



# 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>Evansville Sports Complex West</b>		Telephone Number (812-421-2200) ( ) Owner <redacted>	Date of Inspection (mm/dd/yr) 12/11/2023	ID # 12266
Establishment Address (number and street, city, state, zip code) 4300 Heckel Rd, Evansville, IN, 47720		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 <b>No</b>	Release Date 12/21/2023
Owner Evansville Convention Bureau			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <redacted>			Menu Type (See additional page)	
Person in Charge <redacted>			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
			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 <b>Evansville Sports Complex East</b>	Telephone Number (812-401-1890)	Date of Inspection (mm/dd/yr) 12/11/2023	ID # 12263
Establishment Address (number and street, city, state, zip code) 4300 Heckel Rd, Evansville, IN, 47725	( ) Owner <redacted>	Follow-up <b>No</b>	
Owner Evansville Convention Bureau	Purpose: <input checked="" type="checkbox"/> Routine	Release Date 12/21/2023	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
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
			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 <b>Break Time Bar &amp; Grill</b>		Telephone Number <b>(812-602-1756)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>12150</b>
Establishment Address (number and street, city, state, zip code) <b>1323 S Barker Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Terrie Mathis</b>	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 <b>No</b>	Release Date <b>12/22/2023</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		<b>1</b> <input type="radio"/> <b>2</b> <input checked="" type="radio"/> <b>3</b> <input type="radio"/> <b>4</b> <input type="radio"/> <b>5</b> <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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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cc:	cc:	cc:
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<b>Establishment Name</b> <b>Little Caesar`s Pizza</b>	<b>Telephone Number</b> <b>(812-401-9555)</b>	<b>Date of Inspection</b> <b>(mm/dd/yr)</b> <b>12/14/2023</b>	<b>ID #</b> <b>12144</b>
<b>Establishment Address (number and street, city, state, zip code)</b> <b>130 N St Joseph Ave, Evansville, IN, 47711</b>		<b>( ) Owner</b> <b>&lt;redacted&gt;</b>	
<b>Owner</b> <b>Mitesh Bhavsars</b>	<b>Purpose:</b> <input checked="" type="checkbox"/> <b>Routine</b> <input type="checkbox"/> <b>Follow-up</b> <input type="checkbox"/> <b>Complaint</b> <input type="checkbox"/> <b>Pre-Operational</b> <input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>HACCP</b> <input type="checkbox"/> <b>Other (list)</b> _____	<b>Follow-up</b> <b>No</b>	<b>Release Date</b> <b>12/24/2023</b>
<b>Owner's Address</b> <b>&lt;redacted&gt;</b>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <b>&lt;redacted&gt;</b>		C <u>0</u> NC <u>1</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b> <b>&lt;redacted&gt;</b>		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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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Facility in need of cleaning.	12/14/2023

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



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Establishment Name <b>Culinary Innovations by April Boeke, LLC</b>		Telephone Number <b>(812-228-7626)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>12083</b>
Establishment Address (number and street, city, state, zip code) <b>2308 W Franklin St Suite B, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>April Schmuck Boeke</b>	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 <b>No</b>	Release Date <b>12/22/2023</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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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>Kitchen Sink Pizza of Evansville</b>		Telephone Number <b>(812-305-4412</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>11918</b>
Establishment Address (number and street, city, state, zip code) <b>805 E. Franklin, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kathy Groves</b>	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 <b>No</b>	Release Date <b>12/22/2023</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 ( <i>See additional page</i> )		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input 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
			No violations to note.	

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>CVS Pharmacy #3448</b>		Telephone Number (812-867-6407)	Date of Inspection (mm/dd/yr) 12/12/2023	ID # 11877
Establishment Address (number and street, city, state, zip code) 511 E Boonville New Harmony Rd, Evansville, IN, 47725		( ) Owner <redacted>		
Owner <b>HOOK-SUPERX LLC</b>	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 <b>No</b>	Release Date <b>12/22/2023</b>	
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 type="radio"/> 2 <input checked="" 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 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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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>Sunoco Food Mart</b>		Telephone Number (812-421-1460)	Date of Inspection (mm/dd/yr) 12/13/2023	ID # 11740
Establishment Address (number and street, city, state, zip code) 1905 W Franklin St, Evansville, IN, 47712		( ) Owner <redacted>		
Owner Kusum Solanki	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	Release Date 12/23/2023	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>1</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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
342	NC		Hand sink must provide hot and cold running water (100 degree F in 20 sec)	01/03/2024

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 <b>Tokyo Japan</b>		Telephone Number (812-401-1020)	Date of Inspection (mm/dd/yr) 12/13/2023	ID # 11694
Establishment Address (number and street, city, state, zip code) 3000 N Green River Rd, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Xu Hua Lin	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 <b>Yes</b>	Release Date 12/23/2023	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>2</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 type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Sanitizer solution above required level	Corrected
218	NC		Hand sink in kitchen in need of repair	12/20/2023
310	NC		Hood in need of cleaning	12/20/2023

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 <b>Shorty's</b>		Telephone Number (812-401-1560)	Date of Inspection (mm/dd/yr) 12/12/2023	ID # 11595
Establishment Address (number and street, city, state, zip code) 1209 Baker Ave, Evansville, IN, 47710		( ) Owner <redacted>		
Owner Gary DeVillez 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 <b>No</b>	Release Date 12/22/2023	
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 <redacted>				

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

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





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Establishment Name <b>Walmart Market #5372</b>		Telephone Number <b>(812-471-4243)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>11426</b>
Establishment Address (number and street, city, state, zip code) <b>3430 Taylor Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Wal-mart Stores East, LP</b>		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 <b>No</b>	Release Date <b>12/22/2023</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>				

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



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Establishment Name <b>Thorntons #84</b>		Telephone Number <b>(812-425-0035)</b>	Date of Inspection (mm/dd/yr) <b>12/14/2023</b>	ID # <b>11404</b>
Establishment Address (number and street, city, state, zip code) <b>813 N St Joseph Ave, EVANSVILLE, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>THORNTONS, LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>12/24/2023</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations:		
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint	C <u>0</u>	NC <u>0</u>	R <u>0</u>
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)		
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary	1 <input type="radio"/>	2 <input checked="" type="radio"/>	3 <input type="radio"/>
	<input type="checkbox"/> HACCP	4 <input type="radio"/>	5 <input type="radio"/>	
	<input type="checkbox"/> Other (list)			

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			No violations to note.	

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Received by (signature):	Inspected by (signature):
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Establishment Name <b>Taco Bell #3001019</b>		Telephone Number <b>(812-464-2374)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>11382</b>
Establishment Address (number and street, city, state, zip code) <b>4501 First Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Bell Indiana LLC</b>	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 <b>No</b>	Release Date <b>12/22/2023</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) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				
<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>				

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

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:



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.

Form header section containing: Establishment Name (Super 8), Telephone Number (812-867-8500), Date of Inspection (12/13/2023), ID # (11377), Establishment Address (19601 Elpers Rd., Evansville, IN, 47725), Owner (Mahendra Patel), Purpose (Routine), Follow-up (No), Release Date (12/23/2023), Summary of Violations (C:0, NC:1, R:0), Menu Type (radio buttons).

• 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: 218, NC, Hand washing sink in kitchen in need of repair, 12/20/2023.

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 <b>Subway Sandwich Shop</b>		Telephone Number <b>(812-423-0035)</b>	Date of Inspection (mm/dd/yr) <b>12/14/2023</b>	ID # <b>11372</b>
Establishment Address (number and street, city, state, zip code) <b>510 N St Joseph Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PATHIL AMIN</b>	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 <b>No</b>	Release Date <b>12/24/2023</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) 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 <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
			No violations to note.	

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:	



# 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  
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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 <b>St Anthony's Soup Kitchen- All Saints Parish</b>		Telephone Number <b>(812-423-5209)</b>	Date of Inspection (mm/dd/yr) <b>12/13/2023</b>	ID # <b>11334</b>
Establishment Address (number and street, city, state, zip code) <b>704 N First Ave, EVANSVILLE, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>ST ANTHONY S SOUP KITCHEN-Machalle Walker</b>		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 <b>No</b>	Release Date <b>12/23/2023</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				

- 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 to note.	

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:



# 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>Sonic Drive-In #105</b>		Telephone Number (812-421-1700)	Date of Inspection (mm/dd/yr) 12/12/2023	ID # 11329
Establishment Address (number and street, city, state, zip code) 4920 W Lloyd Expressway, Evansville, IN, 47712		( ) Owner <redacted>		
Owner Sonic Drive-In of Evansville 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 <b>No</b>	Release Date 12/22/2023
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 type="radio"/> 2 <input type="radio"/> 3 <input checked="" 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:	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  
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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 <b>Showplace Cinemas</b>		Telephone Number (812-426-0133 ( ) Owner <redacted>	Date of Inspection (mm/dd/yr) 12/12/2023	ID # 11315
Establishment Address (number and street, city, state, zip code) <b>4200 Third Ave., Evansville, IN, 47710</b>				
Owner <b>North Park Cinemas Inc</b>		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 <b>No</b>	Release Date <b>12/22/2023</b>
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 violations to note.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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# 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  
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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 <b>River Bend Association, Inc.</b>		Telephone Number <b>(812-483-6575)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>11284</b>
Establishment Address (number and street, city, state, zip code) <b>2207 W Franklin St, EVANSVILLE, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>RIVER BEND ASSOCIATION, INC.</b>		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 <b>No</b>	Release Date <b>12/22/2023</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 checked="" type="radio"/> 3 <input 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
			No violations to note.	

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:



# 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  
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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 <b>Achieving Smiles Waiver Services, Inc</b>		Telephone Number (812-477-1707)		Date of Inspection (mm/dd/yr) 12/13/2023		ID # 11280	
Establishment Address (number and street, city, state, zip code) 5130 Vogel Rd #130, EVANSVILLE, IN, 47715		Owner <redacted>		Follow-up <b>No</b>		Release Date 12/23/2023	
Owner <b>MICHAEL COPELAND</b>		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address <redacted>		<input type="checkbox"/> Follow-up					
Person in Charge <redacted>		<input type="checkbox"/> Complaint		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		<input type="checkbox"/> Pre-Operational					
Certified Food Handler <redacted>		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> Other (list)					

- 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): <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:	



# Retail Food Establishment Inspection Report

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SDH Form 51-0001

Vanderburgh County Department of Health  
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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 <b>Circle K #4702416</b>		Telephone Number <b>(812-479-6491</b>	Date of Inspection (mm/dd/yr) <b>12/13/2023</b>	ID # <b>11245</b>
Establishment Address (number and street, city, state, zip code) <b>960 S Weinbach Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mac's Convenience Store LLC</b>	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 <b>No</b>	Release Date <b>12/23/2023</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) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
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
			No noted violations.	

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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<b>Establishment Name</b> Quality Inn Mahadev	<b>Telephone Number</b> (812-454-2252)	<b>Date of Inspection (mm/dd/yr)</b> 12/13/2023	<b>ID #</b> 11166
<b>Establishment Address (number and street, city, state, zip code)</b> 19622 Elpers Rd., Evansville, IN, 47725	<b>( ) Owner</b> <redacted>		
<b>Owner</b> Pritti Patel	<b>Purpose:</b> <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)	<b>Follow-up</b> No	<b>Release Date</b> 12/23/2023
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</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
			No violations noted	

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





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SDH Form 51-0001

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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.

<b>Establishment Name</b> Lucky Lady/Playgirl Inc		<b>Telephone Number</b> (812) 428-6384		<b>Date of Inspection</b> (mm/dd/yr) 12/13/2023		<b>ID #</b> 11105	
<b>Establishment Address</b> (number and street, city, state, zip code) 523 N Main St, EVANSVILLE, IN, 47711				( ) Owner			
<b>Owner</b> Ronnie Baars		<b>Purpose:</b> <input checked="" type="checkbox"/> Routine		<b>Follow-up</b> No		<b>Release Date</b> 12/23/2023	
<b>Owner's Address</b> <redacted>		<input type="checkbox"/> Follow-up		<b>Summary of Violations:</b>			
<b>Person in Charge</b> <redacted>		<input type="checkbox"/> Complaint		C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Responsible Person's E-mail</b>		<input type="checkbox"/> Pre-Operational		<b>Menu Type</b> (See additional page)			
<b>Certified Food Handler</b> <redacted>		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
		<input type="checkbox"/> Other (list) _____					

- 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	

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



# Retail Food Establishment Inspection Report

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Vanderburgh County Department of Health  
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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>Lic's Ice Cream</b>		Telephone Number <b>(812-477-3131</b>	Date of Inspection (mm/dd/yr) <b>12/11/2023</b>	ID # <b>11084</b>
Establishment Address (number and street, city, state, zip code) <b>4501 Lincoln Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Don Smith</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>12/21/2023</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) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
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
			Violation from 12-8-23 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:	



# Retail Food Establishment Inspection Report

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Vanderburgh County Department of Health  
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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 <b>Lamasco Bar &amp; Grill</b>		Telephone Number <b>(812-437-0171</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>11076</b>
Establishment Address (number and street, city, state, zip code) <b>1331 W Franklin St, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Amy Word</b>	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 <b>No</b>	Release Date <b>12/22/2023</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) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
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
			No violations to note.	

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:



# 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>Krispy Kreme</b>		Telephone Number <b>(336-733-3765)</b>	Date of Inspection (mm/dd/yr) <b>12/11/2023</b>	ID # <b>11074</b>
Establishment Address (number and street, city, state, zip code) <b>727 N Burkhardt Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Krispy Kreme Doughnut Corporation</b>		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 <b>No</b>	Release Date <b>12/21/2023</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 checked="" type="radio"/> 3 <input 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
			No noted violations.	

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:	



# Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)  
SDH Form 51-0001

Vanderburgh County Department of Health  
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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 <b>Clarion Pointe</b>	Telephone Number <b>(812-867-1100)</b>	Date of Inspection (mm/dd/yr) <b>12/13/2023</b>	ID # <b>11034</b>
Establishment Address (number and street, city, state, zip code) <b>19600 Elpers Rd., Evansville, IN, 47725</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>pravina patel</b>	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 <b>No</b>	Release Date <b>12/23/2023</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) <b>1 0 2 1 3 0 4 0 5 0</b>	
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
			No violations noted	

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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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.

<b>Establishment Name</b> <b>Fazoli's #1756</b>	<b>Telephone Number</b> (812-428-0084 (<redacted>) ( ) Owner	<b>Date of Inspection</b> (mm/dd/yr) 12/15/2023	<b>ID #</b> 10965
<b>Establishment Address (number and street, city, state, zip code)</b> 5232 Weston Rd, Evansville, IN, 47712		<b>Follow-up</b> NO	
<b>Owner</b> FAZOLI'S JOINT VENTURE, LTD		<b>Release Date</b> 12/25/2023	
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>1</u> R <u>0</u>  <b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Person in Charge</b> <redacted>			
<b>Responsible Person's E-mail</b>  			
<b>Certified Food Handler</b> <redacted>			
<b>Purpose:</b> <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) _____			

- 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
218	NC		Freezer door in need of repair.	12/15/2023

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



# Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)  
SDH Form 51-0001

Vanderburgh County Department of Health  
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Establishment Name <b>Fairfield Inn Evansville West</b>		Telephone Number <b>(812-429-0900)</b>	Date of Inspection (mm/dd/yr) <b>12/15/2023</b>	ID # <b>10961</b>
Establishment Address (number and street, city, state, zip code) <b>5400 Weston Rd., Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Phybell Development Corp</b>	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 <b>No</b>	Release Date <b>12/25/2023</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) 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 <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
			No violations to note.	

