



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 Hooters		Telephone Number (812-475-0229)	Date of Inspection (mm/dd/yr) 04/29/2024	ID # 11041
Establishment Address (number and street, city, state, zip code) 4620 Lincoln Ave., Evansville, IN, 47715		() Owner <redacted>		
Owner DW Restaurant Holder, 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 05/09/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 3 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- 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		Back door to kitchen, in need of repair. Protection plate damaged.	04/29/2024
342	NC		Hand washing sink, in drink station and bar not reaching proper temperature.	04/29/2024
218	NC		Floor, in kitchen on front line in need of repair.	04/29/2024

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 Bourbon Street Grill		Telephone Number (812-475-1688)	Date of Inspection (mm/dd/yr) 05/01/2024	ID # 10876
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Yuh-Mei Chiou	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 05/11/2024	
Owner's Address <redacted>		Summary of Violations: C <u>2</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 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
443	C		Sanitizer solution too weak.	Corrected
345	C		Hand sink next in kitchen used for other things.	Corrected
347	NC		Disposable towels not provided at hand sink in kitchen.	Corrected
297	NC		Ice machine guard in need of cleaning.	05/01/2024

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 Auntie Anne's Pretzels		Telephone Number (812-475-0201)	Date of Inspection (mm/dd/yr) 05/01/2024	ID # 15239
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Six Pack Concessions 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 05/11/2024
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</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
218	NC		Back door to in need of repair. Missing kick plate.	05/01/2024

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

