



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 Central High School		Telephone Number (812-435-8297)	Date of Inspection (mm/dd/yr) 10/08/2020	ID # 11137
Establishment Address (number and street, city, state, zip code) 5400 First Ave, EVANSVILLE, IN, 47710		<redacted>		
Owner Evansville Vanderburgh School Corp.		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 10/18/2020
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail 				
Certified Food Handler <redacted>				

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

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

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Burger King #120		Telephone Number (812-426-0303 <redacted>		Date of Inspection (mm/dd/yr) 10/06/2020	ID # 11116	
Establishment Address (number and street, city, state, zip code) 4400 First Ave, Evansville, IN, 47710						
Owner Carrols, LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No		Release Date 10/16/2020	
Owner's Address <redacted>			Summary of Violations:			
Person in Charge <redacted>			C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail			Menu Type (See additional page)			
Certified Food Handler <redacted>			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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* 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:	



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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 Leroy's Tavern		Telephone Number (812-464-8300)	Date of Inspection (mm/dd/yr) 10/05/2020	ID # 11081
Establishment Address (number and street, city, state, zip code) 2659 Mt. Vernon Ave., Evansville, IN, 47712		<redacted>		
Owner Terri Carl	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 10/15/2020	
Owner's Address <redacted>		Summary of Violations: C 0 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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
116	NC		Employee not wearing face covering.	Corrected

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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Establishment Name Leroy's Tavern		Telephone Number 812-464-8300	Date of Inspection (mm/dd/yr) 10/07/2020	ID # 11081
Establishment Address (number and street, city, state, zip code) 2659 Mt. Vernon Ave., Evansville, IN, 47712		<redacted>		
Owner Terri Carl	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 10/17/2020	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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• 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 10-5-2020.	
			All violations were corrected.	

Received by (name and title printed):		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
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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 Lamasco Bar & Grill		Telephone Number (812-437-0171)	Date of Inspection (mm/dd/yr) 10/07/2020	ID # 11076
Establishment Address (number and street, city, state, zip code) 1331 W Franklin St, Evansville, IN, 47710		(<redacted>)		
Owner Amy Word	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 10/17/2020	
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 1		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C		Improper storage of raw animal product.	Corrected
431	NC	R	Inside the front line prep cooler is soiled.	Corrected

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
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Establishment Name Krispy Kreme		Telephone Number (812-475-8419) (<redacted>)	Date of Inspection (mm/dd/yr) 10/06/2020	ID # 11074
Establishment Address (number and street, city, state, zip code) 727 N Burkhardt Rd, Evansville, IN, 47715				
Owner Krispy Kreme Doughnut Corporation		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 10/16/2020
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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



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Establishment Name AIS 1st Ave		Telephone Number (812-435-8611)		Date of Inspection (mm/dd/yr) 10/06/2020		ID # 11021	
Establishment Address (number and street, city, state, zip code) 3013 First Ave, EVANSVILLE, IN, 47710		<redacted>					
Owner Evansville Vanderburgh School Corp.		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 10/16/2020	
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>							

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

Establishment Name G.D. Ritzys	Telephone Number (812-421-1300) <redacted>	Date of Inspection (mm/dd/yr) 10/06/2020	ID # 10979
Establishment Address (number and street, city, state, zip code) 4320 First Ave, EVANSVILLE, IN, 47711			
Owner Dan Grunow/Chad Grunow	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/16/2020
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 R 1	
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail <redacted>			
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
116	NC		Staff not wearing mask properly.	Corrected
218	NC	R	Seals on refrigeration units need repair/replaced.	10/16/2020

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name G.D. Ritzys		Telephone Number (812-421-1300)	Date of Inspection (mm/dd/yr) 10/07/2020	ID # 10979
Establishment Address (number and street, city, state, zip code) 4320 First Ave, EVANSVILLE, IN, 47711		<redacted>		
Owner Dan Grunow/Chad Grunow	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 10/17/2020	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
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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* 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 inspection from 10-6-20	
			All employees were in compliance of mask requirements.	

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



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

Establishment Name Dollar General #959		Telephone Number (812-423-1906 <redacted>		Date of Inspection (mm/dd/yr) 10/05/2020		ID # 10918	
Establishment Address (number and street, city, state, zip code) 413 S Barker Ave, Evansville, IN, 47712				Follow-up No		Release Date 10/15/2020	
Owner DOLGENCORP 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)		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <redacted>				Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				Certified Food Handler <redacted>			

- * CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Establishment Name Bucks Tavern of Evansville LLC		Telephone Number (812-429-0055	Date of Inspection (mm/dd/yr) 10/06/2020	ID # 10880
Establishment Address (number and street, city, state, zip code) 1015 N Fulton Ave, EVANSVILLE, IN, 47710		<redacted>		
Owner Bucks Tavern of Evansville LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/16/2020
Owner's Address <redacted>			Summary of Violations: C 3 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C		Improper storage of raw animal product.	Corrected
343	C		Inadequate number of hand sinks in the facility.	10/13/2020
345	C		Hand sink obstructed by equipment and boxes. Not accessible.	10/13/2020

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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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 Arby's #7255	Telephone Number (812-421-1200)	Date of Inspection (mm/dd/yr) 10/07/2020	ID # 10848
Establishment Address (number and street, city, state, zip code) 3600 First Ave, Evansville, IN, 47710	<redacted>		
Owner Arby's Restaurant Group	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 10/17/2020
Owner's Address <redacted>	Summary of Violations: C 0 NC 1 R 0		
Person in Charge <redacted>	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail			
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
116	NC		Employees not wearing mask properly.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Arby's #7255		Telephone Number (812-421-1200)	Date of Inspection (mm/dd/yr) 10/08/2020	ID # 10848
Establishment Address (number and street, city, state, zip code) 3600 First Ave, Evansville, IN, 47710		<redacted>		
Owner Arby's Restaurant Group	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	Release Date 10/18/2020	
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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Conducted follow-up inspection from 10-7-20 inspection for mask compliance.	
			Employees were not in compliance of properly wearing face coverings.	

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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Establishment Name Arby's #7255		Telephone Number (812-421-1200)	Date of Inspection (mm/dd/yr) 10/09/2020	ID # 10848
Establishment Address (number and street, city, state, zip code) 3600 First Ave, Evansville, IN, 47710		<redacted>		
Owner Arby's Restaurant Group		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 10/19/2020
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
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
			Conducted follow-up inspection from 10-7-20 inspection for mask compliance.	
			All employees were in compliance of mask requirements.	

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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Establishment Name Twisted Tomato	Telephone Number (812-401-2323 (<redacted>)	Date of Inspection (mm/dd/yr) 10/05/2020	ID # 13712
Establishment Address (number and street, city, state, zip code) 2333 St. George Rd., Evansville, IN, 47711		Follow-up No	
Owner Evansville Twisted Tomato Pizza Co.		Release Date 10/15/2020	
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 _____			
Certified Food Handler <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"/>	

• 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: _____



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 Radhegovind Inc. DBA Foodmart		Telephone Number (812-411-4380)	Date of Inspection (mm/dd/yr) 10/07/2020	ID # 13801
Establishment Address (number and street, city, state, zip code) 600 N Burkhardt Rd, Evansville, IN, 47715		<redacted>		
Owner Patel Ajitkumar	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 10/17/2020	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		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 <redacted>				

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



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

Establishment Name Yak & Yeti	Telephone Number (812-909-2022)	Date of Inspection (mm/dd/yr) 10/06/2020	ID # 14041
Establishment Address (number and street, city, state, zip code) 815 S. Green River Rd., Evansville, IN, 47715		<redacted>	
Owner Sagar Tamang	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 10/16/2020
Owner's Address <redacted>		Summary of Violations: C 4 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			

• 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
173	C		Improper storage of raw meat in cooler.	Corrected
177	C		Food containers not covered in cooler.	10/06/2020
191	C		Ready to eat food lacking date marking.	10/06/2020
281	NC		Dish machine not dispensing sanitizer.	10/06/2020
344	C		Hand sink obstructed.	10/06/2020
116	NC		Employees in kitchen not wearing face coverings.	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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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 Yak & Yeti	Telephone Number (812-909-2022)	Date of Inspection (mm/dd/yr) 10/08/2020	ID # 14041
Establishment Address (number and street, city, state, zip code) 815 S. Green River Rd., Evansville, IN, 47715		<redacted>	
Owner Sagar Tamang	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2020
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" 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
			All violations from inspection on 10/06/2020 corrected.	

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



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

Establishment Name The Taqueria/Gonz'z Steak Burger		Telephone Number 618-518-1395	Date of Inspection (mm/dd/yr) 10/07/2020	ID # 14157
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 113, Evansville, IN, 47715		(<redacted>)		
Owner Adrian Gonzalez	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 10/17/2020	
Owner's Address <redacted>	Summary of Violations: C 1 NC 1 R 1			
Person in Charge <redacted>	Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0			
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
347	NC	R	Hand drying provisions not provided at hand sinks.	10/07/2020
345	C		Hand washing sink used for other purposes.	10/07/2020

Received by (name and title printed):	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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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 Sky Zone Evansville		Telephone Number (812-730-4759)	Date of Inspection (mm/dd/yr) 10/07/2020	ID # 14241
Establishment Address (number and street, city, state, zip code) 41 N Green River Rd., Evansville, IN, 47720		<redacted>		
Owner Craig Love	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 10/17/2020	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0		
Person in Charge <redacted>		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 <redacted>				
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Hand drying provisions not provided at hand sinks.	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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