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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SDH Form 51-0001

Vanderburgh County Department of Health  
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Establishment Name <b>Dollar General #2693</b>		Telephone Number <b>(812-250-2348)</b>	Date of Inspection (mm/dd/yr) <b>12/14/2023</b>	ID # <b>10914</b>
Establishment Address (number and street, city, state, zip code) <b>925 North Park Dr, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>DOLGENCORP LLC</b>		Purpose: <input checked="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 <b>No</b>	Release Date <b>12/24/2023</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			<input checked="checked" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
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
			No violations to note.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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### 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 The Monarch Corporation (dba) DiLegge's Restaurant		Telephone Number (812-449-9864)	Date of Inspection (mm/dd/yr) 12/12/2023	ID # 10909
Establishment Address (number and street, city, state, zip code) 607 N Main St, Evansville, IN, 47711		( ) Owner <redacted>		
Owner Daniel F Dilege	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 12/22/2023	
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 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 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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SDH Form 51-0001

Vanderburgh County Department of Health

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Fax 812-435-5871

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Establishment Name <b>Holiday Inn Express</b>		Telephone Number <b>(812-867-2200)</b>	Date of Inspection (mm/dd/yr) <b>12/13/2023</b>	ID # <b>10862</b>
Establishment Address (number and street, city, state, zip code) <b>324 Rusher Creek Rd, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Santoshi Ma Hospitality</b>		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 <b>No</b>	Release Date <b>12/23/2023</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 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 checked="" type="radio"/> 3 <input 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
191	C		Ready to eat food not properly date marked	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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Vanderburgh County Department of Health

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<b>Establishment Name</b> Always Open	<b>Telephone Number</b> (812-425-3786)	<b>Date of Inspection</b> (mm/dd/yr) 12/12/2023	<b>ID #</b> 10836
<b>Establishment Address (number and street, city, state, zip code)</b> 3025 N St Joseph Ave, Evansville, IN, 47720		<b>( ) Owner</b> <redacted>	
<b>Owner</b> Mac Modi	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 12/22/2023
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>  			
<b>Certified Food Handler</b> <redacted>			

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

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



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Establishment Name <b>Catfish Willy's</b>		Telephone Number (270-702-2915)	Date of Inspection (mm/dd/yr) 12/11/2023	ID # 14000
Establishment Address (number and street, city, state, zip code) 5724 E. Virginia St, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Willie Mckenzie	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 12/21/2023	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>4</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 type="radio"/> 3 <input checked="" 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Back door in need of repair	12/15/2023
218	NC		Chest Freezer in kitchen in need of repair door off hinges	12/15/2023
218	NC		Ice machine leaks in need of repair	12/15/2023
218	NC		Sink in kitchen needs repair	12/15/2023

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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<b>Establishment Name</b> Nourish Food Buying Club Urban Seeds	<b>Telephone Number</b> (812-423-4495)	<b>Date of Inspection</b> (mm/dd/yr) 12/14/2023	<b>ID #</b> 14210
<b>Establishment Address</b> (number and street, city, state, zip code) 216 SE Third, Evansville, IN, 47708	<b>Owner</b> <redacted>	<b>Follow-up</b> No	
<b>Owner</b> Urban Seeds	<b>Purpose:</b> <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) _____	<b>Release Date</b> 12/24/2023	
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type</b> (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b> _____			
<b>Certified Food Handler</b> <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>
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Received by (signature): _____	Inspected by (signature): _____
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cc:	cc:	cc:
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Retail Food Establishment Inspection Report

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Establishment Name: Denny's #6879
Telephone Number: 812-424-4472
Date of Inspection: 12/15/2023
ID #: 14232
Establishment Address: 5212 Weston Rd, Evansville, IN, 47712
Owner: TLIN, LLC
Purpose: Routine
Follow-up: No
Release Date: 12/25/2023
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

- 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: 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:



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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 <b>Canton Inn</b>		Telephone Number <b>(812-428-6611)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>14335</b>
Establishment Address (number and street, city, state, zip code) <b>947 North Park Dr, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Fei Li</b>	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 <b>No</b>	Release Date <b>12/22/2023</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>				

- 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): <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: St. Joe Mini Mart2/ Amreet Inc.
Telephone Number: (847) 909-8833
Date of Inspection: 12/14/2023
ID #: 14362
Establishment Address: 5015 N St. Joseph Ave, Evansville, IN, 47720
Owner: Sumit Patel
Purpose: [X] Routine
Follow-up: NO
Release Date: 12/24/2023
Summary of Violations: C 0 NC 1 R 1
Menu Type: 1 2 [X] 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: 297, NC, R, Drink nozzles soiled., 12/14/2023

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

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

cc: fields for distribution list





# 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>Sixth and Zero</b>		Telephone Number <b>(812-200-0454</b>	Date of Inspection (mm/dd/yr) <b>12/13/2023</b>	ID # <b>14428</b>
Establishment Address (number and street, city, state, zip code) <b>425 Main St., Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mary Allen</b>	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 <b>NO</b>	Release Date <b>12/23/2023</b>	
Owner's Address		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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input 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
			No violations	

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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SDH Form 51-0001

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Establishment Name <b>Main Street Wedding and Event Venue, LLC</b>		Telephone Number <b>(812-463-2953</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>14787</b>
Establishment Address (number and street, city, state, zip code) <b>315 N. Main St., Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Japhia Burrell</b>	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 <b>No</b>	Release Date <b>12/15/2023</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) 1 <input checked="" type="radio"/> 2 <input 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 violations to note.	

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:	



**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 <b>Kite and Key</b>		Telephone Number <b>(812-308-6939)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>14833</b>
Establishment Address (number and street, city, state, zip code) <b>2301 W Franklin St, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kite and Key Holdings LLC, Brent Hargett</b>		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 <b>No</b>	Release Date <b>12/22/2023</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) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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 violations to note.	

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>Fly By Faith Cafe</b>		Telephone Number <b>(812-319-3393)</b>	Date of Inspection (mm/dd/yr) <b>12/12/2023</b>	ID # <b>14905</b>
Establishment Address (number and street, city, state, zip code) <b>3700 Washington Ave, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Daniel McClure</b>	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 <b>No</b>	Release Date <b>12/22/2023</b>	
Owner's Address		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
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): <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>JK Mart Inc</b>	Telephone Number <b>(812-550-5662</b>	Date of Inspection (mm/dd/yr) <b>12/13/2023</b>	ID # <b>14922</b>
Establishment Address (number and street, city, state, zip code) <b>2400 Washington Ave., Evansville, IN, 47714</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jun K Gurung</b>	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 <b>No</b>	Release Date <b>12/23/2023</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
173	C		Raw meat stored above ready to eat food in cooler.	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>Downtown Grill</b>		Telephone Number <b>(812-430-1531</b>	Date of Inspection (mm/dd/yr) <b>12/13/2023</b>	ID # <b>14994</b>
Establishment Address (number and street, city, state, zip code) <b>900 Main Street, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jeff Wheeler</b>	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 <b>No</b>	Release Date <b>12/23/2023</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) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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 violations noted.	

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>LoneStar Bar B Que and Soul Food LLC</b>		Telephone Number <b>(812-647-1132</b>	Date of Inspection (mm/dd/yr) <b>12/14/2023</b>	ID # <b>15030</b>
Establishment Address (number and street, city, state, zip code) <b>2403 Washington Ave, Evansville, IN, 47714</b>		( <b>&lt;redacted&gt;</b> ) Owner		
Owner <b>Tommy Washington</b>	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 <b>No</b>	Release Date <b>12/24/2023</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 type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
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): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc: