



**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>PIZZA HUT #316308</b>	Telephone Number <b>(812-476-1666</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>11839</b>
Establishment Address (number and street, city, state, zip code) <b>925 N Green River Rd, Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PIZZA HUT OF AMERICA LLC c/o DMA</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>07/05/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type ( <i>See additional page</i> )	
Certified Food Handler	<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"
- 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):
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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 <b>OV Water Sports Grill</b>		Telephone Number (812-425-1912)	Date of Inspection (mm/dd/yr) 06/23/2020	ID # 11717
Establishment Address (number and street, city, state, zip code) 325 LST Drive, Evansville, IN, 47713		( ) Owner <redacted>		
Owner Oscar Velez	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 07/03/2020	
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>				

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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 <b>OV Water Sports Grill</b>	Address 325 LST Drive, Evansville, IN, 47713	Inspection Date <b>06/23/2020</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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Establishment Name <b>Dollar Tree #06574</b>		Telephone Number <b>(812-125-3021)</b>	Date of Inspection (mm/dd/yr) <b>06/24/2020</b>	ID # <b>11601</b>
Establishment Address (number and street, city, state, zip code) <b>424 E Diamond Ave, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Dollar Tree Stores 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>07/04/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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

**NARRATIVE REPORT**

Establishment Name <b>Dollar Tree #06574</b>	Address 424 E Diamond Ave, Evansville, IN, 47711	Inspection Date <b>06/25/2020</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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Establishment Name <b>Big Lots #418</b>	Telephone Number (812-423-9315)	Date of Inspection (mm/dd/yr) 06/24/2020	ID # 11536
Establishment Address (number and street, city, state, zip code) 410 E Diamond Ave, Evansville, IN, 47710	( ) Owner <redacted>		
Owner Big Lots Stores Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date 07/04/2020
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			

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

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







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Establishment Name <b>Gary's Parkway Pizza</b>		Telephone Number <b>(812-423-3339)</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>11482</b>
Establishment Address (number and street, city, state, zip code) <b>3911 Broadway Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Gary Schnell</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>07/05/2020</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 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
			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:	cc:	

### NARRATIVE REPORT

Establishment Name <b>Gary's Parkway Pizza</b>	Address 3911 Broadway Ave, Evansville, IN, 47712	Inspection Date <b>06/25/2020</b>
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Item #	C/NC	R	REMARKS	TO BE CORRECTED BY



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Establishment Name: Circle K #4702262
Telephone Number: (812) 424-7517
Date of Inspection: 06/26/2020
ID #: 11479
Establishment Address: 3105 N First Ave, Evansville, IN, 47710
Owner: Mac's Convenience Store LLC
Purpose: Routine
Follow-up: No
Release Date: 07/06/2020
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 1 3 0 4 0 5 0

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

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





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Establishment Name <b>Zesto</b>		Telephone Number <b>(812-423-5961)</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>11461</b>
Establishment Address (number and street, city, state, zip code) <b>920 E Riverside Dr, Evansville, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Daniel Hardesty</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>07/05/2020</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>				

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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:





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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>Wendy's #325</b>		Telephone Number <b>(812-424-8737</b>	Date of Inspection (mm/dd/yr) <b>06/23/2020</b>	ID # <b>11436</b>
Establishment Address (number and street, city, state, zip code) <b>410 N St. Joseph Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>SERVUS, 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>07/03/2020</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)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
402	NC	R	Floor tiles and floor drain covers in need of repair/replacement.	06/30/2020

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:

# NARRATIVE REPORT

Establishment Name <b>Wendy's #325</b>	Address 410 N St. Joseph Ave, Evansville, IN, 47712	Inspection Date <b>06/23/2020</b>
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Item #	C/NC	R	REMARKS	TO BE CORRECTED BY

Received By (Name & Title)	Inspected By (Name & Title) <b>&lt;redacted&gt;</b>	Page ____ of ____
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Establishment Name <b>Target T-108</b>		Telephone Number (812-426-2218)	Date of Inspection (mm/dd/yr) 06/23/2020	ID # 11388
Establishment Address (number and street, city, state, zip code) 4000 First Ave, Evansville, IN, 47710		( ) Owner <redacted>		
Owner <b>Target 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>07/03/2020</b>	
Owner's Address <redacted>		Summary of Violations: C <u>  1  </u> NC <u>  0  </u> R <u>  1  </u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" 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
139	C	R	Expired baby formula.	Corrected

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





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Establishment Name <b>Subway Sandwich Shop</b>		Telephone Number (812-424-8655)	Date of Inspection (mm/dd/yr) 06/24/2020	ID # 11373
Establishment Address (number and street, city, state, zip code) 611 E Diamond Ave, Evansville, IN, 47711		( ) Owner <redacted>		
Owner Paul Kumar	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/04/2020	
Owner's Address <redacted>		Summary of Violations: C <u>2</u> NC <u>3</u> R <u>2</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input 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
191	C		Potentially hazardous foods not date marked.	Corrected
294	C	R	Chemical sanitizer below required concentration.	Corrected
234	NC		In-use utensils improperly stored in stagnate water.	Corrected
199	NC	R	Improper thawing of frozen food.	Corrected
116	NC		Employees not wearing mask as required.	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 <b>Subway Sandwich Shop</b>			Address 611 E Diamond Ave, Evansville, IN, 47711		Inspection Date <b>06/25/2020</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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Establishment Name <b>Subway #15691</b>		Telephone Number <b>(812-425-7585)</b>	Date of Inspection (mm/dd/yr) <b>06/24/2020</b>	ID # <b>11366</b>
Establishment Address (number and street, city, state, zip code) <b>631 Walnut St, Evansville, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Larry Patel</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>07/04/2020</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		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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Chemical sanitizer for ware washing and wiping cloths too weak.	Corrected
116	NC		Employee not wearing face covering over mouth and nose.	Corrected

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:





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<b>Establishment Name</b> La Mexicana International Market		<b>Telephone Number</b> (812-422-7861)		<b>Date of Inspection (mm/dd/yr)</b> 06/25/2020		<b>ID #</b> 11347	
<b>Establishment Address (number and street, city, state, zip code)</b> 324 E Riverside Dr, EVANSVILLE, IN, 47713		Owner <redacted>					
<b>Owner</b> Adriana Vazquez		<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> 07/05/2020	
<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 type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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

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

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

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







### 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>THE SPORTSDEN</b>		Telephone Number <b>(812-479-8887)</b>	Date of Inspection (mm/dd/yr) <b>06/23/2020</b>	ID # <b>11331</b>
Establishment Address (number and street, city, state, zip code) <b>701 N Weinbach Ave. #110, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Janell Roehr</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>07/03/2020</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 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
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:	cc:	

# NARRATIVE REPORT

Establishment Name <b>THE SPORTSDEN</b>	Address 701 N Weinbach Ave. #110, Evansville, IN, 47711	Inspection Date <b>06/23/2020</b>
--	--	--------------------------------------

Item #	C/NC	R	REMARKS	TO BE CORRECTED BY

Received By (Name & Title)	Inspected By (Name & Title) <b>&lt;redacted&gt;</b>	Page ___ of ___
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Establishment Name <b>Rounders Pizza</b>		Telephone Number (812-424-4960)	Date of Inspection (mm/dd/yr) 06/26/2020	ID # 11290
Establishment Address (number and street, city, state, zip code) 510 W Mill Rd, Evansville, IN, 47710		( ) Owner <redacted>		
Owner David Molinet	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 07/06/2020	
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"
- 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

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SDH Form 51-0001

Vanderburgh County Department of Health  
Telephone 812-435-2400 opt 3  
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Roca Bar</b>		Telephone Number <b>(812-422-7782)</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>11286</b>
Establishment Address (number and street, city, state, zip code) <b>1618 S Kentucky Ave, Evansville, IN, 47714</b>		( ) Owner		
Owner <b>Roca Bar of Evansville Inc</b>		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>Yes</b>	Release Date <b>07/05/2020</b>
Owner's Address <redacted>		<input type="checkbox"/> Follow-up	Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>1</u> <b>R</b> <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"
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Section#	C/NC	R	Narrative	To Be Corrected By
281	NC		Bar ware washing machine not dispensing sanitizer.	06/25/2020

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:	cc:	





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SDH Form 51-0001

Vanderburgh County Department of Health  
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Establishment Name <b>Chuck E Cheese's #60</b>		Telephone Number <b>(812-473-4262</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>11153</b>
Establishment Address (number and street, city, state, zip code) <b>559 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>CEC ENTERTAINMENT 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>07/05/2020</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
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				

- 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:	cc:	







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<b>Establishment Name</b> Circle K #4700084	<b>Telephone Number</b> (812-425-1634 ( ) Owner <redacted>	<b>Date of Inspection</b> (mm/dd/yr) 06/26/2020	<b>ID #</b> 11108
<b>Establishment Address</b> (number and street, city, state, zip code) 3900 First Ave, Evansville, IN, 47710			
<b>Owner</b> Mac's Convenience Store LLC	<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> 07/06/2020
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type</b> ( <i>See additional page</i> ) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b> _____			
<b>Certified Food Handler</b> <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.	

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





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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>Longhorn Steakhouse 5221</b>		Telephone Number <b>(812-473-2400)</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>11099</b>
Establishment Address (number and street, city, state, zip code) <b>320 N Green River Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Rare Hospitality International 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>07/05/2020</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):	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:

## NARRATIVE REPORT

Establishment Name <b>Longhorn Steakhouse 5221</b>	Address <b>320 N Green River Rd, Evansville, IN, 47715</b>	Inspection Date <b>06/25/2020</b>
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Item #	C/NC	R	REMARKS	TO BE CORRECTED BY

Received By (Name & Title)	Inspected By (Name & Title) <b>&lt;redacted&gt;</b>	Page ___ of ___
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Establishment Name <b>Hilltop Inn</b>	Telephone Number (812-303-3732)	Date of Inspection (mm/dd/yr) 06/24/2020	ID # 11029
Establishment Address (number and street, city, state, zip code) <b>1100 Harmony Way, Evansville, IN, 47720</b>	( ) Owner <redacted>		
Owner <b>Wendy Marx</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>07/04/2020</b>
Owner's Address <redacted>		Summary of Violations: <b>C 1 NC 1 R 1</b>	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Ready to eat, potentially hazardous food lacking date marking.	Corrected
342	NC		Hand washing sink not providing water of 100 degrees or higher.	06/25/2020

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:





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<b>Establishment Name</b> <b>Jimmy John's</b>	<b>Telephone Number</b> (812-402-5653 <small>( ) Owner</small> <redacted>	<b>Date of Inspection</b> <small>(mm/dd/yr)</small> 06/23/2020	<b>ID #</b> 13619	
<b>Establishment Address (number and street, city, state, zip code)</b> 330 Main St. Unit A, Evansville, IN, 47708		<b>Follow-up</b> Yes <b>07/03/2020</b> <b>Release Date</b>		
<b>Owner</b> Ken Stinler				
<b>Owner's Address</b> <redacted>	<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>Summary of Violations:</b> C <u>0</u> NC <u>2</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>				
<b>Responsible Person's E-mail</b>  	<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		 	
<b>Certified Food Handler</b> <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
174	NC		Bulk storage container lacking label of common food name.	06/23/2020
116	NC		Staff on duty not wearing mask in accordance to the current Indiana Executive Order.	Corrected

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







**Retail Food Establishment Inspection Report**

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Establishment Name <b>KC'S Marina Pointe</b>		Telephone Number <b>(812-422-0400</b>	Date of Inspection (mm/dd/yr) <b>06/23/2020</b>	ID # <b>13732</b>
Establishment Address (number and street, city, state, zip code) <b>830 LST Drive, Evansville, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kerry Chesser</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>07/03/2020</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		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C		Potentially hazardous cold food not held at 41 degrees or lower in prep cooler.	06/24/2020
116	NC	R	Employees not wearing face coverings.	06/23/2020

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

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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.
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Establishment Name: Spicy Thai Cuisine
Telephone Number: (812) 867-2741
Date of Inspection: 06/25/2020
ID #: 13759
Establishment Address: 601 E Bnvl-New Harmony Rd, Evansville, IN, 47725
Owner: Budsagon Meyer
Purpose: Routine
Follow-up: No
Release Date: 07/05/2020
Summary of Violations: C 0 NC 1 R 1
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: 234, NC, R, Improper storage of in-use utensils., Corrected

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

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

cc: cc: cc:





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Establishment Name <b>The Farmhouse Kitchen</b>		Telephone Number <b>(812-471-9798)</b>	Date of Inspection (mm/dd/yr) <b>06/24/2020</b>	ID # <b>14003</b>
Establishment Address (number and street, city, state, zip code) <b>7212 Olmstead Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kiersten Stahl</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>07/04/2020</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		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>				

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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>BJ's Restaurant &amp; Brewhouse</b>		Telephone Number <b>(812-550-9320)</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>14138</b>
Establishment Address (number and street, city, state, zip code) <b>1000 N. Green River Rd., Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>BJ's Restaurant Operations Company</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>07/05/2020</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 <b>&lt;redacted&gt;</b>				
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:







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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>Target -Starbuck's T-108</b>		Telephone Number ( ) Establishment ( ) Owner <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>06/23/2020</b>	ID # <b>14141</b>
Establishment Address (number and street, city, state, zip code) <b>4000 N First Ave, Evansville, IN, 47710</b>				
Owner <b>Target 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	Release Date <b>07/03/2020</b>	
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <b>&lt;redacted&gt;</b>	Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail				
Certified Food Handler				

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

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

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

# NARRATIVE REPORT

Establishment Name <b>Target -Starbuck's T-108</b>	Address <b>4000 N First Ave, Evansville, IN, 47710</b>	Inspection Date <b>06/24/2020</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

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>Gyro Hero</b>		Telephone Number <b>(812-305-7985)</b> <small>( ) Owner</small> <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>14145</b>
Establishment Address (number and street, city, state, zip code) <b>1201 W Boonville-New Harmony Rd., Evansville, IN, 47725</b>				
Owner <b>Emily Howell</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>07/05/2020</b>	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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

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

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

**NARRATIVE REPORT**

Establishment Name <b>Gyro Hero</b>	Address 1201 W Boonville-New Harmony Rd., Evansville, IN, 47725	Inspection Date <b>06/26/2020</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

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>La Mexicana International Food Truck</b>		Telephone Number <b>(812-422-7861)</b>	Date of Inspection (mm/dd/yr) <b>06/25/2020</b>	ID # <b>14186</b>
Establishment Address (number and street, city, state, zip code) <b>324 E Riverside Dr, Evansville, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Adriana Vazquez</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>07/05/2020</b>
Owner's Address			Summary of Violations: <b>C 1 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
345	C		Hand sink used for purposes other than hand washing.	Corrected
347	NC		No hand drying provisions at hand sink.	Corrected
116	NC		Employees not wearing face coverings.	06/25/2020

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**

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>Lee's Famous Recipe Unit #700</b>		Telephone Number <b>(812-391-4339)</b>	Date of Inspection (mm/dd/yr) <b>06/23/2020</b>	ID # <b>14238</b>
Establishment Address (number and street, city, state, zip code) <b>411 N St Joseph Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Prentice Howard</b>	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>07/03/2020</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) <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
			Follow up from 6-12-20.	
116	NC		Employees not wearing face coverings.	06/23/2020
			All other violations were corrected.	

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:

