



**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 <b>Doc's Sports Bar</b>		Telephone Number <b>(812-401-1201</b>	Date of Inspection (mm/dd/yr) <b>09/27/2023</b>	ID # <b>11778</b>
Establishment Address (number and street, city, state, zip code) <b>1305 N Stringtown Rd, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Joshua Pietrowski</b>		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 <b>No</b>	Release Date <b>10/07/2023</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

- 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 9/5/2023 corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Milano Italian Cuisine</b>		Telephone Number <b>(812-484-2222)</b>	Date of Inspection (mm/dd/yr) <b>09/29/2023</b>	ID # <b>11216</b>
Establishment Address (number and street, city, state, zip code) <b>500 Main St, EVANSVILLE, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Rafic Hachem</b>	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 <b>No</b>	Release Date <b>10/09/2023</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 8/29 Corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>McDonalds-Washington</b>		Telephone Number <b>(812-425-1712)</b>	Date of Inspection (mm/dd/yr) <b>09/29/2023</b>	ID # <b>11202</b>
Establishment Address (number and street, city, state, zip code) <b>1148 Washington Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mann Enterprises LLC/ Susan Mann</b>	Purpose:	Follow-up <b>No</b>	Release Date <b>10/09/2023</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Routine	Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>	<input checked="" type="checkbox"/> Follow-up			
Responsible Person's E-mail	<input type="checkbox"/> Complaint	Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Pre-Operational			
	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violations from 8/29 corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
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Establishment Name <b>Downtown Foodmart</b>		Telephone Number <b>(812-602-3552)</b>	Date of Inspection (mm/dd/yr) <b>09/29/2023</b>	ID # <b>13802</b>
Establishment Address (number and street, city, state, zip code) <b>720 S.E. 8th St., Evansville, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>JBMDG LLC</b>	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 <b>No</b>	Release Date <b>10/09/2023</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			Violations from 9/11 corrected.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc: