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 La Preferida LLC	**Telephone Number** ( ) Establishment 812-303-6277 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/17/2020	**ID #** 13220
Establishment Address (number and street, city, state, zip code) 819 S Green River Rd, Evansville, Indiana, 47715			
Owner Uriel Sarmiento	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/27/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler		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
			No noted violations.	

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

cc:	cc:	cc:

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Establishment Name Twice the Ice	**Telephone Number** ( ) Establishment 812-582-1473 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/16/2020	**ID #** 12204
Establishment Address (number and street, city, state, zip code) 401 S Kentucky Ave, Evansville, IN, 47714			
Owner Miller Ice LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/26/2020
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
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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 RBA INCORPORATED	**Telephone Number** ( ) Establishment 812-425-5011 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/18/2020	**ID #** 11922
Establishment Address (number and street, city, state, zip code) 400 Madison Ave, Evansville, IN, 47713			
Owner RBA INCORPORATED	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/28/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ● 2 ○ 3 ○ 4 ○ 5 ○	

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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 Heady´s Pizza	**Telephone Number** ( ) Establishment 812-437-4343 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11881
Establishment Address (number and street, city, state, zip code) 4120 B N First Ave, Evansville, IN, 47710			
Owner Douglas Hunter	**Purpose:** ☐ Routine ☑ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
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
			Follow up from 9/10/20	
			Staff wearing face covering	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 Tri-State Athletic Club	**Telephone Number** ( ) Establishment 812-479-3111 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/15/2020	**ID #** 11763
Establishment Address (number and street, city, state, zip code) 555 Tennis Lane, Evansville, IN, 47715			
Owner TSAC Acquisition Co LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/25/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
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
346	NC		Hand soap not provided at hand sink.	09/15/2020

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

cc:	cc:	cc:

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Establishment Name Meals & More	**Telephone Number** ( ) Establishment 812-423-1113 ( ) Owner	**Date of Inspection (mm/dd/yr)** 09/15/2020	**ID #** 11708
Establishment Address (number and street, city, state, zip code) 7801 Bussing Dr, Evansville, IN, 47725			
Owner Ayse Schablik	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/25/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
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:

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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 Stop & Go - LS Petroleum Inc	**Telephone Number** ( ) Establishment 812-421-8190 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11521
Establishment Address (number and street, city, state, zip code) 520 S Barker Ave, Evansville, IN, 47712			
Owner Parmod Solanki	**Purpose:** ☐ Routine ☑ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	**Follow-up** Yes	Release Date 09/24/2020
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 1	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ● 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 9-11-2020.	
116	NC	R	Employees not wearing face coverings properly.	Corrected

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

cc:	cc:	cc:

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Establishment Name Stop & Go - LS Petroleum Inc	**Telephone Number** ( ) Establishment 812-421-8190 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/15/2020	**ID #** 11521
Establishment Address (number and street, city, state, zip code) 520 S Barker Ave, Evansville, IN, 47712			
Owner Parmod Solanki	**Purpose:** ☐ Routine ☑ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	**Follow-up** No	Release Date 09/25/2020
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Follow up from 9-11-20	
			Staff wearing face covering.	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 Gordon Food Service Store LLC	**Telephone Number** ( ) Establishment 812-473-0096 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/15/2020	**ID #** 11490
Establishment Address (number and street, city, state, zip code) 1500 N Burkhardt Rd, Evansville, IN, 47715			
Owner Gordon Food Service Store LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/25/2020
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations:	
Person in Charge <redacted>	Pre-Operational Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ● 2 ○ 3 ○ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
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Received by (name and title printed):	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 Evansville Lutheran School	**Telephone Number** (812-424-7252) Establishment ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/18/2020	**ID #** 11465
Establishment Address (number and street, city, state, zip code) 111 E Virginia St, Evansville, IN, 47711			
Owner Evansville Lutheran School	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/28/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ● 4 ○ 5 ○	
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 Willow Park	**Telephone Number** ( ) Establishment 812-473-5828 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11452
Establishment Address (number and street, city, state, zip code) 5050 LINCOLN AVE, Evansville, IN, 47715			
Owner EVANSVILLE RETIREMENT RESIDENCE LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 2 3 4 5	
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
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Received by (signature):	Inspected by (signature):

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Establishment Name Subway #30714	**Telephone Number** ( ) Establishment 812-437-3750 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11371
Establishment Address (number and street, city, state, zip code) 3200 N St Joe Unit A, EVANSVILLE, IN, 47720			
Owner Larry Patel	**Purpose:** ☑ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
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:

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Establishment Name St Pauls Lutheran Church	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection (mm/dd/yr)** 09/18/2020	**ID #** 11340
Establishment Address (number and street, city, state, zip code) 106 E Michigan St., EVANSVILLE, IN, 47711			
Owner ST PAULS LUTHERAN CHURCH	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/28/2020
Owner's Address	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler	☐ Other (list)	1 ● 2 ○ 3 ○ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
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Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name St Joe Catholic School	**Telephone Number** (812-963-3335 Establishment ( ) Owner	**Date of Inspection (mm/dd/yr)** 09/15/2020	**ID #** 11336
Establishment Address (number and street, city, state, zip code) 6130 W St. Joe Rd., EVANSVILLE, IN, 47720			
Owner St Joe Parish	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/25/2020
Owner's Address	Follow-up Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 2 ● 3 4 5	
Certified Food Handler <redacted>			

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			No noted violations.	

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

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Establishment Name Reitz High School	**Telephone Number** ( ) Establishment 812-435-8208 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11279
Establishment Address (number and street, city, state, zip code) 350 Dreier Blvd., EVANSVILLE, IN, 47712			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	Temporary HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	Other (list)	1 2 3 4 5	

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			No noted violations.	

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

cc:	cc:	cc:

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Establishment Name Pizza King	**Telephone Number** ( ) Establishment 812-473-1744 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/17/2020	**ID #** 11264
Establishment Address (number and street, city, state, zip code) 220 N St Joseph Ave, Evansville, IN, 47712			
Owner Daniel & David Nix	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/27/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		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
			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

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 Mater Dei High School	**Telephone Number** ( ) Establishment 812-426-2258 ( ) Owner	**Date of Inspection (mm/dd/yr)** 09/18/2020	**ID #** 11193
Establishment Address (number and street, city, state, zip code) 1300 Harmony Way, EVANSVILLE, IN, 47720			
Owner Mater Dei High School	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/28/2020
Owner's Address	Follow-up Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 2 ● 3 4 5	
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:

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Establishment Name Cynthia Heights School K-5	**Telephone Number** ( ) Establishment 812-435-8748 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11189
Establishment Address (number and street, city, state, zip code) 7225 Cynthiana Rd, EVANSVILLE, IN, 47720			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
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>
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name CVS Pharmacy #6253	**Telephone Number** (812-477-4186 Establishment) (<redacted> Owner)	**Date of Inspection (mm/dd/yr)** 09/17/2020	**ID #** 11181
Establishment Address (number and street, city, state, zip code) 4700 Lincoln Ave., Evansville, IN, 47714			
Owner HOOK-SUPERX LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/27/2020
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list)	1 ● 2 ○ 3 ○ 4 ○ 5 ○	

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

cc:	cc:	cc:

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Establishment Name Co-op Country Corner	**Telephone Number** ( ) Establishment 812-428-4593 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11162
Establishment Address (number and street, city, state, zip code) 5015 N St.Joseph Ave, Evansville, IN, 47720			
Owner SUPERIOR AG RESOURCES	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 2 ● 3 4 5	
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
191	C		Ready to eat, potentially hazardous food lacking date marking.	09/15/2020

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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Establishment Name Clubhouse Cafe	**Telephone Number** ( ) Establishment 812-425-5550 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/18/2020	**ID #** 11161
Establishment Address (number and street, city, state, zip code) 2518 Leisure Lane, Evansville, IN, 47720			
Owner LEISURE LIVING	**Purpose:** ☑ Routine	**Follow-up** No	Release Date 09/28/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

- **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>
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name Journey Fish & Chicken	**Telephone Number** ( ) Establishment 812-303-2420 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/17/2020	**ID #** 14171
Establishment Address (number and street, city, state, zip code) 825 S Green River Rd, Evansville, IN, 47715			
Owner Mohammad I Aburumman	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/27/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler		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
			No noted violations.	

Received by (name and title printed):	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 KFC #C119004	**Telephone Number** (812-476-6192 Establishment) (<redacted> Owner)	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 11068
Establishment Address (number and street, city, state, zip code) 900 S Green River Rd, Evansville, IN, 47715			
Owner Bell Indiana LLC	**Purpose:** ☐ Routine	**Follow-up** Yes	Release Date 09/24/2020
Owner's Address <redacted>	☑ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 1 R 1	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary	Menu Type *(See additional page)*	
Certified Food Handler	☐ HACCP		
	☐ Other (list)	1 ○ 2 ○ 3 ● 4 ○ 5 ○	

- **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
116	NC	R	Employees not wearing face covering.	09/16/2020

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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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 KFC #C119004	**Telephone Number** (812-476-6192 Establishment)	**Date of Inspection (mm/dd/yr)** 09/16/2020	**ID #** 11068
Establishment Address (number and street, city, state, zip code) 900 S Green River Rd, Evansville, IN, 47715	( ) Owner <redacted>		
Owner Bell Indiana LLC	**Purpose:**	**Follow-up**	Release Date 09/26/2020
Owner's Address <redacted>	☐ Routine ☑ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

- **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
			Corrected violation from 9-14-20 inspection	
			Staff in compliance wearing face covering	

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 Delaware School K-6	**Telephone Number** ( ) Establishment 812-435-8596 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 10901
Establishment Address (number and street, city, state, zip code) 700 N Garvin St., EVANSVILLE, IN, 47711			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
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>
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name Baskin Robbins	**Telephone Number** ( ) Establishment 812-479-5197 ( ) Owner	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 10857
Establishment Address (number and street, city, state, zip code) 848 S Green River Rd, Evansville, IN, 47715			
Owner Naik Dipika	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ● 2 ○ 3 ○ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
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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 Doubletree By Hilton Evansville	**Telephone Number** ( ) Establishment 812-423-5002 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 13678
Establishment Address (number and street, city, state, zip code) 601 Walnut St, Evansville, IN, 47708			
Owner HCW Evansville Hotel, LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ● 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
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Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name Starbucks at Doubletree	**Telephone Number** ( ) Establishment 812-423-5002 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/14/2020	**ID #** 13926
Establishment Address (number and street, city, state, zip code) 601 Walnut St, Evansville, IN, 47708			
Owner HCW Evansville Hotel LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/24/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

cc:	cc:	cc:

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Establishment Name Twice the Ice	**Telephone Number** ( ) Establishment 812-582-1473 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/16/2020	**ID #** 14053
Establishment Address (number and street, city, state, zip code) 501 N Tekoppel Ave, Evansville, IN, 47712			
Owner Miller Ice LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 09/26/2020
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

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

cc:	cc:	cc: