



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 Sweet Schmitt's Candy		Telephone Number (812-430-1052 <redacted>	Date of Inspection (mm/dd/yr) 10/16/2020	ID # 13214
Establishment Address (number and street, city, state, zip code) 422 N. Main, Evansville, Indiana, 47711				
Owner Michael & DeAnn Schmitt	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 10/26/2020	
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
			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 Culinary Innovations by April Boeke, LLC		Telephone Number (812-228-7626)	Date of Inspection (mm/dd/yr) 10/14/2020	ID # 12083
Establishment Address (number and street, city, state, zip code) 2308 W Franklin St Suite B, Evansville, IN, 47712		<redacted>		
Owner April Boeke	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 10/24/2020	
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 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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			No noted violations.	

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Establishment Name New Tech Institute	Telephone Number (812-598-5604 <redacted>	Date of Inspection (mm/dd/yr) 10/14/2020	ID # 12001	
Establishment Address (number and street, city, state, zip code) 1901 Lynch Rd, Evansville, IN, 47711				
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 10/24/2020	
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		

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Establishment Name Thunderbolt Pass Golf Course		Telephone Number (812-426-2166)	Date of Inspection (mm/dd/yr) 10/15/2020	ID # 11719
Establishment Address (number and street, city, state, zip code) 6901 Petersburg Rd, Evansville, IN, 47711		() Owner		
Owner Evansville Vanderburgh Airport Authority		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/25/2020
Owner's Address <redacted>		<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		<input type="checkbox"/> Complaint		
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Certified Food Handler		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> HACCP		
		<input type="checkbox"/> Other (list)		

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Establishment Name Southern Indiana Career Technical Ctr Culinary Arts		Telephone Number () Establishment <redacted>	Date of Inspection (mm/dd/yr) 10/14/2020	ID # 11564
Establishment Address (number and street, city, state, zip code) 1901 Lynch Rd, Evansville, IN, 47711		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 10/24/2020
Owner Evansville Vanderburgh School Corp.			Summary of Violations: C 0 NC 0 R 0	
Owner's Address <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"/>	
Person in Charge <redacted>				
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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Establishment Name KC's Corner Pocket	Telephone Number (812-428-2255) () () ()	Date of Inspection (mm/dd/yr) 10/13/2020	ID # 11507
Establishment Address (number and street, city, state, zip code) 1819 N Fulton Ave, Evansville, IN, 47710	<redacted>		
Owner Kerry Chesser Jr	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 10/23/2020
Owner's Address <redacted>		Summary of Violations: C 1 NC 2 R 3	
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
294	C	R	Chemical sanitizer concentration for ware washing too weak. Will use three compartment sink.	10/14/2020
218	NC	R	Dish machine not operating as designed.	10/14/2020
431	NC	R	Bottom of coolers and floors under equipment are soiled.	10/16/2020

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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cc:	cc:	cc:
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Establishment Name Taco Johns	Telephone Number 812-467-0804	Date of Inspection (mm/dd/yr) 10/13/2020	ID # 11385
Establishment Address (number and street, city, state, zip code) 604 N St. Joseph Ave, Evansville, IN, 47712	(City) <redacted>		
Owner D & G Properties	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 10/23/2020
Owner's Address <redacted>	Summary of Violations: C 0 NC 2 R 2		
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
402	NC	R	Missing tiles and damage to floor in need of repair or replacement.	10/27/2020
431	NC	R	Floors under equipment are excessively soiled.	10/15/2020

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Establishment Name Sportsman Billards & Pub	Telephone Number (812-422-0801 () Outside	Date of Inspection (mm/dd/yr) 10/12/2020	ID # 11332
Establishment Address (number and street, city, state, zip code) 2315 W Franklin St, Evansville, IN, 47712		Follow-up No	Release Date 10/22/2020
Owner Sportsman Billards & Pub 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)	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Owner's Address <redacted>		Menu Type (See additional page)	
Person in Charge <redacted>		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
439	C	R	Working container of toxic material improperly stored.	Corrected

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Establishment Name Sam's Pizzeria		Telephone Number 812-423-3160	Date of Inspection (mm/dd/yr) 10/12/2020	ID # 11295
Establishment Address (number and street, city, state, zip code) 2011 Delaware St, EVANSVILLE, IN, 47712		<redacted>		
Owner David Frank	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 10/22/2020	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		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
			Follow up from 10-7-2020.	
			All violations were corrected.	

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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Establishment Name Tropicana Evansville Casino	Telephone Number (812-433-4000)	Date of Inspection (mm/dd/yr) 10/15/2020	ID # 11133
Establishment Address (number and street, city, state, zip code) 700 NW Riverside Dr, Evansville, IN, 47708	<redacted>		
Owner Aztar Indiana Gaming Co LLC / dba Tropicana Evansville	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up Yes	Release Date 10/25/2020
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>2</u> NC <u>1</u> R <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)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
			Sports Book: No noted violations.	
			High Limit: No noted violations.	
			Tap House: Working container of toxic material not labeled.	Corrected
			Deli: Potentially hazardous food cold held above 41 degrees. Product moved/voluntarily discarded.	Corrected
			Coolers number 2 and 14 not functioning as designed.	10/16/2020

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Establishment Name Highland Elementary School	Telephone Number (812-867-2428)	Date of Inspection (mm/dd/yr) 10/15/2020	ID # 11028
Establishment Address (number and street, city, state, zip code) 6701 Darmstadt Rd., EVANSVILLE, IN, 47725		<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 10/25/2020
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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Establishment Name Evansville Christian Life Center		Telephone Number (812-423-9222)	Date of Inspection (mm/dd/yr) 10/14/2020	ID # 10950
Establishment Address (number and street, city, state, zip code) 509 S Kentucky Ave, Evansville, IN, 47714		(<redacted>)		
Owner Evansville Christian Life Center		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 10/24/2020
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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Establishment Name Evans School K-6	Telephone Number (812-435-8609)	Date of Inspection (mm/dd/yr) 10/15/2020	ID # 10948
Establishment Address (number and street, city, state, zip code) 837 Tulip Ave, EVANSVILLE, IN, 47711	<redacted>		
Owner Evansville Vanderburgh School Corp.	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/25/2020
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		

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Establishment Name Applebee's Neighborhood Grill		Telephone Number (812-426-2006)	Date of Inspection (mm/dd/yr) 10/14/2020	ID # 10845
Establishment Address (number and street, city, state, zip code) 5727 Pearl Dr, Evansville, IN, 47712		<redacted>		
Owner Apple Central, 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 10/24/2020	
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 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Establishment Name Amvets Post #84		Telephone Number (812-423-3322)	Date of Inspection (mm/dd/yr) 10/13/2020	ID # 10842
Establishment Address (number and street, city, state, zip code) 2912 Broadway Ave, Evansville, IN, 47712		(City/State) <redacted>		
Owner Amvets Post 84	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 10/23/2020	
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) 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): <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 Diva's Cooking		Telephone Number (812-602-8682)	Date of Inspection (mm/dd/yr) 10/14/2020	ID # 14002
Establishment Address (number and street, city, state, zip code) 1200 Corrigedor Circle, Evansville, IN, 47714		<redacted>		
Owner LaTonya Davis	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 10/24/2020	
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>				

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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>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Siciliano Subs	Telephone Number (812-455-8963)	Date of Inspection (mm/dd/yr) 10/13/2020	ID # 14106
Establishment Address (number and street, city, state, zip code) 2021 W Franklin St, Evansville, IN, 47712	(City) <redacted>	Follow-up No	Release Date 10/23/2020
Owner David Hodge	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 0 NC 0 R 0	
Owner's Address <redacted>		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Person in Charge <redacted>			
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):	
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 Caribbean Cuisine	Telephone Number (812-773-1757 () Office	Date of Inspection (mm/dd/yr) 10/13/2020	ID # 14196
Establishment Address (number and street, city, state, zip code) 1010 S Kentucky Unit C, Evansville, IN, 47714		Follow-up Yes	
Owner Meldy Devallon	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 10/23/2020	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>1</u>	
Person in Charge <redacted>			
Responsible Person's E-mail		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			

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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
116	NC		Employees not wearing mask properly.	Corrected
191	C	R	Ready to eat foods lacking date marking.	Corrected
431	NC		Facility in need of cleaning.	10/13/2020

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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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 Caribbean Cuisine		Telephone Number (812-773-1757	Date of Inspection (mm/dd/yr) 10/15/2020	ID # 14196
Establishment Address (number and street, city, state, zip code) 1010 S Kentucky Unit C, Evansville, IN, 47714		() Owner		
Owner Meldy Devallon	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 10/25/2020	
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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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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
			All violations from 10-13-20 inspection 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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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 Jeanne's Gelato to Go		Telephone Number (812-430-1127) <redacted>	Date of Inspection (mm/dd/yr) 10/14/2020	ID # 14265
Establishment Address (number and street, city, state, zip code) 2003 Lincoln ave, Evansville, IN, 47714				
Owner Valerie Ewers	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 10/24/2020	
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				

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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:

