



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 Express Mart	Telephone Number (812-228-1077)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 13240	
Establishment Address (number and street, city, state, zip code) 325 S Kentucky Ave, Evansville, Indiana, 47714	() Owner	Follow-up No		
Owner Shree Mahadev inc	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 10/19/2019	Summary of Violations: C 1 NC 2 R 2	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Menu Type (See additional page)		
Person in Charge <redacted>	<input type="checkbox"/> Complaint	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	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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
346	NC	R	No soap provided at hand sink.	10/09/2019
347	NC		No drying provisions provided at hand sink.	10/09/2019
187	C	R	Hot holding potentially hazardous food at an improper temperature.	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 North Jr High School 7-8		Telephone Number (812-435-0976)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 11973
Establishment Address (number and street, city, state, zip code) 15325 N Highway 41, Evansville, IN, 47725		() Owner <redacted>		
Owner Evansville Vanderburgh School 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 No	Release Date 10/19/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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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 Lincoln Garden		Telephone Number (812-471-8881)	Date of Inspection (mm/dd/yr) 10/10/2019	ID # 11930
Establishment Address (number and street, city, state, zip code) 2001 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jenny Zhang	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 10/20/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>6</u> R <u>3</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
191	C	R	Potentially hazardous foods not date marked.	10/10/2019
218	NC		Reach in refrigerator seals need repair.	10/18/2019
242	NC		Improper use of single use items for scoops.	Corrected
245	NC	R	Wiping cloths not properly stored.	Corrected
303	C	R	Improper cleaning & sanitizing of food contact surfaces.	10/10/2019
383	NC		Outdoor enclosure area in need of cleaning.	10/10/2019
411	NC		Increase lighting in kitchen area.	10/18/2019
430	NC		Repair back screen door.	10/18/2019

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 The Granola Jar		Telephone Number (812-437-1899)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 11553
Establishment Address (number and street, city, state, zip code) 1033 Mt Pleasant Rd Suite J, Evansville, IN, 47725		() Owner <redacted>		
Owner Kimmel Ventures Inc		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/19/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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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: PaPa Johns Mobile Unit
Telephone Number: (812-423-9024)
Date of Inspection: 10/09/2019
ID #: 11544
Establishment Address: 313 N Weinbach Ave, Evansville, IN, 47711
Owner: KGK Enterprises Inc
Purpose: Routine
Follow-up: No
Release Date: 10/19/2019
Summary of Violations: C 0 NC 0 R 0

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. Narrative contains 'No noted violations.'

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



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Establishment Name Scott Elementary School	Telephone Number (812-867-4765)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 11310
Establishment Address (number and street, city, state, zip code) 14940 Old State Rd, EVANSVILLE, IN, 47725	() Owner <redacted>		
Owner Evansville Vanderburgh School 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 No	Release Date 10/19/2019
Owner's Address <redacted>	Summary of Violations:		
Person in Charge <redacted>	C <u>0</u> NC <u>0</u> R <u>0</u>		
Responsible Person's E-mail	Menu Type (See additional page)		
Certified Food Handler <redacted>	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		

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

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Reitz High School		Telephone Number (812-435-8208)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 11279
Establishment Address (number and street, city, state, zip code) 350 Dreier Blvd., EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner Evansville Vanderburgh School 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 No	Release Date 10/19/2019
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 1 3 0 4 0 5 0	
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:	cc:	



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Establishment Name North High School		Telephone Number (812-435-8291)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 11228
Establishment Address (number and street, city, state, zip code) 15325 N Highway 41, EVANSVILLE, IN, 47725		() Owner <redacted>		
Owner Evansville Vanderburgh School 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 No	Release Date 10/19/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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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):	
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Establishment Name McGary Middle School 6-8		Telephone Number (812-469-5088)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 11209
Establishment Address (number and street, city, state, zip code) 1535 Joyce Ave, EVANSVILLE, IN, 47714		() Owner <redacted>		
Owner Evansville Vanderburgh School 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 No	Release Date 10/19/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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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 Marigold Bar		Telephone Number (812-475-8780)	Date of Inspection (mm/dd/yr) 10/08/2019	ID # 11190
Establishment Address (number and street, city, state, zip code) 2112 S Weinbach Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Bush Investments	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 10/18/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input 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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Harrison High School		Telephone Number (812-477-2496)	Date of Inspection (mm/dd/yr) 10/10/2019	ID # 11018
Establishment Address (number and street, city, state, zip code) 211 Fielding Rd., EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Evansville Vanderburgh School 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 No	Release Date 10/20/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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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):
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Establishment Name Ricks Sport Bar & Family Room		Telephone Number (812-477-4088	Date of Inspection (mm/dd/yr) 10/08/2019	ID # 10998
Establishment Address (number and street, city, state, zip code) 1531 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Ricks Sport Bar & Family Room Inc		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 10/18/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 1 R 2	
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
415	C	R	Pest activity present.	10/18/2019
295	NC	R	Ice guard soiled in ice machine.	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 SAGE @ OneMain Financial		Telephone Number (812-424-8031)	Date of Inspection (mm/dd/yr) 10/11/2019	ID # 10837
Establishment Address (number and street, city, state, zip code) 601 NW Second St., EVANSVILLE, IN, 47708		() Owner <redacted>		
Owner SAGE Dining Services, Inc.		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/21/2019
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>				

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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 Acropolis		Telephone Number (812-475-9320)	Date of Inspection (mm/dd/yr) 10/10/2019	ID # 10827
Establishment Address (number and street, city, state, zip code) 501 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Yiochriella, LLC		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	Release Date 10/20/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input 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
			Follow-up from inspection on 9/25/19. Violations 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 Bishops	Telephone Number (812-202-2497)	Date of Inspection (mm/dd/yr) 10/09/2019	ID # 13790
Establishment Address (number and street, city, state, zip code) 6401 E. Lloyd Exp., Evansville, IN, 47715	() Owner <redacted>		
Owner Todd Southern	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 10/19/2019
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
Responsible Person's E-mail			
Certified Food Handler			

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

Section#	C/NC	R	Narrative	To Be Corrected By
			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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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 The Granola Jar @ 111		Telephone Number (812-401-8111)	Date of Inspection (mm/dd/yr) 10/08/2019	ID # 13855
Establishment Address (number and street, city, state, zip code) 111 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Nealie Anthony		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 10/18/2019
Owner's Address <redacted>			Summary of Violations: C_0 NC_0 R_0	
Person in Charge <redacted>			Menu Type (See additional page) 1 <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):
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cc:	cc:	cc:
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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 Diva's Cooking		Telephone Number (812-602-8682)	Date of Inspection (mm/dd/yr) 10/08/2019	ID # 14002
Establishment Address (number and street, city, state, zip code) 1200 Corrigedor Circle, Evansville, IN, 47714		() Owner <redacted>		
Owner LaTonya Davis	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 10/18/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 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
			Replaced refrigerator. Operating under 41 F	Corrected
			follow up from 10-3-10 inspection.	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: Waffled It, LLC
Telephone Number: (270) 421-1873
Date of Inspection: 10/11/2019
ID #: 14170
Establishment Address: 533 Nutwood St, Bowling Green, KY, 42103
Owner: Benjamin Norris
Purpose: Routine
Follow-up: No
Release Date: 10/21/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Approved for operation.

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