

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



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 Franklin Street Pizza Factory		Telephone Number (812) 602-3028		Date of Inspection (mm/dd/yr) 06/21/2024		ID # 12993	
Establishment Address (number and street, city, state, zip code) 2033 W Franklin St, Evansville, Indiana, 47712		() Owner <redacted>					
Owner Rebecca Woods		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 07/01/2024	
Owner's Address <redacted>				Summary of Violations:			
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler <redacted>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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"

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SDH Form 51-0001



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Establishment Name CVS Pharmacy #6251		Telephone Number (812) 424-3894		Date of Inspection (mm/dd/yr) 06/21/2024		ID # 12228	
Establishment Address (number and street, city, state, zip code) 609 N St Joseph Ave, Evansville, IN, 47712		() Owner <redacted>					
Owner HOOK-SUPERX 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 07/01/2024	
Owner's Address <redacted>				Summary of Violations:			
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler <redacted>				1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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Establishment Name Patchwork Central		Telephone Number (812) 424-2735		Date of Inspection (mm/dd/yr) 06/17/2024		ID # 11913	
Establishment Address (number and street, city, state, zip code) 100 Washington Ave, Evansville, IN, 47713		() Owner <redacted>					
Owner John & Amy Rich		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 06/27/2024	
Owner's Address <redacted>				Summary of Violations:			
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler <redacted>				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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Establishment Name Sunoco Food Mart		Telephone Number (812) 421-1460	Date of Inspection (mm/dd/yr) 06/21/2024	ID # 11740
Establishment Address (number and street, city, state, zip code) 1905 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner Kusum Solanki	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 07/01/2024	
Owner's Address		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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Establishment Name Sunny Mart	Telephone Number (812) 401-4462	Date of Inspection (mm/dd/yr) 06/20/2024	ID # 11666
Establishment Address (number and street, city, state, zip code) 3017 Kratzville Rd, Evansville, IN, 47710	() Owner <redacted>		
Owner Sachinkumar Patel	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 06/30/2024
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler <redacted>		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Establishment Name Thorntons #84		Telephone Number (812) 425-0035		Date of Inspection (mm/dd/yr) 06/21/2024	ID # 11404
Establishment Address (number and street, city, state, zip code) 813 N St Joseph Ave, EVANSVILLE, IN, 47712		() Owner: <redacted>			
Owner THORNTONS, 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 07/01/2024
Owner's Address <redacted>				Summary of Violations:	
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail				Menu Type (See additional page)	
Certified Food Handler <redacted>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>					
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>		
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Establishment Name Parlour Barbershop		Telephone Number (812) 492-0096		Date of Inspection (mm/dd/yr) 06/21/2024		ID # 14626	
Establishment Address (number and street, city, state, zip code) 2016 W. Franklin, Evansville, IN, 47712		() Owner <redacted>					
Owner Alex Rocha		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 07/01/2024	
Owner's Address <redacted>				Summary of Violations:			
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler				1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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Establishment Name Seasons Creations LLC		Telephone Number (812) 205-8676		Date of Inspection (mm/dd/yr) 06/16/2024		ID # 15287	
Establishment Address (number and street, city, state, zip code) 1119 Tam O Shanter, Mount Vernon, IN, 47620		() Owner <redacted>					
Owner Craig Cochran		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 06/26/2024	
Owner's Address <redacted>				Summary of Violations:			
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler				1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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Establishment Name Barrel House	Telephone Number (812) 401-1699	Date of Inspection (mm/dd/yr) 06/21/2024	ID # 14779
Establishment Address (number and street, city, state, zip code) 2131 W. Franklin, Evansville, IN, 47712	() Owner <redacted>		
Owner Sandy Brown	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/01/2024
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) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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Establishment Name Little Jimmy's Italian Ice		Telephone Number (812) 682-9629		Date of Inspection (mm/dd/yr) 06/16/2024		ID # 15226	
Establishment Address (number and street, city, state, zip code) 1490 Holler Rd, Mount Vernon, IN, 47620		() Owner <redacted>					
Owner Little Jimmy's Italian Ice		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 06/26/2024	
Owner's Address <redacted>				Summary of Violations:			
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler				1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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Establishment Name Hul Lotta lumpia		Telephone Number (812) 431-8330		Date of Inspection (mm/dd/yr) 06/21/2024		ID # 15313	
Establishment Address (number and street, city, state, zip code) 8540 Clarendon Dr, Evansville, IN, 47725		() Owner <redacted>					
Owner Joseph & Divina Hulsey		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 07/01/2024	
Owner's Address <redacted>				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <redacted>							
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler				1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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