



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 McAlister's Deli	Telephone Number (812-228-4222)	Date of Inspection (mm/dd/yr) 02/19/2020	ID # 13318
Establishment Address (number and street, city, state, zip code) 5301 Pearl Dr Ste 100, Evansville, IN, 47712	() Owner <redacted>		
Owner LLD Investments, 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 02/29/2020
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"
- 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 Perfectly Fresh		Telephone Number (812-760-1474)	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 12158
Establishment Address (number and street, city, state, zip code) 120 N Rosenberger Ave, Evansville, IN, 47712		() Owner <redacted>		
Owner Fresh Focus 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 03/01/2020
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>				

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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 Cheddar's # 2148		Telephone Number (812-491-9976)	Date of Inspection (mm/dd/yr) 02/19/2020	ID # 11993
Establishment Address (number and street, city, state, zip code) 2100 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Cheddar's Casual Cafe	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 02/29/2020	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>3</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
190	NC		Improper cooling methods of noodles.	Corrected
234	NC		Improper storage of knife between equipment.	Corrected
218	NC		Reach in cooler at prep area and walk in cooler door in need to repair.	03/04/2020

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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The time limit for correction of each violation is specified in the narrative portion of this report.

Form containing establishment details: Establishment Name (The Inflatable Fun Factory), Telephone Number (812-471-5867), Date of Inspection (02/20/2020), ID # (11975), Address (6600 Frito Lay Dr. Ste B, Evansville, IN, 47715), Owner (All Blown Up Inflatable Rentals), Purpose (Routine), Follow-up (No), Release Date (03/01/2020), Summary of Violations (C 0, NC 0, R 0), Menu Type (3).

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Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 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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Establishment Name Aihua International Market		Telephone Number (812-479-7168)	Date of Inspection (mm/dd/yr) 02/19/2020	ID # 11898
Establishment Address (number and street, city, state, zip code) 1624 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Aihua Sun	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 02/29/2020	
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (<i>See additional page</i>) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violation from 2/12/2020 corrected.	

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

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
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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 Royal Suite	Telephone Number (812-479-9732	Date of Inspection (mm/dd/yr) 02/21/2020	ID # 11889
Establishment Address (number and street, city, state, zip code) 4706 Morgan Ave, Evansville, IN, 47715		Owner <redacted>	
Owner North Park Cinemas Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 03/02/2020
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</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
291	NC	R	Establishment lacking sanitizer test strips.	02/21/2020
347	NC		Hand washing sink lacking disposable towels.	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 Donut Bank		Telephone Number (812-401-4111)	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 11658
Establishment Address (number and street, city, state, zip code) 1200 Lincoln Ave, Evansville, IN, 47711		() 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 Yes	Release Date 03/01/2020	
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)		
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
285	NC		Large ware washing machine not reaching proper sanitizing temperature.	02/21/2020

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 Papa Murphys Take N Bake		Telephone Number (812) 491-7272	Date of Inspection (mm/dd/yr) 02/19/2020	ID # 11614
Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Dr Suite C, Evansville, IN, 47715		() Owner <redacted>		
Owner Chad Gries	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 02/29/2020	
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 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 T Minimart		Telephone Number (812-473-2585	Date of Inspection (mm/dd/yr) 02/19/2020	ID # 11476
Establishment Address (number and street, city, state, zip code) 2400 Washington Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Pash B Tamang		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 02/29/2020
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
			All violations from 2/3/2020 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 Willow Park		Telephone Number (812-473-5828)	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 11452
Establishment Address (number and street, city, state, zip code) 5050 LINCOLN AVE, Evansville, IN, 47715		() Owner <redacted>		
Owner EVANSVILLE RETIREMENT RESIDENCE 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 03/01/2020
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 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:	

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
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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 Turoni's Forget Me Not Inn		Telephone Number (812-477-7500)	Date of Inspection (mm/dd/yr) 02/21/2020	ID # 11415
Establishment Address (number and street, city, state, zip code) 4 N Weinbach Ave., EVANSVILLE, IN, 47711		() Owner <redacted>		
Owner Turoni's Pizza Inc/Judie Turner		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 03/02/2020
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
438	C		Chemical bottles not labeled.	Corrected
431	NC		Equipment, floors, and walls near fryers in need of cleaning.	02/22/2020

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
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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 #30714	Telephone Number (812-437-3750) <i>Establishment</i>	Date of Inspection (mm/dd/yr) 02/18/2020	ID # 11371
Establishment Address (number and street, city, state, zip code) 3200 N St Joe Unit A, EVANSVILLE, IN, 47720	() Owner <redacted>	Follow-up No	Release Date 02/28/2020
Owner Larry 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) _____	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>			

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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 Subway #26631		Telephone Number (812-471-2933)	Date of Inspection (mm/dd/yr) 02/19/2020	ID # 11369
Establishment Address (number and street, city, state, zip code) 2744 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner ED KUCER	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 02/29/2020	
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				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Self closure devices on restroom doors repaired.	

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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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 Resurrection School		Telephone Number (812-963-5556)	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 11282
Establishment Address (number and street, city, state, zip code) 5301 New Harmony Rd., EVANSVILLE, IN, 47720		() Owner		
Owner Resurrection Parish		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/01/2020
Owner's Address		<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	Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Certified Food Handler <redacted>		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

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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:



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 Reliable Adult Care		Telephone Number (812-477-1707)	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 11280
Establishment Address (number and street, city, state, zip code) 5130 Vogel Rd #130, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Chloericketts 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 03/01/2020	
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"
- 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):	
cc:	cc:	cc:	



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Establishment Name Circle Nine		Telephone Number (812) 430-7838	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 11272
Establishment Address (number and street, city, state, zip code) 1526 Judson St, Evansville, IN, 47713		() Owner <redacted>		
Owner Gurpreet-Kaur	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 03/01/2020	
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 checked="" type="radio"/> 3 <input 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
346	NC		Handsink lacking soap.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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 Noble Romans - Wash. Sq.		Telephone Number (812-473-4606)	Date of Inspection (mm/dd/yr) 02/18/2020	ID # 11226
Establishment Address (number and street, city, state, zip code) 1216 Washington Sq, Evansville, IN, 47715		() Owner		
Owner RBC&C INC.		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/28/2020
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	Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
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"
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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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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-Washington		Telephone Number (812-477-7041	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 11202
Establishment Address (number and street, city, state, zip code) 1148 Washington Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Mann Enterprises LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/01/2020	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 1 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 type="radio"/> 3 <input checked="" 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
335	C		Backsiphonage prevention device in need of repair.	02/27/2020

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 Co-op Country Corner		Telephone Number (812-428-4593)	Date of Inspection (mm/dd/yr) 02/18/2020	ID # 11162
Establishment Address (number and street, city, state, zip code) 5015 N St. Joseph Ave, Evansville, IN, 47720		() Owner <redacted>		
Owner SUPERIOR AG RESOURCES		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 02/28/2020
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- 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 Just Cookies		Telephone Number (812-476-7884	Date of Inspection (mm/dd/yr) 02/18/2020	ID # 11064
Establishment Address (number and street, city, state, zip code) 1120 Washington Sq, Evansville, IN, 47715		() Owner <redacted>		
Owner Toni Bellomy	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 02/28/2020	
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

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

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



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Establishment Name Hadi Shrine Temple		Telephone Number (812-423-4285	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 11002
Establishment Address (number and street, city, state, zip code) 6 Walnut St, Evansville, IN, 47708		() Owner <redacted>		
Owner HADI SHRINE TEMPLE	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 03/01/2020	
Owner's Address <redacted>		Summary of Violations: C 2 NC 1 R 3		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
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
187	C	R	Potentially hazardous food cold holding above 41 degrees. Product was moved.	Corrected
173	C	R	Improper storage of raw animal products.	Corrected
218	NC	R	Glass door refrigerator not functioning as designed.	02/20/2020

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.

Form containing establishment details: Gasoline Alley, 3526 Interstate Dr, Evansville, IN, 47715, Owner: Muhammed Raza, Date of Inspection: 02/20/2020, ID #: 10981. Includes checkboxes for Purpose (Routine, Follow-up, Complaint, etc.) and Summary of Violations (C:0, NC:0, R:0).

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

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1 contains 'No noted violations.'

Signature lines for Received by and Inspected by (name and title printed), and Received by and Inspected by (signature).

cc: fields for tracking distribution of the report.



Retail Food Establishment Inspection Report

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SDH Form 51-0001

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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 G.D. Ritzy's		Telephone Number (812-474-6259)	Date of Inspection (mm/dd/yr) 02/20/2020	ID # 10980
Establishment Address (number and street, city, state, zip code) 601 N Green River Rd, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Dan Grunow/Chad Grunow		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 03/01/2020
Owner's Address <redacted>			Summary of Violations: C <u>3</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
438	C		Chemical bottles not labeled.	Corrected
173	C		Improper segregation of raw and cooked product in walk in cooler.	Corrected
345	C		Hand sink being used for other purposes.	02/20/2020

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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Establishment Name Himalaya Food Mart		Telephone Number (812-477-6853)	Date of Inspection (mm/dd/yr) 02/18/2020	ID # 10932
Establishment Address (number and street, city, state, zip code) 6720 Washington Ave., Evansville, IN, 47715		() Owner <redacted>		
Owner Mahendra Adhikari		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 02/28/2020
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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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

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

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



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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Donut Bank
Telephone Number: (812) 477-2711
Date of Inspection: 02/19/2020
ID #: 10930
Establishment Address: 1950 Washington Ave, Evansville, IN, 47714
Owner: CHRIS KEMPF
Follow-up: Yes
Release Date: 02/29/2020
Purpose: Routine
Summary of Violations: C 0 NC 1 R 0
Menu Type: 1 2 3 4 5

- 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. Row 1: 285, NC, Ware washing machine not reaching proper sanitizing temperature, 02/20/2020

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 Donut Bank		Telephone Number 812-477-2711		Date of Inspection (mm/dd/yr) 02/20/2020	ID # 10930
Establishment Address (number and street, city, state, zip code) 1950 Washington Ave, Evansville, IN, 47714		(<u> </u>) Owner <redacted>			
Owner CHRIS KEMPF		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 03/01/2020
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 checked="" type="radio"/> 3 <input 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
			Violation from 2/19/2020 corrected.	

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



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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Domino's Pizza #2570		Telephone Number (812-473-1011)	Date of Inspection (mm/dd/yr) 02/21/2020	ID # 10926
Establishment Address (number and street, city, state, zip code) 600 N Weinbach Ave., Evansville, IN, 47711		() Owner		
Owner E`-VILLE PIZZA, 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 03/02/2020
Owner's Address <redacted>			Summary of Violations:	
Person in Charge <redacted>			C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail			Menu Type (See additional page)	
Certified Food Handler <redacted>			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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



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Establishment Name Domino's Pizza #2578	Telephone Number (812) 473-3383 <small>() Owner</small>	Date of Inspection <small>(mm/dd/yr)</small> 02/21/2020	ID # 10925
Establishment Address (number and street, city, state, zip code) 2101 S Weinbach Ave., Evansville, IN, 47711		Follow-up Yes Release Date 03/02/2020	
Owner E`-VILLE PIZZA, 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) _____	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner's Address <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"/>	
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
355	NC		Facility in need of a service/mop sink.	04/23/2020

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 Bob's Gym		Telephone Number (812-424-2627)		Date of Inspection (mm/dd/yr) 02/18/2020		ID # 10871	
Establishment Address (number and street, city, state, zip code) 200 N Rosenberger Ave, Evansville, IN, 47712				Owner <redacted>			
Owner Wayne Ellis		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 02/28/2020	
Owner's Address <redacted>				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <redacted>							
Responsible Person's E-mail				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler <redacted>							

- 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: Applebee's Neighborhood Grill
Telephone Number: (812) 426-2006
Date of Inspection: 02/19/2020
ID #: 10845
Establishment Address: 5727 Pearl Dr, Evansville, IN, 47712
Owner: Apple Central, LLC
Purpose: Routine
Follow-up: No
Release Date: 02/29/2020
Summary of Violations: C 0 NC 1 R 0
Menu Type: 1 2 3 4 5

- 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. Row 1: 399, NC, Floor tiles and grout in need of repair or replacement, 03/25/2020

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

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

cc: fields for distribution list



Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Ginmiya Asian Diner	Telephone Number (812-471-8100)	Date of Inspection (mm/dd/yr) 02/19/2020	ID # 10815
Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Drive Ste F, Evansville, IN, 47715	() Owner <redacted>		
Owner De Hui Yu	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up Yes	Release Date 02/29/2020
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

- 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
218	NC		Reach in cooler doors and seals in need of cleaning/replacement.	03/04/2020

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



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Subway	Telephone Number (812-455-1333)	Date of Inspection (mm/dd/yr) 02/18/2020	ID # 14208
Establishment Address (number and street, city, state, zip code) 301 Main St, Evansville, IN, 47708	() Owner	Follow-up No No Release Date 02/28/2020	
Owner Paul Kumar	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)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address		Menu Type (See additional page)	
Person in Charge <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler <redacted>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 12-23-19.	
			All violations were corrected.	

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

