















































# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Western Rib Eye</b>		Telephone Number <b>(812-473-1744</b>	Date of Inspection (mm/dd/yr) <b>02/27/2020</b>	ID # <b>11448</b>
Establishment Address (number and street, city, state, zip code) <b>1401 N Boeke Rd., Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Western Rib Eye Inc</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/08/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 2 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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
393	NC		Dumpster lacking drain plug.	03/12/2020
297	NC		Bar drink nozzle soiled.	02/27/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	





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Vanderburgh County Department of Health  
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Establishment Name <b>Grocery Outlet- Royal</b>		Telephone Number <b>(812-479-8603</b>	Date of Inspection (mm/dd/yr) <b>02/24/2020</b>	ID # <b>11446</b>
Establishment Address (number and street, city, state, zip code) <b>1200 N Fulton Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Winkler Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/05/2020</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 2 NC 1 R 2</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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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	R	Improper storage of raw animal products.	Corrected
431	NC	R	Floors and walls throughout in need of cleaning.	03/06/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	







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Establishment Name <b>Wesselmans Sonntag</b>		Telephone Number <b>(812-424-3549)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2020</b>	ID # <b>11442</b>
Establishment Address (number and street, city, state, zip code) <b>700 Sonntag Ave., EVANSVILLE, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Winkler Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/06/2020</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 0 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 3 4 5</b>		
Responsible Person's E-mail _____				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
177	C	R	Improper storage of raw animal product.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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<b>Establishment Name</b> The Vineyard	<b>Telephone Number</b> (812-479-8777)	<b>Date of Inspection (mm/dd/yr)</b> 02/25/2020	<b>ID #</b> 11402	
<b>Establishment Address (number and street, city, state, zip code)</b> 5721 E Virginia St., Evansville, IN, 47715	( ) Owner <redacted>			
<b>Owner</b> James Peters II	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 03/06/2020	
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>		
<b>Person in Charge</b> <redacted>		C <u>0</u>	NC <u>0</u>	R <u>0</u>
<b>Responsible Person's E-mail</b> 		<b>Menu Type (See additional page)</b>		
<b>Certified Food Handler</b> <redacted>		1 <input checked="" type="radio"/> 2 <input 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>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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<b>Establishment Name</b> Stringtown School K-5		<b>Telephone Number</b> (812-435-8595)		<b>Date of Inspection</b> (mm/dd/yr) 02/26/2020		<b>ID #</b> 11360	
<b>Establishment Address</b> (number and street, city, state, zip code) 4720 Stringtown Rd, EVANSVILLE, IN, 47711		Owner <redacted>		Follow-up <b>No</b>		Release Date <b>03/07/2020</b>	
<b>Owner</b> Evansville Vanderburgh School Corp.		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Summary of Violations:			
<b>Owner's Address</b> <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Person in Charge</b> <redacted>				Menu Type (See additional page)			
<b>Responsible Person's E-mail</b>				1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
<b>Certified Food Handler</b> <redacted>							

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

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

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

Establishment Name <b>Schnucks #728</b>	Telephone Number <b>(812-473-4510)</b>	Date of Inspection (mm/dd/yr) <b>02/26/2020</b>	ID # <b>11307</b>
Establishment Address (number and street, city, state, zip code) <b>3501 N Green River Rd, EVANSVILLE, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>	Follow-up <b>No</b>	
Owner <b>Schnucks Markets Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date <b>03/07/2020</b>	Summary of Violations: <b>C 0 NC 0 R 0</b>
Owner's Address <b>&lt;redacted&gt;</b>	Person in Charge <b>&lt;redacted&gt;</b>	Menu Type (See additional page) <b>1 0 2 0 3 0 4 0 5 0</b>	
Responsible Person's E-mail <b>&lt;redacted&gt;</b>	Certified Food Handler <b>&lt;redacted&gt;</b>		

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name <b>Nisbet Inn</b>	Telephone Number <b>(812) 963-9305</b>	Date of Inspection (mm/dd/yr) <b>02/26/2020</b>	ID # <b>11223</b>
Establishment Address (number and street, city, state, zip code) <b>6701 Nisbet Station Rd, Haubstadt, IN, 47639</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jim &amp; Becky Harl</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 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 <b>&lt;redacted&gt;</b>			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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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): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Milano Italian Cuisine</b>	Telephone Number <b>(812-484-2222)</b>	Date of Inspection (mm/dd/yr) <b>02/24/2020</b>	ID # <b>11216</b>
Establishment Address (number and street, city, state, zip code) <b>500 Main St, EVANSVILLE, IN, 47708</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Rafic Hachem</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>Yes</b>	Release Date <b>03/05/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: <b>C 1 NC 0 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>	Menu Type (See additional page) <b>1 0 3 4 5</b>		
Responsible Person's E-mail			
Certified Food Handler <b>&lt;redacted&gt;</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 1-2-2020.	
118	C	R	Facility lacking certified food employee.	03/27/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>McDonalds (JKK ENTERPRISES LLC)</b>		Telephone Number <b>(812-476-8422)</b>	Date of Inspection (mm/dd/yr) <b>02/26/2020</b>	ID # <b>11207</b>
Establishment Address (number and street, city, state, zip code) <b>49 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>JOSEPH &amp; KATHERINE KENWORTHY</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 1 R 2</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Sanitizer for wiping cloth buckets too low.	Corrected
295	NC	R	Ice cream non food contact guards at front line and drive thru soiled.	02/26/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Marx Bar B Q</b>		Telephone Number <b>(812-425-1616</b>	Date of Inspection (mm/dd/yr) <b>02/25/2020</b>	ID # <b>11191</b>
Establishment Address (number and street, city, state, zip code) <b>3119 W Maryland St., Evansville, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Roy A. Marx, Jr.</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>03/06/2020</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC	R	Dish machine not dispensing sanitizer as designed.	02/26/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	







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Establishment Name <b>Logans Roadhouse #316</b>		Telephone Number <b>(812-471-8403)</b>	Date of Inspection (mm/dd/yr) <b>02/24/2020</b>	ID # <b>11092</b>
Establishment Address (number and street, city, state, zip code) <b>1 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>LOGANS ROADHOUSE INC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/05/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 4 R 3</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC	R	Ceiling in various areas in need of repair and replacing missing ceiling tiles.	03/24/2020
431	NC	R	Dish area floor and wall under sink soiled.	02/25/2020
291	NC		Facility lacking chemical sanitizer test strips.	02/24/2020
342	NC	R	Hand sink in bar area not reaching minimum temperature of 100° Fahrenheit.	02/24/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	





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Establishment Name <b>Lamasco Bar &amp; Grill</b>		Telephone Number <b>(812-437-0171)</b>	Date of Inspection (mm/dd/yr) <b>02/26/2020</b>	ID # <b>11076</b>
Establishment Address (number and street, city, state, zip code) <b>1331 W Franklin St, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Amy Word</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





**Retail Food Establishment Inspection Report**

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

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

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

Establishment Name <b>Krispy Kreme</b>		Telephone Number <b>(812-475-8419)</b>	Date of Inspection (mm/dd/yr) <b>02/27/2020</b>	ID # <b>11074</b>
Establishment Address (number and street, city, state, zip code) <b>727 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Krispy Kreme Doughnut Corporation</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/08/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 1 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		Lacking up to date grease trap maintenance log.	02/27/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:

NARRATIVE REPORT

Establishment Name <b>Krispy Kreme</b>	Address 727 N Burkhardt Rd, Evansville, IN, 47715	Inspection Date <b>02/27/2020</b>
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Item #	C/NC	R	REMARKS	TO BE CORRECTED BY

Received By (Name & Title) <b>&lt;redacted&gt;</b>	Inspected By (Name & Title) <b>&lt;redacted&gt;</b>	Page ___ of ___
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# Retail Food Establishment Inspection Report

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Establishment Name <b>Evansville Christian Life Center</b>		Telephone Number <b>(812-423-9222)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2020</b>	ID # <b>10950</b>
Establishment Address (number and street, city, state, zip code) <b>509 S Kentucky Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Evansville Christian Life Center</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/06/2020</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:







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Establishment Name <b>AFC Sushi @ Schnucks #728</b>	Telephone Number <b>(812-473-4510)</b>	Date of Inspection (mm/dd/yr) <b>02/26/2020</b>	ID # <b>10832</b>
Establishment Address (number and street, city, state, zip code) <b>3501 N Green River Rd, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>ADVANCED FRESH CONCEPTS FRANCHISE CORP</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>03/07/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)	
Responsible Person's E-mail		<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Certified Food Handler <b>&lt;redacted&gt;</b>			

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

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

Received by (name and title printed):	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





# Retail Food Establishment Inspection Report

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Vanderburgh County Department of Health  
Telephone 812-435-2400 opt 3  
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Establishment Name <b>Clarion Inn &amp; Suites</b>		Telephone Number <b>(812-477-6663)</b>	Date of Inspection (mm/dd/yr) <b>02/26/2020</b>	ID # <b>13714</b>
Establishment Address (number and street, city, state, zip code) <b>5538 E. Indiana St., Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>HGR Realty LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2020</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 1</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		<b>1</b> <input type="radio"/> <b>2</b> <input checked="" type="radio"/> <b>3</b> <input type="radio"/> <b>4</b> <input type="radio"/> <b>5</b> <input type="radio"/>		
Certified Food Handler				

- 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
347	NC	R	Hand drying provisions not provided at kitchen hand sink.	02/26/2020
129	C		Employees not washing hands when necessary.	02/26/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	





# Retail Food Establishment Inspection Report

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

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

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

Establishment Name <b>Amy's on Franklin</b>		Telephone Number ( ) Establishment ( ) Owner <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>02/26/2020</b>	ID # <b>14019</b>
Establishment Address (number and street, city, state, zip code) <b>1418 W Franklin St, Evansville, IN, 47712</b>				
Owner <b>Amy Word</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2020</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous food cold holding above 41 degrees. Product was moved.	Corrected
218	NC		Drawer refrigeration under grill is not functioning as designed.	02/27/2020

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





Retail Food Establishment Inspection Report

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

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

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

Form containing establishment details: Establishment Name (Crossroads #786), Telephone Number (812-471-2815), Date of Inspection (02/25/2020), ID # (14182), Address (5401 E Lloyd Expressway, Evansville, IN, 47715), Owner (Houchens North Foods LLC), Purpose (Routine), Follow-up (No), Release Date (03/06/2020), Summary of Violations (C 0, NC 0, 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. 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: (three empty fields)







# Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health  
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Establishment Name <b>Which Wich</b>		Telephone Number <b>(812-471-2815)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2020</b>	ID # <b>14187</b>
Establishment Address (number and street, city, state, zip code) <b>5401 E Lloyd Expsrwy, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Houchens North Foods LLC</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/06/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <u><b>0</b></u> NC <u><b>0</b></u> R <u><b>0</b></u>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

