #</b> 11255
<b>Establishment Address</b> (number and street, city, state, zip code) 905 North Park Dr, Evansville, IN, 47710	( ) Owner <redacted>		
<b>Owner</b> Pie Pan LLC.	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 08/31/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page)	
<b>Certified Food Handler</b> <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" 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.	

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



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Establishment Name <b>Olive Garden #1022</b>		Telephone Number <b>(812-473-2903)</b>	Date of Inspection (mm/dd/yr) <b>08/20/2019</b>	ID # <b>11235</b>
Establishment Address (number and street, city, state, zip code) <b>1100 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>GMRI 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>08/30/2019</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 <i>additional</i> 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>				

- 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): <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>McDonalds-Covert Ave</b>		Telephone Number <b>(812-477-7041)</b>	Date of Inspection (mm/dd/yr) <b>08/23/2019</b>	ID # <b>11203</b>
Establishment Address (number and street, city, state, zip code) <b>2960 Covert Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mann Enterprises LLC</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>09/02/2019</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)	
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>				

- 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): <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>McDonalds #20552</b>		Telephone Number <b>(812-867-9003)</b>	Date of Inspection (mm/dd/yr) <b>08/23/2019</b>	ID # <b>11201</b>
Establishment Address (number and street, city, state, zip code) <b>999 E Mt. Pleasant Rd, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Ivan Carvajal</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>09/02/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</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 checked="" type="radio"/> 3 <input 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		Fan casing & dish machine in need of cleaning.	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>McDonalds #35249</b>		Telephone Number <b>(812-422-8005</b>	Date of Inspection (mm/dd/yr) <b>08/21/2019</b>	ID # <b>11198</b>
Establishment Address (number and street, city, state, zip code) <b>3704 First Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PAUL SNIDER</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>Yes</b>	Release Date <b>08/31/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 2 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
324	C	R	Two hand washing sinks in need of repair.	08/21/2019
129	C		Employee not washing hands between change of duties.	Corrected
232	NC		Drink conveyor belt in need of cleaning.	08/21/2019

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>TJ Maxx Cafe</b>		Telephone Number (812) 465-4985	Date of Inspection (mm/dd/yr) 08/20/2019	ID # 11167
Establishment Address (number and street, city, state, zip code) 3301 Maxx Rd, EVANSVILLE, IN, 47711		( ) Owner <redacted>		
Owner CANTEEN Service Company		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 08/30/2019
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</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>				

- 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
324	C	R	Hand sink in need of repair.	08/23/2019

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 812-435-2400 opt 3  
Fax 812-435-5871

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<b>Establishment Name</b> Chuck E Cheese's #60	<b>Telephone Number</b> (812) 473-4262	<b>Date of Inspection (mm/dd/yr)</b> 08/21/2019	<b>ID #</b> 11153
<b>Establishment Address (number and street, city, state, zip code)</b> 559 N Green River Rd, Evansville, IN, 47715	<b>( ) Owner</b> <redacted>		
<b>Owner</b> CEC ENTERTAINMENT INC	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 08/31/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b> 		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b> <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" 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.	

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



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Establishment Name <b>Burger King #120</b>		Telephone Number (812-426-0303)	Date of Inspection (mm/dd/yr) 08/21/2019	ID # 11116
Establishment Address (number and street, city, state, zip code) 4400 First Ave, Evansville, IN, 47710		( ) Owner <redacted>		
Owner Carrols, 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 08/31/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</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>				

- 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	Replace/repair broken floor tiles.	09/20/2019

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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SDH Form 51-0001

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Establishment Name <b>Krispy Kreme</b>	Telephone Number <b>(812-475-8419)</b>	Date of Inspection (mm/dd/yr) <b>08/20/2019</b>	ID # <b>11074</b>
Establishment Address (number and street, city, state, zip code) <b>727 N Burkhardt Rd, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Krispy Kreme Doughnut Corporation</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>08/30/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
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>			

- 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): <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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Vanderburgh County Department of Health  
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<b>Establishment Name</b> <b>Iwataya Restaurant</b>	<b>Telephone Number</b> (812-868-0830)	<b>Date of Inspection</b> (mm/dd/yr) 08/23/2019	<b>ID #</b> 11054
<b>Establishment Address (number and street, city, state, zip code)</b> 8401 N Kentucky Ave, Evansville, IN, 47725	( ) Owner <redacted>		
<b>Owner</b> CHUBU TRADING INC	<b>Purpose:</b> <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) _____	<b>Follow-up</b> Yes	<b>Release Date</b> 09/02/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>1</u> NC <u>0</u> R <u>1</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b> <redacted>		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
324	C	R	Plumbing under dish machine area still in need of repair.	08/30/2019
			Follow up from 7-31-19 inspection.	

