



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 FOOL MOON BAR & GRILL		Telephone Number (812-467-7486)	Date of Inspection (mm/dd/yr) 09/18/2019	ID # 12202
Establishment Address (number and street, city, state, zip code) 5625 Pearl Dr Ste G, Evansville, IN, 47712		() Owner		
Owner Ryan Matt	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/28/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

- 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
			Follow up from 9-9-2019.	
			All violations were corrected.	

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



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Establishment Name The Rooftop		Telephone Number (812-205-1377)	Date of Inspection (mm/dd/yr) 09/17/2019	ID # 13832
Establishment Address (number and street, city, state, zip code) 112 NW MLK BLVD, Evansville, IN, 47708		() Owner <redacted>		
Owner Rooftop Restaurant	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 09/27/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>6</u> R <u>1</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Inside single door reachin refrigerator at front line soiled.	09/17/2019
295	NC		Inside freezer has ice accumulation. Defrost. Planning to replace unit.	09/19/2019
431	NC	R	Freezer floor has water accumulation from melting ice, flooring has soil accumulation along floor/wall area at back door, oven, front hot line, and dishmachine.	09/20/2019
430	NC		Dishmachine three compartment sink wall, mop sink, and kitchen at north wall corridor deteriorated. Install new washable sealed wall surface	10/16/2019
433	NC		Improper storage of mops. Store handle up.	09/17/2019
324	NC		Three compartment sink chemical device leaking. Contact service.	09/17/2019

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

