



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 Ruler Food Store #227		Telephone Number (812-471-9970)	Date of Inspection (mm/dd/yr) 11/22/2023	ID # 11984
Establishment Address (number and street, city, state, zip code) 2040 E Morgan Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner Jay C Food Stores Kroger Limited Partnership 1		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 12/02/2023
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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 violations noted	

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 HORIZON HOMES SWIRCA		Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 11/22/2023	ID # 11503
Establishment Address (number and street, city, state, zip code) 1450 Luther Square, Evansville, IN, 47715		() Owner		
Owner Horizon Homes	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 12/02/2023	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input 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
			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 Walgreens #09321	Telephone Number (812-426-1180) () Owner <redacted>	Date of Inspection (mm/dd/yr) 11/20/2023	ID # 11497
Establishment Address (number and street, city, state, zip code) 710 N St. Joseph Ave, Evansville, IN, 47712-5557		Follow-up No	Release Date 11/30/2023
Owner Walgreen Co	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>		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			
Certified Food Handler <redacted>			

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

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 Penn Station East Coast Subs		Telephone Number (812-434-7366	Date of Inspection (mm/dd/yr) 11/21/2023	ID # 11252
Establishment Address (number and street, city, state, zip code) 5310 Pearl Dr, Evansville, IN, 47712		() Owner <redacted>		
Owner Tri-State Cheesesteaks 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 12/01/2023
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input 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
			No violations to note.	

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 Motomart #3204		Telephone Number (812-963-6631	Date of Inspection (mm/dd/yr) 11/20/2023	ID # 11220
Establishment Address (number and street, city, state, zip code) 19720 Big Cynthiana Road, CYNTHIANA, IN, 47612		() Owner <redacted>		
Owner FKG Oil Co	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 11/30/2023	
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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Section#	C/NC	R	Narrative	To Be Corrected By
			no violations noted	

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 Motomart #3206		Telephone Number (812-477-5036)	Date of Inspection (mm/dd/yr) 11/20/2023	ID # 11219
Establishment Address (number and street, city, state, zip code) 3221 Mariner Dr, Evansville, IN, 47713		() Owner <redacted>		
Owner FKG Oil Co	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 11/30/2023	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 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				

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Section#	C/NC	R	Narrative	To Be Corrected By
346	NC		no soap at hand sink	Corrected
347	NC		paper towels not provided at hand sink	Corrected

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 CVS Pharmacy #6258		Telephone Number (812-422-6330	Date of Inspection (mm/dd/yr) 11/21/2023	ID # 11186
Establishment Address (number and street, city, state, zip code) 2020 E Morgan Ave., Evansville, IN, 47711		() Owner <redacted>		
Owner HOOK-SUPERX 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 12/01/2023
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)	
Responsible Person's E-mail			1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
			no violations to report	

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 Buslers		Telephone Number (812-426-2787)	Date of Inspection (mm/dd/yr) 11/20/2023	ID # 11122	
Establishment Address (number and street, city, state, zip code) 2601 N St. Joseph Ave, Evansville, IN, 47720		() Owner <redacted>			
Owner Busler Enterprises 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) _____	Follow-up No	Release Date 11/30/2023	
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)		
Responsible Person's E-mail			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		
Certified Food Handler <redacted>					

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Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Legends		Telephone Number (812-477-5323)	Date of Inspection (mm/dd/yr) 11/22/2023	ID # 11080
Establishment Address (number and street, city, state, zip code) 1050 S Weinbach Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner WILLIAM VUKOVICH		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 12/02/2023
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 <redacted>				
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:



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Establishment Name Applebee's Neighborhood Grill		Telephone Number (812-471-0942)	Date of Inspection (mm/dd/yr) 11/22/2023	ID # 10844
Establishment Address (number and street, city, state, zip code) 5100 E Morgan Ave, Evansville, IN, 47715		() Owner <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 Yes	Release Date 12/02/2023
Owner's Address			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
431	NC		Kitchen in need of cleaning	11/29/2023
433	NC		mops store outside with mop head on the ground	Corrected
347	NC		disposable towel not provided at handwashing sink in kitchen	Corrected

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Received by (signature):	Inspected by (signature):
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Establishment Name Wings Etc.		Telephone Number (812)909-2945	Date of Inspection (mm/dd/yr) 11/21/2023	ID # 13765
Establishment Address (number and street, city, state, zip code) 628 E Diamond, Evansville, IN, 47711		() Owner <redacted>		
Owner MHD Holdings Evansville- Manish Malhotra		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 12/01/2023
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 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
			no violations noted	

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 Bea Manje LaKay Mini-Market LLC		Telephone Number (812-444-9737)	Date of Inspection (mm/dd/yr) 11/22/2023	ID # 14043
Establishment Address (number and street, city, state, zip code) 1016 S. Weinbach Ste G, Evansville, IN, 47714		() Owner <redacted>		
Owner Beatrice Jean Louis	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 12/02/2023	
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 <redacted>				
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):
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Establishment Name Hyatt Place		Telephone Number (812-777-3203)		Date of Inspection (mm/dd/yr) 11/22/2023		ID # 14376	
Establishment Address (number and street, city, state, zip code) 202 SE 2nd. St., Evansville, IN, 47713		(<u> </u>) Owner <redacted>					
Owner Kinship Hospitality		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 12/02/2023	
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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>					

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			No violations.	

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



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Establishment Name: Speedway
Telephone Number: 812-426-3277
Date of Inspection: 11/20/2023
ID #: 14484
Establishment Address: 3901 N Burkhardt, Evansville, IN, 47715
Owner: Speedway LLC
Purpose: Routine
Follow-up: No
Release Date: 11/30/2023
Summary of Violations: C 1 NC 2 R 0
Menu Type: 1 2 3 4 5

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Rows include violations like 'Drink nozzles soiled', 'grease trap log not maintained', and 'Establishment does not have certified food handler'.

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



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Establishment Name Fast Track		Telephone Number (812-303-3057)	Date of Inspection (mm/dd/yr) 11/21/2023	ID # 14493
Establishment Address (number and street, city, state, zip code) 2314 N. Heidelberg, Evansville, IN, 47711		() Owner <redacted>		
Owner Dalbir Singh	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 12/01/2023	
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>				

- 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
324	NC		grease trap log not maintained	11/21/2023

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: Express 1 Pantry
Telephone Number: (812) 492-0012
Date of Inspection: 11/20/2023
ID #: 14702
Establishment Address: 1121 N First Ave, Evansville, IN, 47710
Owner: Sumit Patel
Purpose: Routine
Follow-up: No
Release Date: 11/30/2023
Summary of Violations: C 0 NC 1 R 0
Menu Type: 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 310, NC, Hood vent system soiled., 11/28/2023

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



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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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 Revive Energy		Telephone Number (317) 590-4545	Date of Inspection (mm/dd/yr) 11/20/2023	ID # 14887
Establishment Address (number and street, city, state, zip code) 1211 Tutor Ln., Evansville, IN, 47715		() Owner <redacted>		
Owner Kathrine Lugar	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 11/30/2023	
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"
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Section#	C/NC	R	Narrative	To Be Corrected By
			no violation noted	

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 Corner Nutrition LLC		Telephone Number (812-550-3019)		Date of Inspection (mm/dd/yr) 11/20/2023		ID # 14910	
Establishment Address (number and street, city, state, zip code) 955 S. Hebron Suite H, Evansville, IN, 47715		Owner <redacted>		Follow-up No		Release Date 11/30/2023	
Owner Brian Wheeler		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>				Menu Type (<i>See additional page</i>) 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							
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 violation.	

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