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

**Retail Food Establishment Inspection Report**State Form 22116 (R7 /12-04)  
SDH Form 51-0001Vanderburgh County Department of Health  
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Establishment Name <b>Happy Garden</b>		Telephone Number (812) 479-8933 ( ) Owner	Date of Inspection (mm/dd/yr) 08/23/2019	ID # 11007
Establishment Address (number and street, city, state, zip code) 1927 Pollack Ave., Evansville, IN, 47714		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 09/02/2019
Owner Zu Xing Zhang			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Owner's Address <redacted>			Menu Type (See additional page)	
Person in Charge <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 _____				
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
431	NC	R	Floor under equipment in need of cleaning.	08/29/2019

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 <b>Gasoline Alley</b>	Telephone Number <b>(812-471-5764</b>	Date of Inspection (mm/dd/yr) <b>08/22/2019</b>	ID # <b>10981</b>
Establishment Address (number and street, city, state, zip code) <b>3526 Interstate Dr, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Muhammed Raza</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>09/01/2019</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 8/16/2019 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>Fraternal Order of Eagles #427</b>		Telephone Number <b>(812-477-9208</b>	Date of Inspection (mm/dd/yr) <b>08/23/2019</b>	ID # <b>10973</b>
Establishment Address (number and street, city, state, zip code) <b>6000 Old Boonville Hwy, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Fraternal Order of Eagles</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>09/02/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 3 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type <i>additional</i>	
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 <b>&lt;redacted&gt;</b>				

- 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
347	NC		Lacking disposable towels for bar handwashing station.	08/23/2019
346	NC		Lacking soap for bar handwashing station.	08/23/2019
410	NC		Lights over pizza cooking and ice machine not shielded.	08/30/2019

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>AFC Sushi @ Schnucks #728</b>		Telephone Number (812-473-4510)	Date of Inspection (mm/dd/yr) 08/20/2019	ID # 10832
Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, Evansville, IN, 47715		( ) Owner <redacted>		
Owner ADVANCED FRESH CONCEPTS FRANCHISE CORP		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>Yes</b>	Release Date 08/30/2019
Owner's Address <redacted>			Summary of Violations: C <u>0</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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Section#	C/NC	R	Narrative	To Be Corrected By
257	NC		Working lacking thermometer to ensure attainment and maintenance of proper food temperature.	08/20/2019

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 <b>MOD Pizza</b>		Telephone Number <b>(812-602-5525)</b>	Date of Inspection (mm/dd/yr) <b>08/21/2019</b>	ID # <b>13762</b>
Establishment Address (number and street, city, state, zip code) <b>6401 E. Lloyd Expressway, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Garyen Denning</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>08/31/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 1 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
281	NC		Dish machine not dispensing sanitizer.	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>Radhegovind Inc. DBA Foodmart</b>		Telephone Number <b>(812-411-4380)</b>	Date of Inspection (mm/dd/yr) <b>08/21/2019</b>	ID # <b>13801</b>
Establishment Address (number and street, city, state, zip code) <b>600 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Patel Ajitkumar</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>08/31/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type <i>additional</i> 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>				

- 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): <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>Downtown Foodmart</b>		Telephone Number <b>(812-602-3552)</b>	Date of Inspection (mm/dd/yr) <b>08/19/2019</b>	ID # <b>13802</b>
Establishment Address (number and street, city, state, zip code) <b>720 S.E. 8th St., Evansville, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>JBMDG LLC</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>Yes</b>	Release Date <b>08/29/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 2 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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Food not maintained at 41F or less.	Corrected
218	NC		Refrigerator not maintaining 41F or less.	08/30/2019
431	NC	R	Floors in need of cleaning.	08/19/2019

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:



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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.

<b>Establishment Name</b> Market Wagonn LLC	<b>Telephone Number</b> (317-401-9338)	<b>Date of Inspection</b> (mm/dd/yr) 08/22/2019	<b>ID #</b> 13868						
<b>Establishment Address (number and street, city, state, zip code)</b> 2641 N Cullen Ave, Evansville, IN, 47715	<b>( ) Owner</b> <redacted>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>Follow-up</b> <b>No</b></td> <td style="padding: 5px;"><b>Release Date</b> 09/01/2019</td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Summary of Violations:            C <u>0</u>   NC <u>0</u>   R <u>0</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           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"/> </td> </tr> </table>		<b>Follow-up</b> <b>No</b>	<b>Release Date</b> 09/01/2019	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"/>	
<b>Follow-up</b> <b>No</b>	<b>Release Date</b> 09/01/2019								
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"/>									
<b>Owner</b> Nicholas Carter	<b>Purpose:</b> <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) _____								
<b>Owner's Address</b> <redacted>	<b>Person in Charge</b> <redacted>								
<b>Responsible Person's E-mail</b> 									
<b>Certified Food Handler</b> 									

- 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.	

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



### 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>El Paisano</b>	Telephone Number <b>812-602-3535</b>	Date of Inspection (mm/dd/yr) <b>08/20/2019</b>	ID # <b>13853</b>
Establishment Address (number and street, city, state, zip code) <b>225 S Green River Rd, Evansville, IN, 47715</b>		<b>&lt;redacted&gt;</b>	
Owner <b>Eutiqui Chama</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>	<b>08/30/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>		<b>C <u>2</u> NC <u>2</u> R <u>2</u></b>	
Person in Charge <b>&lt;redacted&gt;</b>		<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 <b>&lt;redacted&gt;</b>			

- 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
173	C	R	Improper storage of raw eggs in cooler.	08/20/2019
294	C		No sanitizer solution available.	Corrected
146	NC	R	Self serve food not labeled.	08/20/2019
413	NC		Door sweep in need of repair in kitchen.	08/30/2019

<b>&lt;redacted&gt;</b>	<b>&lt;redacted&gt;</b>	



Retail Food Establishment Inspection Report

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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: Catfish Willy's
Telephone Number: (812) 401-2233
Date of Inspection: 08/23/2019
ID #: 14000
Establishment Address: 5724 E. Virginia St, Evansville, IN, 47715
Owner: Angie Melvin
Purpose: [X] Routine
Follow-up: No
Release Date: 09/02/2019
Summary of Violations: C 1 NC 0 R 0
Menu Type: 1 0 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 294, C, , Chemical sanitizer concentration below required strength in dish machine., 08/26/2019

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