



# 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>Meijer Gas Station #287</b>	Telephone Number <b>(812-647-2229)</b>	Date of Inspection (mm/dd/yr) <b>02/21/2024</b>	ID # <b>13011</b>
Establishment Address (number and street, city, state, zip code) <b>2611 Menards Dr, Evansville, Indiana, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Meijer Stores Limited Partnership</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>03/02/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) <b>1 ● 2 ○ 3 ○ 4 ○ 5 ○</b>	
Certified Food Handler <b>&lt;redacted&gt;</b>	<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:



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Establishment Name <b>Zuki</b>		Telephone Number <b>(812-423-9854)</b>	Date of Inspection (mm/dd/yr) <b>02/23/2024</b>	ID # <b>12201</b>
Establishment Address (number and street, city, state, zip code) <b>222 Main St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Rosabel Manalo-Ibay</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>03/04/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Hand sink in bar area needs repair	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>Sonic Drive-In #102</b>		Telephone Number <b>(812-475-1099)</b>	Date of Inspection (mm/dd/yr) <b>02/22/2024</b>	ID # <b>11328</b>
Establishment Address (number and street, city, state, zip code) <b>2200 Covert Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Sonic Drive-In of Evansville Inc</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>03/03/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations: <b>C 0 NC 2 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary	Menu Type (See additional page)		
	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
	<input type="checkbox"/> Other (list)			

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Hand sink in kitchen in need of repair	02/22/2024
297	NC		Ice machine guard in need of cleaning	02/22/2024

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>Covert Una Pizza</b>		Telephone Number <b>(812-491-0073)</b>	Date of Inspection (mm/dd/yr) <b>02/22/2024</b>	ID # <b>11173</b>
Establishment Address (number and street, city, state, zip code) <b>2950 Covert Ave, Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mike Stockinger</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>03/03/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>1</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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Paper towels not provided in restroom	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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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>Corpus Christi School</b>		Telephone Number <b>(812-422-1208)</b>	Date of Inspection (mm/dd/yr) <b>02/22/2024</b>	ID # <b>11172</b>
Establishment Address (number and street, city, state, zip code) <b>5528 Hogue Rd., EVANSVILLE, IN, 47712</b>		( ) Owner		
Owner <b>Corpus Christi Parish</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>03/03/2024</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 <redacted>				

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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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Form containing establishment details: Establishment Name (Christ The King), Telephone Number (812-476-1792), Date of Inspection (02/22/2024), ID # (11152), Address (3101 Bayard Park Dr., EVANSVILLE, IN, 47714), Owner (CHRIST THE KING/ Annuciation Parish), Purpose (Routine), Follow-up (No), Release Date (03/03/2024), Summary of Violations (C 0, NC 0, R 0), Menu Type (3).

- 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 noted.

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

cc: (three empty fields)





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Establishment Name <b>Jaya's Authentic Foods</b>		Telephone Number <b>(812-422-6667)</b>	Date of Inspection (mm/dd/yr) <b>02/21/2024</b>	ID # <b>11058</b>
Establishment Address (number and street, city, state, zip code) <b>119 SE Fourth St, EVANSVILLE, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jaya Dodd</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>03/02/2024</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) <b>1 0 2 0 3 0 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand sink used for other things	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>Holy Spirit School</b>		Telephone Number <b>(812) 476-5984</b>	Date of Inspection (mm/dd/yr) <b>02/23/2024</b>	ID # <b>11040</b>
Establishment Address (number and street, city, state, zip code) <b>1750 Lodge Ave., EVANSVILLE, IN, 47714</b>		( ) Owner		
Owner <b>HOLY SPIRIT PARISH</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>03/04/2024</b>
Owner's Address <redacted>			Summary of Violations: <b>C 0 NC 3 R 0</b>	
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
310	NC		Hood vents soiled	02/23/2024
218	NC		Dishwasher in need of repair not dispensing sanitizer	02/23/2024
297	NC		Ice machine guard in need of cleaning	02/23/2024

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>Glenwood Leadership Academy K-8</b>		Telephone Number <b>(812-435-8610)</b>	Date of Inspection (mm/dd/yr) <b>02/23/2024</b>	ID # <b>10986</b>
Establishment Address (number and street, city, state, zip code) <b>901 Sweetser Ave., EVANSVILLE, IN, 47713</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Evansville Vanderburgh School 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>03/04/2024</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 <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 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>Daniel Wertz School K-5</b>	Telephone Number (812-435-8594)	Date of Inspection (mm/dd/yr) 02/22/2024	ID # 10896
Establishment Address (number and street, city, state, zip code) 1701 S Redbank Rd., EVANSVILLE, IN, 47712	( ) Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/03/2024
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 checked="" type="radio"/> 3 <input 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 to note.	

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



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Establishment Name <b>Jimmy John's</b>	Telephone Number (812-402-5653)	Date of Inspection (mm/dd/yr) 02/22/2024	ID # 13619
Establishment Address (number and street, city, state, zip code) 330 Main St. Unit A, Evansville, IN, 47708	( ) Owner <redacted>		
Owner Ken Stinler	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/03/2024
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>2</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
342	NC		Hand sink not providing hot water	02/22/2024
433	NC		Mop stored improperly	02/22/2024

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>Comfort By the Cross Eyed-Cricket</b>		Telephone Number <b>(812-909-3742</b>	Date of Inspection (mm/dd/yr) <b>02/23/2024</b>	ID # <b>13774</b>
Establishment Address (number and street, city, state, zip code) <b>230 Main St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Joshua Tudela</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>03/04/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 2 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Hand sink at bar downstairs in need of repair	02/23/2024
345	C		Hand sink used for other things	Corrected
177	NC		Food stored improperly on floor in downstairs 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>Subway</b>		Telephone Number <b>(812-455-1333</b>	Date of Inspection (mm/dd/yr) <b>02/22/2024</b>	ID # <b>14208</b>
Establishment Address (number and street, city, state, zip code) <b>301 Main St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Paul Kumar</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>03/03/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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
433	NC		Mop stored improperly	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:





# 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>Samuel's</b>		Telephone Number <b>(615-796-4076)</b>	Date of Inspection (mm/dd/yr) <b>02/21/2024</b>	ID # <b>14569</b>
Establishment Address (number and street, city, state, zip code) <b>113 SE 4th Street, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Killshot Kitchen Concepts 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>03/02/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			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

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Establishment Name <b>Cousins Maine Lobster</b>		Telephone Number <b>(615-549-5499)</b>	Date of Inspection (mm/dd/yr) <b>02/23/2024</b>	ID # <b>14785</b>
Establishment Address (number and street, city, state, zip code) <b>1932 Almaville Rd, Smyrna, TN, 37167</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mia Sarabia</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>03/04/2024</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				

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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:





### Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)  
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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>La Mexicana</b>		Telephone Number <b>(812-266-5446</b>	Date of Inspection (mm/dd/yr) <b>02/21/2024</b>	ID # <b>14853</b>
Establishment Address (number and street, city, state, zip code) <b>920 Main St, Evansville, IN, 47708</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Adriana Vazquez. Emigdio san juan Dominguez</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>03/02/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 2 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
118	C		Food establishment does not have a certified food employee	03/22/2024
218	NC		Hand sink in kitchen in need of repair leaks at wall connection	02/21/2024
433	NC		Mop store improperly	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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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.

Establishment Name <b>Casey's General Store #3968</b>	Telephone Number <b>(812-231-2836)</b>	Date of Inspection (mm/dd/yr) <b>02/21/2024</b>	ID # <b>15154</b>
Establishment Address (number and street, city, state, zip code) <b>6333 Vieth Ln., Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>CASEY'S MARKETING COMPANY</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>03/02/2024</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 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.

Establishment Name <b>Wendy's #11302</b>		Telephone Number <b>(812-867-6410)</b>	Date of Inspection (mm/dd/yr) <b>02/23/2024</b>	ID # <b>15192</b>
Establishment Address (number and street, city, state, zip code) <b>12821 N. US Hwy 41, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>W.K.S. Frosty Corportation</b>		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 <b>Yes</b>	Release Date <b>03/04/2024</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				

- 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
			Approved for operation.	

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: