



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 Honey Moon Coffee Co.		Telephone Number (812-602-3123	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 13224
Establishment Address (number and street, city, state, zip code) 612 S Weinbach Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jessica Parsons	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 11/17/2019	
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 <redacted>				
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 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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Establishment Name G & C's Taste of NYC	Telephone Number (812-401-3020)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 13009
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd unit 106, Evansville, Indiana, 47715	() Owner <redacted>		
Owner Sherry Schnell	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up Yes	Release Date 11/17/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 1 NC 1 R 1	
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
187	C	R	Potentially hazardous cold food held above 41 degrees.	Corrected
218	NC		Prep cooler in need of repair.	11/14/2019

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 Morgan Expressway		Telephone Number (812-909-3981)	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 12267
Establishment Address (number and street, city, state, zip code) 3800 E Morgan Ave, Evansville, IN, 47715		() Owner <redacted>		
Owner HARBHJAN SINGH	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 11/16/2019	
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 checked="" 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
			Violations from 10/28/19 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 Little Caesar`s Pizza	Telephone Number (812-401-8555	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 12141
Establishment Address (number and street, city, state, zip code) 2411 Stringtown Rd #4, Evansville, IN, 47711	() Owner <redacted>		
Owner Collective Efforts Investments, Inc	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 11/16/2019
Owner`s Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</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) 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>	<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
174	NC		Bulk food items not labeled.	11/06/2019

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 Heady's Pizza		Telephone Number (812-437-4343)	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 11881
Establishment Address (number and street, city, state, zip code) 4120 B N First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Douglas Hunter	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 11/16/2019	
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 <redacted>				
Certified Food Handler <redacted>				
<ul style="list-style-type: none"> • 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 Hickory Farms #10790		Telephone Number (815-462-0274	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 11762
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Hickory Farms 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 11/17/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
342	NC		Hand washing sink in need of maintenance.	11/08/2019

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 Tokyo Japan		Telephone Number (917-238-2299)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 11694
Establishment Address (number and street, city, state, zip code) 3000 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Xu Hua Lin	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 11/17/2019	
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
			All violations from 10/28/2019 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 McDonalds (CEK ENTERPRISES LLC)		Telephone Number (812-471-3015)	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 11591
Establishment Address (number and street, city, state, zip code) 3350 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner JOSEPH & KATHERINE KENWORTHY		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 11/16/2019
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):	
cc:	cc:	cc:	



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Establishment Name Rademacher's Cafe		Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 11471
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722		() Owner <redacted>		
Owner Chartwells	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 11/17/2019	
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)		
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
303	C		No sanitizer for wiping cloth.	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 CAFÉ COURT		Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 11418
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		() Owner <redacted>		
Owner Chartwells	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 11/17/2019	
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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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 TACO BELL #28904		Telephone Number (812-423-8226)		Date of Inspection (mm/dd/yr) 11/06/2019		ID # 11380	
Establishment Address (number and street, city, state, zip code) 2408 W Maryland St, Evansville, IN, 47712		Owner <redacted>		Follow-up No		Release Date 11/16/2019	
Owner Bell Indiana 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) _____		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address <redacted>							
Person in Charge <redacted>							
Responsible Person's E-mail <redacted>							
Certified Food Handler <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"/>			

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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 Steve's Una Pizza	Telephone Number (812-477-5411 () Owner <redacted>	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 11354
Establishment Address (number and street, city, state, zip code) 1005 S St James Blvd, Evansville, IN, 47714			
Owner Joshua Adkins	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 11/17/2019
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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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:	cc:



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Establishment Name SIMPSONS SUPERMARKET		Telephone Number (812-477-5341	Date of Inspection (mm/dd/yr) 11/04/2019	ID # 11319
Establishment Address (number and street, city, state, zip code) 1365 Covert Ave, Evansville, IN, 47714		Owner <redacted>		
Owner Houchens North Foods 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 11/14/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
231	NC		Can opener in need of replacement in deli.	11/08/2019

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



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Establishment Name PIZZA HUT #316305		Telephone Number (812-424-4433	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 11262
Establishment Address (number and street, city, state, zip code) 310 N St. Joseph Ave, Evansville, IN, 47712		() Owner <redacted>		
Owner PIZZA HUT OF AMERICA LLC c/o DMA		Purpose: <input 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 11/17/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 1	
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 type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC	R	Area heavily soiled around fryer.	11/07/2019

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 SISCO ENTERPRISES LLC DBA PIECE OF CAKE		Telephone Number (812-424-2253)	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 11256
Establishment Address (number and street, city, state, zip code) 210 Main St, Evansville, IN, 47708		() Owner <redacted>		
Owner Cate Sisco	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 11/16/2019	
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
			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:



Retail Food Establishment Inspection Report

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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 Circle H	Telephone Number (812-422-4474	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 11243
Establishment Address (number and street, city, state, zip code) 5817 Stringtown Rd, Evansville, IN, 47711	() Owner <redacted>	Follow-up No	Release Date 11/16/2019
Owner HARBHJAN SINGH	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) _____	Summary of Violations: C 0 NC 0 R 0	
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		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			

- 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 Ace's Place		Telephone Number (812-488-2952)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 11015
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722		() Owner <redacted>		
Owner Chartwells	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 11/17/2019	
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"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

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

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



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Establishment Name Drone's Convenience		Telephone Number (812-429-1137)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 10933
Establishment Address (number and street, city, state, zip code) 410 Tekoppel Ave., Evansville, IN, 47712		() Owner <redacted>		
Owner KMT 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 11/17/2019	
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <redacted>				
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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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 Arby's #7255		Telephone Number (812-421-1200)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 10848
Establishment Address (number and street, city, state, zip code) 3600 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Arby's Restaurant Group		Purpose: <input 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 11/17/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 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 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
431	NC		Floors in kitchen and walk-in coolers in need of cleaning.	11/07/2019

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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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 Adele's Naturally		Telephone Number (812-471-3144)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 10829	
Establishment Address (number and street, city, state, zip code) 2704 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>			
Owner Faye Gibson & Fred Cottrell		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 11/17/2019	
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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>					
Responsible Person's E-mail					

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

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

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

Establishment Name Beans & Baristas		Telephone Number (812-457-8566)	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 10811
Establishment Address (number and street, city, state, zip code) 800 N Green River, Evansville, IN, 47715		() Owner <redacted>		
Owner Regina Smith & Phyllis Wolf		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 11/17/2019
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 checked="" type="radio"/> 2 <input 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"
- 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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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 Smart Market (Koch Building)		Telephone Number (812-488-2952	Date of Inspection (mm/dd/yr) 11/07/2019	ID # 13771
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722		() Owner <redacted>		
Owner Chartwells	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 11/17/2019	
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 1		
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 <redacted>				
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
415	C	R	Live pest activity at coffee machine.	11/07/2019

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

Establishment Name White Swan Coffee Lab		Telephone Number (812-402-0233)	Date of Inspection (mm/dd/yr) 11/08/2019	ID # 13902
Establishment Address (number and street, city, state, zip code) 2025 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner David Rudibaugh	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 11/18/2019	
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
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:



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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 Bud's Rockin' Bar & Grill		Telephone Number (812-401-1730)	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 14040
Establishment Address (number and street, city, state, zip code) 2124 W Franklin, Evansville, IN, 47712		() Owner		
Owner Kerry Chesser	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 11/16/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 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>				

- 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
347	NC		No hand drying provisions provided at bar hand sinks.	11/06/2019

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 Kabob Xpress		Telephone Number (812-402-0244)	Date of Inspection (mm/dd/yr) 11/06/2019	ID # 14072
Establishment Address (number and street, city, state, zip code) 3305 N Greenriver Rd , Evansville, IN, 47715		() Owner <redacted>		
Owner Hossam Mohamed	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 11/16/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>4</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"
- 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
138	NC		Employees lacking proper hair restraint.	11/06/2019
187	C		Hot food not being maintained at the required temperature. Food voluntarily discarded.	Corrected
234	NC		Scoop for bulk food items lacking handle.	Corrected
347	NC		Kitchen and service counter hand washing sinks lacking paper towels.	Corrected
346	NC		Kitchen and service counter hand washing sinks lacking soap.	Corrected
118	C		Establishment lacking certified food handler.	11/26/2019

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