



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 China Experience		Telephone Number (513-709-1190)		Date of Inspection (mm/dd/yr)		ID # 11710	
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		(<u> </u>) Owner <redacted>					
Owner Lin, Jie		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	
Owner's Address <redacted>				Summary of Violations: C <u> 2 </u> NC <u> 1 </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 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
234	NC		In use utensils improperly stored in water.	Corrected
294	C		Chemical Sanitizer solution below required concentration.	Corrected
345	C		Kitchen hand washing sink obstructed.	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 Bob Evans Restaurants, LLC #132		Telephone Number (812-473-9022)	Date of Inspection (mm/dd/yr) 11/03/2023	ID # 10869
Establishment Address (number and street, city, state, zip code) 1125 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Bob Evans Restaurants, 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 Yes	Release Date 11/13/2023
Owner's Address <redacted>			Summary of Violations: C 0 NC 3 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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
346	NC		soap dispensers on front line hand sinks need repair	11/08/2023
347	NC		hand sinks on front line towel dispensers need repair	11/08/2023
291	NC		Chemical test strips not available	11/08/2023

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 The Taqueria/Gonz'z Steak Burger		Telephone Number (812-550-1505)	Date of Inspection (mm/dd/yr) 10/30/2023	ID # 14157
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 113, Evansville, IN, 47715		() Owner <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 11/09/2023	
Owner's Address <redacted>		Summary of Violations: C 3 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>				

- 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
303	C		no sanitizer solution on site	Corrected
342	NC		hand sink hot water not working	Corrected
177	C		raw prepped meat in container stored on floor in cooler	Corrected
118	C		Establishment does not have certified food handler	Corrected

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

