



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 La Campirana		Telephone Number (812-550-1585)	Date of Inspection (mm/dd/yr) 01/11/2024	ID # 12265
Establishment Address (number and street, city, state, zip code) 724 N. Burkhardt Rd. Ste 600, Evansville, IN, 47715		() Owner <redacted>		
Owner ABRAHAM BROWN	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 01/21/2024	
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
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
173	C		Food grade storage bags needed for food storage.	01/11/2024
245	NC		Wet wiping cloths improperly stored.	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 Target-Starbucks T-1481		Telephone Number (812-402-8500)	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 11976
Establishment Address (number and street, city, state, zip code) 6625 E Lloyd Expressway, Evansville, IN, 47715		() Owner <redacted>		
Owner Target Corporation		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 01/19/2024
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 <redacted>				

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

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



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Establishment Name Chick-fil-A At Cross Pointe	Telephone Number (812) 471-9203 () Owner <redacted>	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 11935
Establishment Address (number and street, city, state, zip code) 7101 E Indiana St, Evansville, IN, 47715	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 01/19/2024
Owner Jack R Stierwalt II		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 type="radio"/> 3 <input checked="" 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 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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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 Mayse Farm Market		Telephone Number (812-963-3175)	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 11551
Establishment Address (number and street, city, state, zip code) 6400 N St Joe Ave, Evansville, IN, 47720		() Owner <redacted>		
Owner PAUL MAYSE		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 01/19/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 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 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 Chaser's		Telephone Number (812-449-8358)	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 11506
Establishment Address (number and street, city, state, zip code) 2131 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner Chris Brown	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 01/19/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Walmart #1341		Telephone Number (812-424-5475)	Date of Inspection (mm/dd/yr) 01/11/2024	ID # 11430
Establishment Address (number and street, city, state, zip code) 335 S Red Bank Rd, Evansville, IN, 47712		() Owner <redacted>		
Owner Wal-mart Stores East, LP		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 01/21/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 2 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 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
342	NC		Produce area hand sink not reaching proper temperature	01/11/2024
139	NC		Baby formula out of date expired 11/23	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 Target T-1481	Telephone Number (812-402-8500)	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 11389
Establishment Address (number and street, city, state, zip code) 6625 E Lloyd Expressway, Evansville, IN, 47715	() Owner <redacted>		
Owner Target Corporation	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 01/19/2024
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>			

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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 Taco Johns		Telephone Number (812-473-7841	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 11386
Establishment Address (number and street, city, state, zip code) 2509 Washington Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Evansville East Hospitality TN 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 01/19/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 4 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
297	NC		Drink nozzles soiled.	01/09/2024
245	NC		No wiping cloths available for sanitizer buckets.	01/09/2024
431	NC		Kitchen and storage area in need of cleaning.	01/09/2024
430	NC		Tile baseboard in drive through area in need of repair.	02/12/2024

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 Cross-Eyed Cricket		Telephone Number (812-422-6464	Date of Inspection (mm/dd/yr) 01/08/2024	ID # 11176
Establishment Address (number and street, city, state, zip code) 2101 W Lloyd Expy, Evansville, IN, 47712		() Owner <redacted>		
Owner Joshua Tudela	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 01/18/2024	
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 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 Circle S Mart #41		Telephone Number (812-867-6780) () Owner <redacted>	Date of Inspection (mm/dd/yr) 01/10/2024	ID # 11158
Establishment Address (number and street, city, state, zip code) 11001 Highway 41, Evansville, IN, 47711		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/20/2024
Owner C & S Inc			Summary of Violations:	
Owner's Address <redacted>			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>				

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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 Long John Silver's		Telephone Number (812-422-9824	Date of Inspection (mm/dd/yr) 01/11/2024	ID # 11098
Establishment Address (number and street, city, state, zip code) 4625 W Lloyd Expy, Evansville, IN, 47712		() Owner <redacted>		
Owner LJS OPCO ONE, 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 01/21/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 2 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>				

- 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
324	NC		Grease trap log not maintained	01/11/2024
410	NC		Lightbulb on heat lamp not shielded	01/11/2024

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 Lic's Ice Cream	Telephone Number (812-424-3066)	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 11082
Establishment Address (number and street, city, state, zip code) 2001 Washington Ave., Evansville, IN, 47714	() Owner <redacted>		
Owner Don Smith	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 01/19/2024
Owner's Address <redacted>		Summary of Violations: C 1 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
443	C		Sanitizer for wiping cloths too weak.	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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Form containing establishment details: Establishment Name (Leroy's Tavern), Telephone Number (812-464-8300), Date of Inspection (01/09/2024), ID # (11081), Owner (Terri Carl), and Purpose (Routine).

- 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. Contains two rows of violations: Hood vent system soiled and Kitchen in need of cleaning.

Signature and contact information section: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), and cc: fields.



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Establishment Name Hacienda #8	Telephone Number (812-474-1635)	Date of Inspection (mm/dd/yr) 01/08/2024	ID # 11001
Establishment Address (number and street, city, state, zip code) 990 S Green River Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner HMR Acquisition Company, Inc.	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/18/2024
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

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

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



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Establishment Name Hacienda #4		Telephone Number (812-423-6355	Date of Inspection (mm/dd/yr) 01/08/2024	ID # 11000
Establishment Address (number and street, city, state, zip code) 711 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner HMR Acquisition Company, 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 01/18/2024
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:



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

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Establishment Name Hacienda #16		Telephone Number (812-422-2055)	Date of Inspection (mm/dd/yr) 01/08/2024	ID # 10999
Establishment Address (number and street, city, state, zip code) 5440 Pearl Dr, Evansville, IN, 47712		() Owner <redacted>		
Owner HMR Acquisition Company, 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 01/18/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 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 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 Arby's #5754	Telephone Number (812) 421-1200 <small>() Owner</small> <redacted>	Date of Inspection <small>(mm/dd/yr)</small> 01/11/2024	ID # 10847
Establishment Address (number and street, city, state, zip code) 4650 University Dr., Evansville, IN, 47712		Follow-up No Release Date 01/21/2024 Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner RTM Operating Company			
Owner's Address <redacted>	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) _____		
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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Section#	C/NC	R	Narrative	To Be Corrected By
344	NC		Hand sink in kitchen inaccessible	Corrected
433	NC		Mops stored improperly	Corrected
218	NC		Dishwasher no dispensing sanitizer at proper level	01/11/2024

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 Damsel Brew Pub	Telephone Number (812) 909-1956 <small>() Owner</small> <redacted>	Date of Inspection <small>(mm/dd/yr)</small> 01/08/2024	ID # 13866
Establishment Address (number and street, city, state, zip code) 209 N Wabash Ave., Evansville, IN, 47712	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) _____		
Owner John Mills			
Owner's Address <redacted>			
Person in Charge <redacted>			
Responsible Person's E-mail 			
Certified Food Handler <redacted>			
Follow-up No		Release Date 01/18/2024	
Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"			

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

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



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Establishment Name Bargetown Market		Telephone Number (812-306-4820)	Date of Inspection (mm/dd/yr) 01/12/2024	ID # 14307
Establishment Address (number and street, city, state, zip code) 330 Main Street Suite C, Evansville, IN, 47708		() Owner <redacted>		
Owner Ken Butler	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 01/22/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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

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



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Establishment Name Crumb! Cookie	Telephone Number (930-212-0677) () Owner <redacted>	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 14380
Establishment Address (number and street, city, state, zip code) 5435 Pearl Dr., Evansville, IN, 47712		Follow-up No	Release Date 01/19/2024
Owner Bronson Cooper	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: C 0 NC 0 R 0	
Owner's Address <redacted>		Menu Type (See additional page) 1 <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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Received by (signature):	Inspected by (signature):
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Establishment Name Waylon's Diner		Telephone Number (812-777-0088)		Date of Inspection (mm/dd/yr) 01/08/2024		ID # 14618	
Establishment Address (number and street, city, state, zip code) 606 N Main St, Evansville, IN, 47711				Owner (<redacted>)			
Owner Ashley Martin		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 01/18/2024	
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 <redacted>							
Certified Food Handler <redacted>							

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

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



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Establishment Name Parlour Barbershop		Telephone Number (812-492-0096)	Date of Inspection (mm/dd/yr) 01/09/2024	ID # 14626
Establishment Address (number and street, city, state, zip code) 2016 W. Franklin, Evansville, IN, 47712		() Owner <redacted>		
Owner Alex Rocha	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 01/19/2024	
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				

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Section#	C/NC	R	Narrative	To Be Corrected By
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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Kitchen 812	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 01/08/2024	ID # 14885
Establishment Address (number and street, city, state, zip code) 122 N Weinbach, Evansville, IN, 47711		Follow-up Yes	Release Date 01/15/2024
Owner	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" 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		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			
Responsible Person's E-mail			
Certified Food Handler			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Approved for operation.	

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 Be Happy Pie Company		Telephone Number (812-449-7718)	Date of Inspection (mm/dd/yr) 01/12/2024	ID # 15171
Establishment Address (number and street, city, state, zip code) 6225 E. Virginia Suite C., Evansville, IN, 47715		() Owner <redacted>		
Owner Jennifer Lamble	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 01/22/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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			Approved for operation.	

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cc:	cc: