



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 Xpress Pantry | | Telephone Number (812-402-6909) | Date of Inspection (mm/dd/yr) 03/20/2024 | ID # 12111 |
| Establishment Address (number and street, city, state, zip code) 1015 N Main St, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Amrinder J Kaur | 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 03/30/2024 | |
| 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 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 to note. | |
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| 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 Red Robin Gourmet Burgers | | Telephone Number (812-473-4100) | Date of Inspection (mm/dd/yr) 03/22/2024 | ID # 11715 |
| Establishment Address (number and street, city, state, zip code) 6636 E Lloyd Expy, Evansville, IN, 47751 | | () Owner <redacted> | | |
| Owner Red Robin International 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 04/01/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 1 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 |
|----------|------|---|---|--------------------|
| 138 | NC | | Employee not wearing proper hair restraint/beard guard. | Corrected |
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| 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 The Granola Jar | | Telephone Number (812-437-1899) | Date of Inspection (mm/dd/yr) 03/22/2024 | ID # 11553 |
| Establishment Address (number and street, city, state, zip code) 1033 Mt Pleasant Rd Suite J, Evansville, IN, 47725 | | () Owner <redacted> | | |
| Owner Nealie Anthony | 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 04/01/2024 | |
| 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 1 3 0 4 0 5 0 | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No violations noted. | |
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| 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 Schnucks #728 | | Telephone Number (812-473-4510) | Date of Inspection (mm/dd/yr) 03/20/2024 | ID # 11307 |
| Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, EVANSVILLE, IN, 47715 | | () Owner <redacted> | | |
| Owner Schnucks Markets 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 03/30/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 1 NC 1 R 0 | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|--|--------------------|
| 345 | C | | Hand sink in meat department used for other things. | Corrected |
| 138 | NC | | Employee in deli area not wearing proper hair restraint for beard. | Corrected |
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| 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 Outback Steakhouse #1519 | | Telephone Number (812-474-0005) | Date of Inspection (mm/dd/yr) 03/18/2024 | ID # 11240 |
| Establishment Address (number and street, city, state, zip code) 7201 E Indiana St, EVANSVILLE, IN, 47715 | | () Owner <redacted> | | |
| Owner Outback Steakhouse of Florida, LLC | | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up No | Release Date 03/28/2024 |
| Owner's Address <redacted> | | <input type="checkbox"/> Follow-up | Summary of Violations: C 0 NC 2 R 0 | |
| Person in Charge <redacted> | | <input type="checkbox"/> Complaint | | |
| Responsible Person's E-mail | | <input type="checkbox"/> Pre-Operational | Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0 | |
| 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"
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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|--|--------------------|
| 285 | NC | | Dish machine not reaching required temperature for sanitizing. | 03/18/2024 |
| 352 | NC | | Employee restroom door lacking self-closing ability. | 03/31/2024 |
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| | | | | |
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| Establishment Name Entwined | | Telephone Number (812-550-1393) | Date of Inspection (mm/dd/yr) 03/20/2024 | ID # 14131 |
| Establishment Address (number and street, city, state, zip code) 303 Main St., Evansville, IN, 47708 | | () Owner <redacted> | | |
| Owner Sharon Lemond | 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 03/30/2024 | |
| 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 1 5 0 | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <redacted> | | | | |
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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| 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 Dishes by Dani | | Telephone Number (812-470-2615) | Date of Inspection (mm/dd/yr) 03/22/2024 | ID # 14356 |
| Establishment Address (number and street, city, state, zip code) 419 Read St., Evansville, IN, 47710 | | () Owner <redacted> | | |
| Owner Danielle Schiffer | 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 No | Release Date 04/01/2024 | |
| 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 |
|----------|------|---|-------------------------|--------------------|
| | | | Approved for operation. | |
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| Received by (signature): | | Inspected by (signature): | |
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|---|---|---|--|----------------------|
| Establishment Name Joe Brewski | | Telephone Number (812-431-6145) | Date of Inspection (mm/dd/yr) 03/21/2024 | ID # 14453 |
| Establishment Address (number and street, city, state, zip code) 10 NW 6th St., Evansville, IN, 47708 | | () Owner <redacted> | | |
| Owner Nate Templeton | 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 03/31/2024 | |
| 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 | | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | | |
| Certified Food Handler <redacted> | | | | |
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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| 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 Pip's Pub | | Telephone Number (812-454-2252) | Date of Inspection (mm/dd/yr) 03/18/2024 | ID # 14506 |
| Establishment Address (number and street, city, state, zip code) 19501 Elpers Rd, Evansville, IN, 47725 | | () Owner <redacted> | | |
| Owner Sean Swank | 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 03/28/2024 | |
| 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. | |
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| 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 Dollar Tree #08820 | | Telephone Number (812-647-2517) | | Date of Inspection (mm/dd/yr) 03/20/2024 | | ID # 14792 | |
| Establishment Address (number and street, city, state, zip code) 1121 Hirschland Rd Ste 300, Evansville, IN, 47715 | | Owner <redacted> | | Follow-up No | | Release Date 03/30/2024 | |
| Owner Dollar Tree Stores, 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) _____ | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | | |
| Owner's Address <redacted> | | | | | | | |
| Person in Charge <redacted> | | | | | | | |
| Responsible Person's E-mail | | | | | | | |
| Certified Food Handler | | | | | | | |
| | | | | 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"/> | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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|--|-----|---|--|
| Received by (name and title printed): <redacted> | | Inspected by (name and title printed): <redacted> | |
| Received by (signature): | | Inspected by (signature): | |
| cc: | cc: | cc: | |

