



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 Philly Grill		Telephone Number (812-602-4027	Date of Inspection (mm/dd/yr) 01/17/2020	ID # 12995
Establishment Address (number and street, city, state, zip code) 600 E Bnvl NH Rd Ste D, Evansville, IN, 47725		() Owner <redacted>		
Owner Laura O'Leary	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/27/2020	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	Menu Type (See additional page)		
	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
	<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
			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 Kite and Key Cafe		Telephone Number (812-401-0275)	Date of Inspection (mm/dd/yr) 01/15/2020	ID # 12972
Establishment Address (number and street, city, state, zip code) 2301 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner Mary Jo Brugmann	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 01/25/2020	
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 Mission BBQ		Telephone Number (317-378-9565)	Date of Inspection (mm/dd/yr) 01/16/2020	ID # 12393
Establishment Address (number and street, city, state, zip code) 1530 N Green River Rd, Evansville, Indiana, 47715		() Owner <redacted>		
Owner Mission BBQ Evansville, 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 01/26/2020
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 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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The time limit for correction of each violation is specified in the narrative portion of this report.

Form with fields: Establishment Name (Schnucks #742), Telephone Number (812-464-3500), Date of Inspection (01/17/2020), ID # (12284), Establishment Address (600 E Bnvl-NH Rd, Evansville, IN, 47725), Owner (Schnucks Markets Inc), Purpose (Routine), Follow-up (No), Release Date (01/27/2020), Summary of Violations (C 0, NC 2, R 0), Menu Type (3 selected).

• 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. Contains rows for violations 218 and 394.

Signature fields: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), and cc: fields.



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Establishment Name Jason`s Deli	Telephone Number (812-471-9905	Date of Inspection (mm/dd/yr) 01/13/2020	ID # 12134
Establishment Address (number and street, city, state, zip code) 943 N Green River Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner Jay Tortorice	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 01/23/2020
Owner`s Address <redacted>	Summary of Violations: C <u>0</u> NC <u>1</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"
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Section#	C/NC	R	Narrative	To Be Corrected By
199	NC		Fish not thawed in accordance with labeling.	01/13/2020

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 Target-Starbucks T-1481		Telephone Number (812-402-8500)	Date of Inspection (mm/dd/yr) 01/16/2020	ID # 11976
Establishment Address (number and street, city, state, zip code) 6625 E Lloyd Expressway, Evansville, IN, 47715		() Owner <redacted>		
Owner Target Corporation	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 01/26/2020	
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 ● 4 0 5 0		
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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- 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: Penn Station East Coast Subs
Telephone Number: (812) 402-7366
Date of Inspection: 01/16/2020
ID #: 11782
Establishment Address: 4827 Davis Lant Dr, Evansville, IN, 47715
Owner: Tri-State Cheesesteaks LLC
Purpose: Routine
Follow-up: Yes
Release Date: 01/26/2020
Summary of Violations: C 2 NC 0 R 1
Menu Type: 1 2 3 4 5

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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. Contains two rows of violations: 324 Hand washing sink for dish wash area in need of repair. 334 Hose at three compartment sink lacking air gap.

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



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Establishment Name Aldi Foods Inc #2		Telephone Number (812-476-7135	Date of Inspection (mm/dd/yr) 01/15/2020	ID # 11673
Establishment Address (number and street, city, state, zip code) 6434 Oak Grove Rd, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner ALDI FOODS 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 01/25/2020
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 checked="" 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
351	NC		Women's bathroom lacking covered receptacle.	01/24/2020

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 Ricks 718 Bar and Lounge		Telephone Number (812-423-0872)	Date of Inspection (mm/dd/yr) 01/13/2020	ID # 11621
Establishment Address (number and street, city, state, zip code) 718 N Third Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner RICHARD KENNEDY	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 01/23/2020	
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 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
431	NC	R	Floors under equipment and behind bar soiled.	01/20/2020

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 Yen Ching	Telephone Number (812-474-0181)	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 11458
Establishment Address (number and street, city, state, zip code) 406 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>	
Owner Zeng Ru Lin/Chang Ping Chen	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/24/2020
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>2</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 type="radio"/> 3 <input checked="" 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
191	C		Walk in cooler has food product not date marked.	Corrected
187	C		Container of cooked chicken not properly stored after cooking.	Corrected
177	NC		Several walkin food containers not covered.	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 Target T-1481		Telephone Number (812-402-8500) () Owner <redacted>		Date of Inspection (mm/dd/yr) 01/16/2020	ID # 11389
Establishment Address (number and street, city, state, zip code) 6625 E Lloyd Expressway, Evansville, IN, 47715					
Owner Target Corporation		Purpose: <input checked="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 01/26/2020
Owner's Address <redacted>				Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>					
Responsible Person's E-mail _____				Menu Type (See additional page)	
Certified Food Handler <redacted>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
139	C		Outdated baby formula.	01/16/2020

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: TACO BELL #28907
Telephone Number: (812-422-4705)
Date of Inspection: 01/14/2020
ID #: 11381
Establishment Address: 1500 N Willow Rd, Evansville, IN, 47711
Owner: Bell Indiana LLC
Purpose: Routine
Follow-up: No
Release Date: 01/24/2020
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 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 Szechwan Restaurant		Telephone Number (812-479-7600)	Date of Inspection (mm/dd/yr) 01/15/2020	ID # 11379
Establishment Address (number and street, city, state, zip code) 669 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Jingyan Li	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 01/25/2020	
Owner's Address <redacted>		Summary of Violations: C 3 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 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
439	C	R	Improper storage of chemicals. Separate from equipment .	Corrected
173	C		Improper storage of raw animal product in walk in and reachin. Store on bottom shelving.	Corrected
334	C		Lack proper air gap for dish machine sink.	01/22/2020
410	NC	R	Kitchen lacks adequate lighting. Install new bulbs or install added lighting.	01/22/2020

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

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Item #	C/NC	R	REMARKS	TO BE CORRECTED BY
Received By (Name & Title)			Inspected By (Name & Title)	Page ___ of ___



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Establishment Name Subway		Telephone Number (812-477-5432)	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 11362
Establishment Address (number and street, city, state, zip code) 200 S Green River Rd Ste C, Evansville, IN, 47715		() Owner <redacted>		
Owner Rupal Patel	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 01/24/2020	
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 Rafferty's		Telephone Number (812-471-0024	Date of Inspection (mm/dd/yr) 01/15/2020	ID # 11273
Establishment Address (number and street, city, state, zip code) 1400 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Raffertys Inc/Dan Davis		Purpose: <input type="checkbox"/> Routine	Follow-up No	Release Date 01/25/2020
Owner's Address <redacted>		<input checked="" type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</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 type="radio"/> 3 <input checked="" 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) _____		

- 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
			Corrected all violations from 1-9-20 inspection	

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
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 PaPa Johns		Telephone Number (812) 423-7272	Date of Inspection (mm/dd/yr) 01/16/2020	ID # 11249
Establishment Address (number and street, city, state, zip code) 4814 W Lloyd Expressway, Evansville, IN, 47712		() Owner <redacted>		
Owner KGK Enterprises 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 01/26/2020	
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 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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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 Order of Owls Nest #30		Telephone Number (812-422-2556)	Date of Inspection (mm/dd/yr) 01/16/2020	ID # 11237
Establishment Address (number and street, city, state, zip code) 2427 N Sherman Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner ORDER OF OWLS NEST #30	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 01/26/2020	
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 1		
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"
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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Ready to eat foods not date marked.	Corrected
310	NC		Hood vents in need of cleaning.	01/31/2020

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

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Item #	C/NC	R	REMARKS	TO BE CORRECTED BY
Received By (Name & Title)			Inspected By (Name & Title)	Page ___ of ___



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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 Old Mill	Telephone Number (812-963-6000)	Date of Inspection (mm/dd/yr) 01/17/2020	ID # 11234
Establishment Address (number and street, city, state, zip code) 5031 New Harmony Rd., Evansville, IN, 47720	() Owner <redacted>		
Owner Old Mill	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 01/27/2020
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"
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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 11-1-2019.	
			All violations were corrected.	
			Verified log documentation.	

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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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 McDonalds #35457		Telephone Number (812-425-5922)	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 11206
Establishment Address (number and street, city, state, zip code) 1617 Bartlett Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner PAUL SNIDER	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 01/24/2020	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 ● 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
346	NC		Hand soap not provided at hand sink.	Corrected
138	NC		Employee in need of beard restraint.	01/14/2020

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 #5774 = JCH LLC		Telephone Number (812-422-8717	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 11199
Establishment Address (number and street, city, state, zip code) 909 N St Joseph Ave, Evansville, IN, 47720		() Owner <redacted>		
Owner Kelsey Hamlet	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 01/24/2020	
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>				

- 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
431	NC	R	Floors under equipment and McCafe equipment in need of cleaning.	01/15/2020
294	C	R	Sanitizer concentration at three compartment sink too high.	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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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 CVS Pharmacy #4482		Telephone Number (812-471-8207)	Date of Inspection (mm/dd/yr) 01/15/2020	ID # 11182
Establishment Address (number and street, city, state, zip code) 101 N Burkhardt Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner HOOK-SUPERX 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 01/25/2020	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 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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- 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
413	NC		Door sweep needed on back door.	01/22/2020
295	NC		Milk racks in cooler in need of cleaning.	01/17/2020

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 Circle S Mart #25		Telephone Number (812-475-0014	Date of Inspection (mm/dd/yr) 01/15/2020	ID # 11156
Establishment Address (number and street, city, state, zip code) 2335 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner C & S 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 01/25/2020	
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 checked="" 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
			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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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 Captain D's #3731		Telephone Number (812-423-3731)	Date of Inspection (mm/dd/yr) 01/16/2020	ID # 11128
Establishment Address (number and street, city, state, zip code) 1200 Covert Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner CAPTAIN D'S, 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 01/26/2020
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 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
431	NC	R	Floor and equipment near fryer area in need of cleaning.	01/17/2020

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



Retail Food Establishment Inspection Report

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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 Just Rennie's	Telephone Number (812-401-8098)	Date of Inspection (mm/dd/yr) 01/17/2020	ID # 11065
Establishment Address (number and street, city, state, zip code) 100 SE Fourth St, Evansville, IN, 47708	() Owner <redacted>	Follow-up	Release Date 01/27/2020
Owner Doug & Marla Rennie	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>		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"/>	
Person in Charge <redacted>			
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 discrepancies	

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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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 Hacienda #8	Telephone Number (812-474-1635)	Date of Inspection (mm/dd/yr) 01/15/2020	ID # 11001														
Establishment Address (number and street, city, state, zip code) 990 S Green River Rd, Evansville, IN, 47715	() Owner <redacted>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Follow-up No</td> <td style="padding: 5px;">Release Date 01/25/2020</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Summary of Violations:</td> </tr> <tr> <td style="text-align: center; padding: 5px;">C <u>0</u></td> <td style="text-align: center; padding: 5px;">NC <u>0</u> R <u>0</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Menu Type (<i>See additional page</i>)</td> </tr> <tr> <td style="text-align: center; padding: 5px;">1 <input type="radio"/></td> <td style="text-align: center; padding: 5px;">2 <input type="radio"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3 <input checked="" type="radio"/></td> <td style="text-align: center; padding: 5px;">4 <input type="radio"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;">5 <input type="radio"/></td> </tr> </table>		Follow-up No	Release Date 01/25/2020	Summary of Violations:		C <u>0</u>	NC <u>0</u> R <u>0</u>	Menu Type (<i>See additional page</i>)		1 <input type="radio"/>	2 <input type="radio"/>	3 <input checked="" type="radio"/>	4 <input type="radio"/>		5 <input type="radio"/>
Follow-up No	Release Date 01/25/2020																
Summary of Violations:																	
C <u>0</u>	NC <u>0</u> R <u>0</u>																
Menu Type (<i>See additional page</i>)																	
1 <input type="radio"/>	2 <input type="radio"/>																
3 <input checked="" type="radio"/>	4 <input type="radio"/>																
	5 <input type="radio"/>																
Owner HMR Acquisition Company, 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) _____																
Owner's Address <redacted>																	
Person in Charge <redacted>																	
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:



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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 Donut Bank	Telephone Number (812-426-2311)	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 10931
Establishment Address (number and street, city, state, zip code) 2128 First Ave, EVANSVILLE, IN, 47710	() Owner <redacted>		
Owner CHRIS KEMPF	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 01/24/2020
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>0</u> NC <u>1</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
295	NC		Ice guard soiled in ice machine.	01/14/2020

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 Domino's Pizza #2571		Telephone Number (812-477-5544)	Date of Inspection (mm/dd/yr) 01/17/2020	ID # 10923
Establishment Address (number and street, city, state, zip code) 1300 S Green River Rd, Evansville, IN, 47715		() Owner		
Owner E`-VILLE PIZZA, INC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/27/2020	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:		
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C <u>1</u> NC <u>1</u> R <u>1</u>		
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

- 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
438	C		Chemical bottle not labeled.	Corrected
174	NC	R	Bulk food items in need of labeling.	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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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 11th Frame Lounge	Telephone Number (812-423-5355) <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 01/17/2020	ID # 10824		
Establishment Address (number and street, city, state, zip code) 1801 W Franklin St, Evansville, IN, 47712	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) _____				
Owner Franklin Lanes Inc				Follow-up No	Release Date 01/27/2020
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 <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:	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 Wayback Burgers #56		Telephone Number (812-475-9272)	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 10807
Establishment Address (number and street, city, state, zip code) 115 Cross Point Blvd Suite 4, Evansville, IN, 47715		() Owner <redacted>		
Owner Philip G Dzienciol	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 01/24/2020	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
257	NC		Utilize food product thermometer to monitor front line warmer temperatures.	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 Crossroads IGA	Telephone Number (812-867-0828)	Date of Inspection (mm/dd/yr) 01/16/2020	ID # 13440
Establishment Address (number and street, city, state, zip code) 6401 N Greenriver Rd, Evansville, Indiana, 47725		Owner () Owner <redacted>	
Owner Houchen's Food Group	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 01/26/2020
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>1</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 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
294	C		Sanitizer at three compartment sink too weak.	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 Hacienda #12	Telephone Number (812) 401-2180 <small>() Owner</small> <redacted>	Date of Inspection <small>(mm/dd/yr)</small> 01/17/2020	ID # 13828
Establishment Address (number and street, city, state, zip code) 600 E Bnvl-NH Rd Ste F, Evansville, IN, 47725		Follow-up No	
Owner HMR Acquisition Co. Inc.			
Owner's Address <redacted>	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 01/27/2020	
Person in Charge <redacted>	Summary of Violations: C <u> 1 </u> NC <u> 1 </u> R <u> 0 </u>		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
177	NC		Boxes not stored 6" of the floor.	01/17/2020
294	C		Chemical sanitizer below required concentration.	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 Sunshine Juice Co		Telephone Number (812-549-6192)	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 14067
Establishment Address (number and street, city, state, zip code) 2017 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner Erin Collier	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 01/24/2020	
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>				
<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:	cc:	



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Establishment Name Gollita Peruvian Cuisine		Telephone Number (812-303-5100		Date of Inspection (mm/dd/yr) 01/14/2020		ID # 14184	
Establishment Address (number and street, city, state, zip code) 4313 E Morgan Suite H, Evansville, IN, 47715		() Owner <redacted>					
Owner Gloria Bavtista		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 01/24/2020	
Owner's Address <redacted>		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>2</u> NC <u>0</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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler		<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"
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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous hot food not held at 135 degrees or higher.	01/14/2020
196	C		Facility lacking consumer advisory.	01/31/2020

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Noble Romans		Telephone Number (812-303-4010)	Date of Inspection (mm/dd/yr) 01/14/2020	ID # 14185
Establishment Address (number and street, city, state, zip code) 222 S Red Bank Rd Ste M, Evansville, IN, 47712		() Owner <redacted>		
Owner Scott Hettenbach	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 01/24/2020	
Owner's Address		Summary of Violations: C 3 NC 1 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
191	C		Ready to eat, potentially hazardous food lacking date marking.	Corrected
177	C		Food stored without coverings or wrappings.	Corrected
138	NC		Beard guards not provided for employees.	01/14/2020
294	C		Sanitizer at three compartment sink is too high.	01/14/2020

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 Crossroads IGA - Which Wich	Telephone Number (812-867-0828)	Date of Inspection (mm/dd/yr) 01/16/2020	ID # 14195
Establishment Address (number and street, city, state, zip code) 6401 N Greenriver Rd, Evansville, IN, 47725	() Owner <redacted>		
Owner Houchen's Food Group	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 01/26/2020
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</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
234	NC		Utensils stored in standing water.	Corrected

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

