



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 River City Eagles #4023		Telephone Number (812-422-2956 (<redacted>))	Date of Inspection (mm/dd/yr) 08/18/2020	ID # 11283
Establishment Address (number and street, city, state, zip code) 1824 W Franklin St, Evansville, IN, 47712				
Owner River City Eagles	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 08/28/2020	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 8-5-2020.	
			All violations were corrected.	

Received by (name and title printed):		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 TACO BELL #28907	Telephone Number (812-422-4705 <small>(Establishment)</small> (<redacted> <small>(Owner)</small>	Date of Inspection (mm/dd/yr) 08/19/2020	ID # 11381																		
Establishment Address (number and street, city, state, zip code) 1500 N Willow Rd, Evansville, IN, 47711		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Follow-up</td> <td style="width: 50%;">Release Date</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">No</td> <td style="text-align: center;">08/29/2020</td> </tr> <tr> <td colspan="2" style="text-align: center;">Summary of Violations:</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">C 0</td> <td style="text-align: center; font-size: 24pt;">NC 1</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">R 0</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Menu Type (See additional page)</td> </tr> <tr> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">3 <input checked="" type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td style="text-align: center;">5 <input type="radio"/></td> <td></td> </tr> </table>		Follow-up	Release Date	No	08/29/2020	Summary of Violations:		C 0	NC 1	R 0		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"/>	
Follow-up	Release Date																				
No	08/29/2020																				
Summary of Violations:																					
C 0	NC 1																				
R 0																					
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"/>																					
Owner Bell Indiana LLC	Purpose: <input checked="" 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) _____																				
Owner's Address <redacted>																					
Person in Charge <redacted>																					
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
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: _____

