





# 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>Lincoln Garden</b>		Telephone Number (812-471-8881)	Date of Inspection (mm/dd/yr) 10/22/2019	ID # 11930
Establishment Address (number and street, city, state, zip code) 2001 Lincoln Ave, Evansville, IN, 47714		( ) Owner <redacted>		
Owner Jenny Zhang	Purpose: <input 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 11/01/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>2</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>				

- 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
245	NC	R	Wiping cloths not properly stored in sanitizer.	Corrected
242	NC	R	Improper use of single use items for scoops.	Corrected
			All other violations for 10-10-19 inspection 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 <b>Qdoba</b>	Telephone Number <b>(812-401-0800)</b>	Date of Inspection (mm/dd/yr) <b>10/21/2019</b>	ID # <b>11904</b>
Establishment Address (number and street, city, state, zip code) <b>922 N Burkhardt Rd, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Ellsie 2 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>10/31/2019</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 (See additional page) <b>1</b> <input type="radio"/> <b>2</b> <input type="radio"/> <b>3</b> <input checked="" type="radio"/> <b>4</b> <input type="radio"/> <b>5</b> <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No 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: Dollar General #11697
Telephone Number: (812) 471-5783
Date of Inspection: 10/25/2019
ID #: 11793
Establishment Address: 3220 Mariner Dr, Evansville, IN, 47711
Owner: DOLGENCORP LLC
Purpose: Routine
Follow-up: No
Release Date: 11/04/2019
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'No noted violations.'

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





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Establishment Name <b>Himal Food Mart Inc.</b>		Telephone Number <b>(812-401-4462</b>	Date of Inspection (mm/dd/yr) <b>10/22/2019</b>	ID # <b>11666</b>
Establishment Address (number and street, city, state, zip code) <b>3017 Kratzville Rd, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Prem Khadka</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>11/01/2019</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) <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
181	NC		Utensils not provided at self service area.	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>Dollar General #6626</b>		Telephone Number <b>(812-477-1947)</b>	Date of Inspection (mm/dd/yr) <b>10/21/2019</b>	ID # <b>11462</b>
Establishment Address (number and street, city, state, zip code) <b>5033 Theater Drive, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>DOLGENCORP 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>10/31/2019</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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<b>Establishment Name</b> Steak `N Shake		<b>Telephone Number</b> (812-475-1400)	<b>Date of Inspection</b> (mm/dd/yr) 10/23/2019	<b>ID #</b> 11349
<b>Establishment Address</b> (number and street, city, state, zip code) 7929 E Division St, Evansville, IN, 47715		<b>Owner</b> ( ) Owner <redacted>		
<b>Owner</b> C Douglas Knipp, Pres./Family Dining 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> 11/02/2019
<b>Owner's Address</b> <redacted>			<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>			<b>Menu Type</b> (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<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
			Follow-up from inspection on 9/26/19. Violation corrected.	

<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>	<b>cc:</b>	<b>cc:</b>









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Establishment Name <b>The Rooftop</b>		Telephone Number <b>(812-205-1377)</b>	Date of Inspection (mm/dd/yr) <b>10/23/2019</b>	ID # <b>13832</b>
Establishment Address (number and street, city, state, zip code) <b>112 NW MLK BLVD, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Rooftop Restaurant</b>	Purpose: <input type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>11/02/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input checked="" type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <b>&lt;redacted&gt;</b>	<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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Section#	C/NC	R	Narrative	To Be Corrected By
			Corrected all violations from 9-17-19 inspection.	

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: