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 Mojo's Boneyard	**Telephone Number** ( ) Establishment 812-475-8593 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/15/2024	**ID #** 11992
Establishment Address (number and street, city, state, zip code) 4920 Bellemeade, Evansville, IN, 47715			
Owner Jeremy & Tiffany Wynn	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	**Follow-up** No	Release Date 05/25/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name Arby´s #7815	**Telephone Number** ( ) Establishment 812-475-1176 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/13/2024	**ID #** 11589
Establishment Address (number and street, city, state, zip code) 6100 E Lloyd Expressway, Evansville, IN, 47715			
Owner RTM Operating Company	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 05/23/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name Penn Station East Coast Subs	**Telephone Number** ( ) Estab. Manager 812-434-7366 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/16/2024	**ID #** 11252
Establishment Address (number and street, city, state, zip code) 5310 Pearl Dr, Evansville, IN, 47712			
Owner Tri-State Cheesesteaks LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 05/26/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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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:	cc:

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Establishment Name Legends	**Telephone Number** ( ) Establishment 812-477-5323 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/15/2024	**ID #** 11080
Establishment Address (number and street, city, state, zip code) 1050 S Weinbach Ave, Evansville, IN, 47714			
Owner WILLIAM VUKOVICH	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 05/25/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ HACCP	1 ○ 2 ● 3 ○ 4 ○ 5 ○	
	☐ Other (list) _____		

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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 Dairy Queen	**Telephone Number** ( ) Establishment 812-423-6400 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/16/2024	**ID #** 10893
Establishment Address (number and street, city, state, zip code) 4830 University Dr., Evansville, IN, 47712			
Owner Lara Medicis	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 05/26/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 1 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
138	NC		Food Employee not wearing beard guard.	05/16/2024

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 Buffalo Wild Wings #50	**Telephone Number** ( ) Establishment 812-423-9464 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/16/2024	**ID #** 10888
Establishment Address (number and street, city, state, zip code) 5405 Pearl Dr, Evansville, IN, 47712			
Owner Buffalo Wild Wings Attn: Laura Carlson-Heideman	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 05/26/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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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:	cc:

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Establishment Name Biaggi´s Ristorante Italiano	**Telephone Number** ( ) Establishment 812-421-0800 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/13/2024	**ID #** 10863
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715			
Owner Biaggis Restaurante Italiano LLC/Todd Hovenden	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 05/23/2024
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ○ 4 ◉ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
234	NC		In-use utensils improperly stored in sanitizer.	Corrected
345	C		Hand washing sink in bar obstructed.	Corrected

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 Roca Bar South	**Telephone Number** ( ) Establishment 812-422-7782 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/16/2024	**ID #** 14865
Establishment Address (number and street, city, state, zip code) 4600 Washington Plaza. Suite 101, Evansville, IN, 47715			
Owner Roca Bar South	**Purpose:** ✔ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 05/26/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
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 Penny Lane Coffeehouse North	**Telephone Number** ( ) Establishment 812-568-7412 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/17/2024	**ID #** 15264
Establishment Address (number and street, city, state, zip code) 601 E Boonville-New Harmony Rd, Evansville, IN, 47725			
Owner Brian Bennett	**Purpose:** ☐ Routine ☐ Follow-up ☐ Complaint ☑ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 05/27/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
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:	cc: