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 Papa T's Tamales	**Telephone Number** ( ) Establishment 812-449-1194 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 13025
Establishment Address (number and street, city, state, zip code) 11124 COUNTRY HOMES DRIVE, Evansville, IN, 47712			
Owner Emily Martin	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	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 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 Little Caesar`s Pizza	**Telephone Number** ( ) Establishment 812-401-8555 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/29/2024	**ID #** 12141
Establishment Address (number and street, city, state, zip code) 2411 Stringtown Rd , Evansville, IN, 47711			
Owner Kamlesh Patel	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/08/2024
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 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 Jason`s Deli	**Telephone Number** ( ) Establishment 812-471-9905 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 12134
Establishment Address (number and street, city, state, zip code) 943 N Green River Rd, Evansville, IN, 47715			
Owner Jay Tortorice	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/10/2024
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 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 Lyle´s Sportszone Pizza & Pub LLC	**Telephone Number** ( ) Establishment 812-425-7729 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/28/2024	**ID #** 11934
Establishment Address (number and street, city, state, zip code) 1404 E Morgan Ave, Evansville, IN, 47711			
Owner Lyle V Kinder	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/07/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	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 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 Reema llc dba Faststop	**Telephone Number** ( ) Establishment 812-437-9799 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/28/2024	**ID #** 11830
Establishment Address (number and street, city, state, zip code) 2119 E Morgan Ave, Evansville, IN, 47714			
Owner Vijaykumar Patel	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 06/07/2024
Owner's Address <redacted>		Summary of Violations: C 1 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
118	C		Person in charge was not knowledgeable.	05/28/2024

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 Taj Mahal	**Telephone Number** ( ) Establishment 812-476-5000 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 11724
Establishment Address (number and street, city, state, zip code) 900 E Tutor Ln, Evansville, IN, 47715			
Owner Baljit singh	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 1 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
295	NC		Outside of non-food contact of kitchen equipment soiled.	05/31/2024

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 Metro Sports Center	**Telephone Number** ( ) Establishment 812-479-5425 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/30/2024	**ID #** 11464
Establishment Address (number and street, city, state, zip code) 5820 Metro Centre Dr, EVANSVILLE, IN, 47715			
Owner Jeff Fossett	**Purpose:** ☐ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up**	Release Date 06/09/2024
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 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 Achieving Smiles Waiver Services, Inc	**Telephone Number** ( ) Establishment 812-477-1707 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/29/2024	**ID #** 11280
Establishment Address (number and street, city, state, zip code) 5130 Vogel Rd #130, EVANSVILLE, IN, 47715			
Owner MICHAEL COPELAND	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/08/2024
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 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 Buffalo Wild Wings #45	**Telephone Number** ( ) Establishment 812-471-9464 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/29/2024	**ID #** 10887
Establishment Address (number and street, city, state, zip code) 715 N Green River Rd, Evansville, IN, 47715			
Owner Blazin Wings, Inc.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 06/08/2024
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 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 Bauer's Grove Bauerhaus	**Telephone Number** ( ) Establishment 812-867-3169 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 10858
Establishment Address (number and street, city, state, zip code) 13605 Darmstadt Rd., EVANSVILLE, IN, 47725			
Owner James A Bauer	**Purpose:** ☑ Routine	**Follow-up** No	Release Date 06/10/2024
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 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 Jimmy John's	**Telephone Number** ( ) Establishment 812-402-5747 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/30/2024	**ID #** 13352
Establishment Address (number and street, city, state, zip code) 2320 N Greenriver Road, Evansville, Indiana, 47715			
Owner Kenneth Butler	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/09/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 1 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
324	NC		Grease trap log not maintained.	05/30/2024

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 Dunkin'	**Telephone Number** ( ) Establishment 812-303-5797 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/28/2024	**ID #** 14169
Establishment Address (number and street, city, state, zip code) 850 N Green River Rd, Evansville, IN, 47715			
Owner Kamlesh Patel	**Purpose:** ☑ Routine	**Follow-up** No	Release Date 06/07/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 2 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	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
344	C		Observed hand sink blocked inaccessible.	Corrected
347	NC		Disposable towels not provided at hand sink on front line.	Corrected
443	C		Observed sanitizer solution for wipe cloth to be 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:	cc:

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Establishment Name Coldstone Creamery	**Telephone Number** ( ) Establishment 812-437-2653 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/30/2024	**ID #** 14240
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expy Ste 8A, Evansville, IN, 47715			
Owner Madeline Pinkston	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/09/2024
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 noted violation.	

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 Rock A Burger Food Truck	**Telephone Number** ( ) Establishment 812-598-0833 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 14243
Establishment Address (number and street, city, state, zip code) 312 S Third St, Boonville, IN, 47601			
Owner Nick Duffy	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	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
344	C		Hand washing sink not accessible.	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 Drake's	**Telephone Number** ( ) Establishment 859-977-2603 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/28/2024	**ID #** 14280
Establishment Address (number and street, city, state, zip code) 1222 Hirschland, Evansville, IN, 47715			
Owner Brian McCarty	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/07/2024
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 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 Smalbert's	**Telephone Number** ( ) Establishment 812-604-7056 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 14328
Establishment Address (number and street, city, state, zip code) 2308 W. Franklin, Evansville, IN, 47711			
Owner Melanie Smith	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 06/10/2024
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 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:

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 Loaded Fry Shack & Messy Bowls	**Telephone Number** ( ) Establishment 812-802-6906 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/30/2024	**ID #** 14514
Establishment Address (number and street, city, state, zip code) 303 Waggoner Ave, Evansville , In, 47713			
Owner Deja R Vass & Ken Poe	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 06/09/2024
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 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 The Produce Patch LLC	**Telephone Number** ( ) Establishment 812-687-7736 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 15004
Establishment Address (number and street, city, state, zip code) 2000 Covert Ave, Evansville, IN, 47714			
Owner Amy Holstine	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/10/2024
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		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

- **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 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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Fax 812-435-5871

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Establishment Name Frankie's Restaurant	**Telephone Number** ( ) Food Establishment 812-304-9353 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/30/2024	**ID #** 15007
Establishment Address (number and street, city, state, zip code) 6840 Logan Dr, Evansville, IN, 47715			
Owner Dugabier J González Roblero	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/09/2024
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 ○	

- **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:	cc:

Retail Food Establishment Inspection Report

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Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
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Establishment Name Uncle G's Lemon Smashers & More	**Telephone Number** ( ) Establishment 812-430-6699 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/31/2024	**ID #** 15012
Establishment Address (number and street, city, state, zip code) 1506 N. Saint James Blvd, Evansville, IN, 47711			
Owner Jerry Miles	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	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 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 Robert's By The River LLC	**Telephone Number** ( ) Food Establishment 812-604-1762 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 05/30/2024	**ID #** 15195
Establishment Address (number and street, city, state, zip code) 6 Walnut St., Evansville, IN, 47708			
Owner Robert Russell	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 06/09/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	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: