



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 Meijer Store #287		Telephone Number (812-647-2200)	Date of Inspection (mm/dd/yr) 08/13/2020	ID # 13006
Establishment Address (number and street, city, state, zip code) 2622 Menards Drive, Evansville, IN, 47715		() Owner <redacted>		
Owner Meijer Stores Limited Partnership		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 08/23/2020
Owner's Address <redacted>			Summary of Violations: C 1 NC 1 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
116	NC		Staff improperly wearing covering in accordance with the Indiana EO.	Corrected
193	C		Discard time not marked on ready to eat food in deli warmer display case.	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 Sonic Drive-In #111		Telephone Number (812-476-7730)	Date of Inspection (mm/dd/yr) 08/12/2020	ID # 11604
Establishment Address (number and street, city, state, zip code) 3433 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Sonic Drive-In of Evansville Inc		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 08/22/2020
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input 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
			Violation from 7/9/2020 corrected.	
116	NC		Employee not wearing and improperly wearing masks per executive order.	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 White Castle #37		Telephone Number (812-474-9901	Date of Inspection (mm/dd/yr) 08/12/2020	ID # 11449
Establishment Address (number and street, city, state, zip code) 6940 Logan Dr, Evansville, IN, 47715		() Owner <redacted>		
Owner White Castle	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 08/22/2020	
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
324	C		Lacking grease trap log. Email copy for new log	08/12/2020
146	NC		Salt container unlabeled to identify product not in original packaging.	08/12/2020
			Has 3 months to obtain new certified managers food safety certification.	11/11/2020

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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 Walmart #1341		Telephone Number (812-424-5475)	Date of Inspection (mm/dd/yr) 08/13/2020	ID # 11430
Establishment Address (number and street, city, state, zip code) 335 S Red Bank Rd, Evansville, IN, 47712		() Owner <redacted>		
Owner Wal-mart Stores East, LP		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 08/23/2020
Owner's Address <redacted>			Summary of Violations: C 1 NC 2 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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Chemical sanitizer concentration at three compartment sink in the Seafood/Meat department was too weak.	08/14/2020
218	NC		Chemical sanitizer dispenser at three compartment sink in Seafood/Meat department not functioning as designed.	08/14/2020
218	NC		Excessive ice accumulation in main freezer.	08/14/2020

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



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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 Variety Village II		Telephone Number (812-423-4869)	Date of Inspection (mm/dd/yr) 08/13/2020	ID # 11422
Establishment Address (number and street, city, state, zip code) 600 E Columbia St., Evansville, IN, 47711		() Owner <redacted>		
Owner RHONDA F ROSS	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 08/23/2020	
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
			Conducted follow-up inspection & found all staff in compliance at the time of visit.	

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 TACO BELL #28898		Telephone Number (812-475-1895)	Date of Inspection (mm/dd/yr) 08/11/2020	ID # 11383
Establishment Address (number and street, city, state, zip code) 1580 Vann Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Bell Indiana LLC	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 08/21/2020	
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
			Violation from 7/27/2020 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 O'Brians Sports Bar & Grill		Telephone Number (812-401-4630)	Date of Inspection (mm/dd/yr) 08/11/2020	ID # 11322
Establishment Address (number and street, city, state, zip code) 1801 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner O'Brians Sports Bar & Grill	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 08/21/2020	
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)		
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
430	NC		Damaged floor tiles at fryer in need of repair/replacement.	09/08/2020
431	NC		Floor and walls at fryer in need of cleaning.	08/11/2020
431	NC		Hood vent in need of cleaning.	08/11/2020

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 China Garden		Telephone Number (812-422-6699)	Date of Inspection (mm/dd/yr) 08/11/2020	ID # 11146
Establishment Address (number and street, city, state, zip code) 501 N Main St, Evansville, IN, 47711		() Owner <redacted>		
Owner Yim Wan Lee	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 08/21/2020	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
116	NC		Employees not wearing mask as required.	Corrected
345	C	R	Hand washing sink used for other purposes.	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 Los Bravos		Telephone Number (812-464-3163)	Date of Inspection (mm/dd/yr) 08/11/2020	ID # 11103
Establishment Address (number and street, city, state, zip code) 4630 W Lloyd Expressway, Evansville, IN, 47712		() Owner <redacted>		
Owner Los Bravos 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 08/21/2020
Owner's Address <redacted>			Summary of Violations: C <u>3</u> NC <u>2</u> R <u>4</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
346	NC	R	No soap at the hand washing sink in kitchen.	Corrected
294	C	R	Chemical sanitizer concentration too low in dish machine.	08/11/2020
189	C	R	Improper cooling methods being used.	Corrected
187	C	R	Potentially hazardous food cold held above 41 degrees.	Corrected
234	NC		Ice cream scoop improperly stored in water in between use.	Corrected

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



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Establishment Name Hillcrest Home		Telephone Number (812-428-0698)	Date of Inspection (mm/dd/yr) 08/12/2020	ID # 11030
Establishment Address (number and street, city, state, zip code) 2700 W Indiana St, EVANSVILLE, IN, 47712		() Owner		
Owner HILLCREST HOME	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 08/22/2020	
Owner's Address		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 checked="" 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):	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Drone's Convenience		Telephone Number (812-429-1137)	Date of Inspection (mm/dd/yr) 08/13/2020	ID # 10933
Establishment Address (number and street, city, state, zip code) 410 Tekoppel Ave., Evansville, IN, 47712		() Owner <redacted>		
Owner KMT 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 08/23/2020	
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 1		
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
191	C	R	Ready to eat, potentially hazardous food lacking date marking.	Corrected

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



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Establishment Name Bob's Lounge	Telephone Number (812-425-4929)	Date of Inspection (mm/dd/yr) 08/11/2020	ID # 10872
Establishment Address (number and street, city, state, zip code) 907 N Fares Ave., Evansville, IN, 47711	Owner (<redacted>)	Follow-up No	
Owner L & D Williams Enterprises 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) _____	Release Date 08/21/2020	
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>		
Person in Charge <redacted>	Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail _____			
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
116	NC		Employees not wearing mask as required.	Corrected
218	NC		Sandwich make table not maintaining 41f or less.	08/14/2020

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



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Establishment Name Chick-fil-A		Telephone Number (812-477-9370)	Date of Inspection (mm/dd/yr) 08/11/2020	ID # 10813
Establishment Address (number and street, city, state, zip code) 329 Main Street, Evansville, IN, 47708		() Owner <redacted>		
Owner Chick-fil-A at Eastland Mall		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 08/21/2020
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 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:	cc:	



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Establishment Name Panda Express #2906		Telephone Number (626-372-8203	Date of Inspection (mm/dd/yr) 08/14/2020	ID # 13770
Establishment Address (number and street, city, state, zip code) 2445 Menards Drive, Evansville, IN, 47715		() Owner <redacted>		
Owner Panda Express 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 08/24/2020
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input 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
116	NC		Staff improperly wearing covering in accordance with the Indiana EO.	Corrected

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 Spudz-N-Stuff		Telephone Number (812-402-7783)		Date of Inspection (mm/dd/yr) 08/10/2020		ID # 13878	
Establishment Address (number and street, city, state, zip code) 2403 Washington Ave, Evansville, IN, 47714		Owner <redacted>		Follow-up No		Release Date 08/20/2020	
Owner Jason Dicken		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 1 NC 2 R 0			
Owner's Address <redacted>							
Person in Charge <redacted>							
Responsible Person's E-mail							
Certified Food Handler <redacted>							
				Menu Type (See additional page) 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"

Section#	C/NC	R	Narrative	To Be Corrected By
116	NC		Employees not wearing mask as required.	Corrected
218	NC		Prep table not maintaining 41F or less.	08/14/2020
187	C		Food not maintained at 41F or under 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:	cc:	cc:



Retail Food Establishment Inspection Report

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

Establishment Name Lollys Pops/Amuse Bakery		Telephone Number (812-205-0828)	Date of Inspection (mm/dd/yr) 08/12/2020	ID # 14035
Establishment Address (number and street, city, state, zip code) 1016 S Weinbach Ste I, Evansville, IN, 47714		(Owner) <redacted>		
Owner Todd Megar		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 08/22/2020
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 ○ 2 ● 3 ○ 4 ○ 5 ○	
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): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature): _____		Inspected by (signature): _____	
cc: _____		cc: _____	