



# 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>Raffi's Oasis Café and Mediterranean Grille</b>		Telephone Number <b>(812-602-3660)</b>	Date of Inspection (mm/dd/yr) <b>11/22/2019</b>	ID # <b>12258</b>
Establishment Address (number and street, city, state, zip code) <b>5702 E Virginia St, Evansville, IN, 47715</b>		Owner <b>&lt;redacted&gt;</b>	Follow-up <b>No</b>	
Owner <b>Raffi Manna</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>12/02/2019</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 _____				
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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Establishment Name <b>Market Street Living</b>		Telephone Number <b>(812-402-9955)</b>	Date of Inspection (mm/dd/yr) <b>11/18/2019</b>	ID # <b>12062</b>
Establishment Address (number and street, city, state, zip code) <b>301 NW 3rd St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Riverwalk Development LLC</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>Yes</b>	Release Date <b>11/28/2019</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 ● 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
			<b>Follow up from 11-12-2019.</b>	
			Explained to management that they are going to have to get rid of household dishwashers.	
			The facility can utilize the three compartment sink or install a commercial dishwasher.	

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Wayback Burgers #150</b>		Telephone Number <b>(812-422-4999)</b>	Date of Inspection (mm/dd/yr) <b>11/20/2019</b>	ID # <b>12016</b>
Establishment Address (number and street, city, state, zip code) <b>624 E Diamond Ave, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Philip G Dzienciol</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>11/30/2019</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 1 3 0 4 0 5 0</b>		
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.	

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Received by (signature):	Inspected by (signature):
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Establishment Name <b>Roppongi</b>		Telephone Number <b>(812-437-5824)</b>	Date of Inspection (mm/dd/yr) <b>11/21/2019</b>	ID # <b>12002</b>
Establishment Address (number and street, city, state, zip code) <b>7221 E Indiana St, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Sona Weeks</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>12/01/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 3 NC 1 R 3</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 type="radio"/> 4 <input checked="" 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
294	C	R	Sanitizer for wiping cloth buckets too low.	Corrected
324	C		Hand sink in ware washing area in disrepair.	11/23/2019
191	C	R	Lacking date marking for foods in walk-in cooler.	11/21/2019
236	NC	R	Use of cloth material for storing rice in walk-in cooler.	Corrected

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Establishment Name <b>Cleavers</b>		Telephone Number <b>(812-473-0001</b>	Date of Inspection (mm/dd/yr) <b>11/19/2019</b>	ID # <b>11958</b>
Establishment Address (number and street, city, state, zip code) <b>5501 E Indiana St, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Richard and Brenda Flores</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>11/29/2019</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)	
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
			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>Sushi With Gusto</b>		Telephone Number <b>(864-989-0178)</b>	Date of Inspection (mm/dd/yr) <b>11/18/2019</b>	ID # <b>11950</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>Sushi With Gusto</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>11/28/2019</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 <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):
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Establishment Name <b>The Fresh Market</b>		Telephone Number (812-402-5361)	Date of Inspection (mm/dd/yr) 11/18/2019	ID # 11949
Establishment Address (number and street, city, state, zip code) 6501 E Lloyd Expressway, Evansville, IN, 47715		( ) Owner <redacted>		
Owner The Fresh Market 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 <b>No</b>	Release Date 11/28/2019	
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 <b>Bar Louie</b>	Telephone Number (812-476-7069)	Date of Inspection (mm/dd/yr) 11/19/2019	ID # 11754
Establishment Address (number and street, city, state, zip code) 7700 Eagle Crest Blvd, Evansville, IN, 47715		( ) Owner <redacted>	
Owner <b>Beverly K Oswald</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>11/29/2019</b>
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 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	Reach-in cooler drawers not closing completely. Repair/replace.	11/23/2019

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> Manna Mediterranean Grill	<b>Telephone Number</b> (812) 473-7005	<b>Date of Inspection</b> (mm/dd/yr) 11/21/2019	<b>ID #</b> 11749
<b>Establishment Address</b> (number and street, city, state, zip code) 2913 Lincoln Ave, Evansville, IN, 47714	( ) Owner <redacted>		
<b>Owner</b> Amjad Manna/Kristi Manna	<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> 12/01/2019
<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>	<b>Menu Type</b> ( <i>See additional page</i> )		
<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):
cc:	cc:



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<b>Establishment Name</b> <b>Taj Mahal</b>	<b>Telephone Number</b> (812-476-5000)	<b>Date of Inspection</b> (mm/dd/yr) 11/21/2019	<b>ID #</b> 11724																
<b>Establishment Address (number and street, city, state, zip code)</b> 900 E Tutor Ln, Evansville, IN, 47715	( ) 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> 12/01/2019</td> </tr> <tr> <td colspan="2" style="text-align: center;"><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>2</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">R <u>0</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Menu Type (See additional page)</b></td> </tr> <tr> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">3 <input checked="" type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">5 <input type="radio"/></td> <td></td> </tr> </table>		<b>Follow-up</b> No	<b>Release Date</b> 12/01/2019	<b>Summary of Violations:</b>		C <u>0</u>	NC <u>2</u>	R <u>0</u>		<b>Menu Type (See additional page)</b>		1 <input type="radio"/>	2 <input type="radio"/>	3 <input checked="" type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
<b>Follow-up</b> No	<b>Release Date</b> 12/01/2019																		
<b>Summary of Violations:</b>																			
C <u>0</u>	NC <u>2</u>																		
R <u>0</u>																			
<b>Menu Type (See additional page)</b>																			
1 <input type="radio"/>	2 <input type="radio"/>																		
3 <input checked="" type="radio"/>	4 <input type="radio"/>																		
5 <input type="radio"/>																			
<b>Owner</b> Harjit Singh	<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
347	NC		Hand drying provisions not provided at front hand sink.	Corrected
204	NC		Rusting components within ice bin.	11/21/2019

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<b>Received by (signature):</b> _____	<b>Inspected by (signature):</b> _____
<b>cc:</b> _____	<b>cc:</b> _____



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Establishment Name <b>Family Dollar #25245</b>		Telephone Number (812-477-1170)	Date of Inspection (mm/dd/yr) 11/21/2019	ID # 11618
Establishment Address (number and street, city, state, zip code) 1320 Vann Ave, Evansville, IN, 47714		( ) Owner <redacted>		
Owner Family Dollar Stores of IN LP	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 12/01/2019	
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 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>Vietnamese Cuisine Restaurant</b>		Telephone Number <b>(812-479-8818)</b>	Date of Inspection (mm/dd/yr) <b>11/21/2019</b>	ID # <b>11583</b>
Establishment Address (number and street, city, state, zip code) <b>4602 Vogel Rd, Evansville, IN, 47715</b>		( ) Owner		
Owner <b>Rui Zhen Yang</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>12/01/2019</b>	
Owner's Address <redacted>		Summary of Violations: <b>C 2 NC 1 R 3</b>		
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
173	C	R	Improper storage of raw meat product.	Corrected
191	C	R	Food items in walk-in cooler lacking date marking.	11/21/2019
245	NC	R	Wiping cloths not provided for sanitizer bucket.	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:	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>Old Chicago Pasta &amp; Pizza</b>		Telephone Number (630-364-4003)	Date of Inspection (mm/dd/yr) 11/21/2019	ID # 11491
Establishment Address (number and street, city, state, zip code) 6550 E Lloyd Expressway, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Wadsworth Old Chicago 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 <b>No</b>	Release Date 12/01/2019
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>2</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
294	C	R	Sanitizer for wiping cloth buckets too low.	Corrected
431	NC	R	Floor tiles in need of repair/replacing throughout kitchen line.	12/21/2019
410	NC	R	Lacking light shielding in the kitchen area.	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>Penn Station East Coast Subs</b>		Telephone Number <b>(812-479-7366)</b>	Date of Inspection (mm/dd/yr) <b>11/19/2019</b>	ID # <b>11468</b>
Establishment Address (number and street, city, state, zip code) <b>137 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Tri-State Cheesesteaks 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>11/29/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 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
187	C		Potential hazardous food items not maintained at 41° Fahrenheit or less within refrigeration unit.	Corrected
218	NC	R	Far right reach-in refrigeration unit not maintaining temperature. Called for repairs.	11/21/2019

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>Subway Sandwich Shop</b>		Telephone Number (812-424-8655)	Date of Inspection (mm/dd/yr) 11/20/2019	ID # 11373
Establishment Address (number and street, city, state, zip code) 611 E Diamond Ave, Evansville, IN, 47711		( ) Owner <redacted>		
Owner Paul Kumar	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 11/30/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>2</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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Flooring near 3 compartment sink needs repair.	11/27/2019
291	NC		Chemical sanitizer test kit not available/used.	Corrected
294	C		Chemical sanitizer below required concentration.	Corrected
303	C		Food contact surfaces not being sanitized.	11/20/2019

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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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>Outback Steakhouse #1519</b>		Telephone Number <b>(812-474-0005</b>	Date of Inspection (mm/dd/yr) <b>11/22/2019</b>	ID # <b>11240</b>
Establishment Address (number and street, city, state, zip code) <b>7201 E Indiana St, EVANSVILLE, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Outback Steakhouse of Florida, 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>12/02/2019</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)	
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 <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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<b>Establishment Name</b> O`Charleys #237		<b>Telephone Number</b> (812-479-6632)		<b>Date of Inspection</b> (mm/dd/yr) 11/22/2019		<b>ID #</b> 11231	
<b>Establishment Address</b> (number and street, city, state, zip code) 7301 E Indiana St, Evansville, IN, 47715		( ) Owner <redacted>					
<b>Owner</b> O`Charleys LLC		<b>Purpose:</b>		<b>Follow-up</b> No		<b>Release Date</b> 12/02/2019	
<b>Owner's Address</b> <redacted>		<input type="checkbox"/> Routine		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Person in Charge</b> <redacted>		<input checked="" type="checkbox"/> Follow-up					
<b>Responsible Person's E-mail</b> <redacted>		<input type="checkbox"/> Complaint		<b>Menu Type</b> ( <i>See additional page</i> ) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>			
<b>Certified Food Handler</b> <redacted>		<input type="checkbox"/> Pre-Operational					
		<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
			Follow-up from inspection on 11/14/19. Violations 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>	



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<b>Establishment Name</b> Culvers	<b>Telephone Number</b> (812-437-3333)	<b>Date of Inspection</b> (mm/dd/yr) 11/18/2019	<b>ID #</b> 11178
<b>Establishment Address (number and street, city, state, zip code)</b> 1734 Hirschland Rd, EVANSVILLE, IN, 47715	( ) Owner <redacted>		
<b>Owner</b> TOM & KRISTIN GRIFFIN	<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> 11/28/2019
<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>China Lu Market</b>		Telephone Number (812-471-9999)	Date of Inspection (mm/dd/yr) 11/18/2019	ID # 11148
Establishment Address (number and street, city, state, zip code) 4604 Vogel Rd., Evansville, IN, 47715		( ) Owner <redacted>		
Owner Yue Ying Yang	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 11/28/2019	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>4</u> R <u>6</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				

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC	R	Lacking labeling of some packaged fish.	11/18/2019
347	NC	R	Lacking disposable towels for hand sink.	11/18/2019
413	NC	R	Back door not sealed. Repair.	11/22/2019
118	C	R	Lacking certified food safety employee.	12/18/2019
177	NC	R	Various food items stored on floor.	11/18/2019
181	C	R	Raw unpackaged seafood offered for self-service.	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>Chili's Grill &amp; Bar #900</b>		Telephone Number <b>(812-475-1510)</b>	Date of Inspection (mm/dd/yr) <b>11/20/2019</b>	ID # <b>11143</b>
Establishment Address (number and street, city, state, zip code) <b>600 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Southwest Dining Inc Attn: Jill Condon</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>11/30/2019</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 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
402	NC		Floors and ceiling in need of repair.	11/29/2019

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> Denny's #244	<b>Telephone Number</b> (812-473-1063)	<b>Date of Inspection</b> (mm/dd/yr) 11/19/2019	<b>ID #</b> 10902
<b>Establishment Address (number and street, city, state, zip code)</b> 351 N Green River Rd, Evansville, IN, 47715		<b>Owner</b> ( ) Owner <redacted>	
<b>Owner</b> SERVUS, 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> Yes	<b>Release Date</b> 11/29/2019
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>2</u> NC <u>2</u> R <u>3</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
415	C	R	Live pest activity present.	11/26/2019
431	NC	R	Front cooking line under equipment soiled with food debris. Clean daily.	11/19/2019
344	C		Front line and kitchen line hand sinks obstructed with equipment.	Corrected
430	NC	R	Tile and grouting in need of repairing and replacement along cook line.	12/19/2019

<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>Buehlers IGA #452</b>		Telephone Number <b>(812-475-6730)</b>	Date of Inspection (mm/dd/yr) <b>11/21/2019</b>	ID # <b>10882</b>
Establishment Address (number and street, city, state, zip code) <b>2220 E Morgan Ave., Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Houchens North Foods 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>12/01/2019</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 1 R 2</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
234	NC	R	Improper storage of knife in produce prep area.	Corrected
139	C	R	Baby formula out of date voluntarily discarded.	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:	cc:	



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Establishment Name <b>Bob Evans Restaurants, LLC #132</b>		Telephone Number <b>(812-473-9022)</b>	Date of Inspection (mm/dd/yr) <b>11/19/2019</b>	ID # <b>10869</b>
Establishment Address (number and street, city, state, zip code) <b>1125 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Bob Evans Restaurants, 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>11/29/2019</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 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>				

- 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	R	Hand drying provisions not provided at hand sink.	Corrected
438	C		Chemical bottles not labeled.	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:	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.

<b>Establishment Name</b> <b>Everest Food Mart</b>	<b>Telephone Number</b> (812) 429-0674	<b>Date of Inspection</b> (mm/dd/yr) 11/20/2019	<b>ID #</b> 10816
<b>Establishment Address</b> (number and street, city, state, zip code) 654 E Diamond Ave, Evansville, IN, 47711	( ) Owner <redacted>		
<b>Owner</b> Krishna Shahi	<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> 11/30/2019
<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>		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- 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</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):
cc:	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  
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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 <b>TWISTED 2MATO</b>		Telephone Number <b>(812-424-8882)</b>	Date of Inspection (mm/dd/yr) <b>11/22/2019</b>	ID # <b>14016</b>
Establishment Address (number and street, city, state, zip code) <b>1101 Harmony Way, Evansville, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Chris Stayley</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>12/02/2019</b>	
Owner's Address		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 ● 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
			Follow up from 11-15-2019.	
			All violations were 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:



# 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>Uncle Ted's Just Dang Good Food</b>		Telephone Number <b>(812-270-3260)</b>	Date of Inspection (mm/dd/yr) <b>11/21/2019</b>	ID # <b>14045</b>
Establishment Address (number and street, city, state, zip code) <b>309 Southwind Ave., Mt. Vernon, IN, 47620</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Ted 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>12/01/2019</b>	
Owner's Address		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				

- 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: