



# 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.

|  |   |  |   |               |
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| Establishment Name<br><b>Tokyo Japan</b>   |   | Telephone Number<br>(812-401-1020)   | Date of Inspection (mm/dd/yr)<br>06/12/2024 | ID #<br>11694 |
| Establishment Address (number and street, city, state, zip code)<br>3000 N Green River Rd, Evansville, IN, 47715 |   | ( ) Owner<br><redacted>  |   |               |
| Owner<br>Xu Hua Lin  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br>No  | Release Date<br>06/22/2024                  |               |
| Owner's Address<br><redacted>  |   | Summary of Violations:<br>C <u>0</u> NC <u>3</u> R <u>0</u>  |   |               |
| Person in Charge<br><redacted>   |   | Menu Type (See additional page)  |   |               |
| Responsible Person's E-mail  |   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> |   |               |
| Certified Food Handler<br><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   |   | Walk-in in need of repair. Observed leak in roof. | 06/12/2024         |
| 218      | NC   |   | Woman's restroom sink in need of repair.          | 06/12/2024         |
| 310      | NC   |   | Hood system in need of cleaning.                  | 06/12/2024         |
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| Received by (name and title printed):<br><redacted> | Inspected by (name and title printed):<br><redacted> |
| Received by (signature):                            | Inspected by (signature):                            |
| cc:   | cc:  |



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State Form 22116 (R7 /12-04)  
SDH Form 51-0001

Vanderburgh County Department of Health  
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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<br><b>Starbucks Coffee Co #8693</b>   |   | Telephone Number<br><b>(812-421-0461)</b>  | Date of Inspection<br>(mm/dd/yr) | ID #<br><b>11496</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>4650 First Ave, Evansville, IN, 47710</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>   |                                  |                      |
| Owner<br><b>Starbucks Coffee Co</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date                     |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>   |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |                                  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>  |   | 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<br><b>&lt;redacted&gt;</b>  |   |  |                                  |                      |

- 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 |
|----------|------|---|--------------------------|--------------------|
|          |      |   | Approved for re-opening. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|---|--|---|--|-----------------------------------|
| Establishment Name<br><b>Turoni's Forget Me Not Inn</b>   |  | Telephone Number<br><b>(812-477-7500)</b>   | Date of Inspection (mm/dd/yr)<br><b>06/11/2024</b>   | ID #<br><b>11415</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>4 N Weinbach Ave., EVANSVILLE, IN, 47711</b> |  | ( ) Owner<br><b>&lt;redacted&gt;</b>  |  |                                   |
| Owner<br><b>Turoni's Pizza Inc/Judie Turner</b>   |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date<br><b>06/21/2024</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  |   | Summary of Violations:<br><b>C 0 NC 0 R 0</b>  |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  |   | 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<br><b>&lt;redacted&gt;</b>   |  |   |  |                                   |

- 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):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|   |  |   |  |                                   |
|---|--|---|--|-----------------------------------|
| Establishment Name<br><b>McDonalds (JKK ENTERPRISES LLC)</b>  |  | Telephone Number<br><b>(812-476-8422)</b>   | Date of Inspection (mm/dd/yr)<br><b>06/13/2024</b>   | ID #<br><b>11207</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>49 N Burkhardt Rd, Evansville, IN, 47715</b> |  | ( ) Owner<br><b>&lt;redacted&gt;</b>  |  |                                   |
| Owner<br><b>Joseph E Kenworthy III</b>  |  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date<br><b>06/23/2024</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  |   | 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<br><b>&lt;redacted&gt;</b>   |  |   |  |                                   |
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- 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. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|   |  |  |  |                      |
|---|--|--|--|----------------------|
| Establishment Name<br><b>McDonalds #20552</b>   |  | Telephone Number<br><b>(812-867-9003</b>   | Date of Inspection (mm/dd/yr)<br><b>06/11/2024</b> | ID #<br><b>11201</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>999 E Mt. Pleasant Rd, Evansville, IN, 47725</b> |  | ( ) Owner<br><b>&lt;redacted&gt;</b>   |  |                      |
| Owner<br><b>Ivan Carvajal</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up  | Release Date<br><b>06/21/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  | 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<br><b>&lt;redacted&gt;</b>   |  |  |  |                      |

- 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):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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SDH Form 51-0001

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|  |   |  |  |                      |
|--|---|--|--|----------------------|
| Establishment Name<br><b>McDonalds #11365 - Intenn Enterprises LLC</b>   |   | Telephone Number<br><b>(812-425-0635</b>   | Date of Inspection (mm/dd/yr)<br><b>06/11/2024</b> | ID #<br><b>11200</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>20 N Main St, Evansville, IN, 47710</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>   |  |                      |
| Owner<br><b>Joseph &amp; Katherine Kenworthy</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date<br><b>06/21/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>   |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>  |   | 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<br><b>&lt;redacted&gt;</b>  |   |  |  |                      |

- 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):<br><b>&lt;redacted&gt;</b> |     | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |  |
| Received by (signature):   |     | Inspected by (signature):   |  |
| cc:  | cc: | cc:   |  |



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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.

Form containing establishment details: Establishment Name (Chopstick House), Telephone Number (812-473-5551), Date of Inspection (06/11/2024), ID # (11151), Owner (Karen Kung), Purpose (Routine), Follow-up (No), Release Date (06/21/2024), Summary of Violations (C 0, NC 3, R 0), and Menu Type (3).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 3 rows of violation data.

Signature and contact information section: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), cc: fields.



# Retail Food Establishment Inspection Report

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|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Establishment Name<br><b>Just Rennie's</b>   | Telephone Number<br><b>(812-401-8098)</b>               | Date of Inspection (mm/dd/yr)<br><b>06/12/2024</b>   | ID #<br><b>11065</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>100 SE Fourth St, Evansville, IN, 47708</b> | ( ) Owner<br><b>&lt;redacted&gt;</b>                    |  |                                   |
| Owner<br><b>Doug &amp; Marla Rennie</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine | Follow-up<br><b>No</b>   | Release Date<br><b>06/22/2024</b> |
| Owner's Address<br><b>&lt;redacted&gt;</b>   | <input type="checkbox"/> Follow-up                      | Summary of Violations:   |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>  | <input type="checkbox"/> Complaint                      | C <u>0</u>   | NC <u>0</u> R <u>0</u>            |
| Responsible Person's E-mail  | <input type="checkbox"/> Pre-Operational                |  |                                   |
| Certified Food Handler<br><b>&lt;redacted&gt;</b>  | <input type="checkbox"/> Temporary                      | Menu Type (See additional page)  |                                   |
|  | <input type="checkbox"/> HACCP                          | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |
|  | <input type="checkbox"/> Other (list)<br>_____          |  |                                   |

- 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 |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| 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<br><b>Drury Inn &amp; Suites - Evansville East</b>   |   | Telephone Number<br><b>(812-471-3400</b>   | Date of Inspection (mm/dd/yr)<br><b>06/14/2024</b> | ID #<br><b>10934</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>100 Cross Point Blvd., EVANSVILLE, IN, 47715</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>   |  |                      |
| Owner<br><b>Drury Hotels Corp</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine | Follow-up<br><b>No</b>   | Release Date<br><b>06/24/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  | <input type="checkbox"/> Follow-up                      | Summary of Violations:<br><b>C 0 NC 0 R 0</b>  |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   | <input type="checkbox"/> Complaint                      | Menu Type ( <i>See additional page</i> )<br>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   | <input type="checkbox"/> Pre-Operational                |  |  |                      |
| Certified Food Handler<br><b>&lt;redacted&gt;</b>   | <input type="checkbox"/> Temporary                      |  |  |                      |
|   | <input type="checkbox"/> HACCP                          |  |  |                      |
|   | <input type="checkbox"/> Other (list)<br>_____          |  |  |                      |

- 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. |                    |
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| Received by (signature): | Inspected by (signature): |
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| cc: | cc: | cc: |
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# 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<br><b>Holiday Inn Express</b>   | Telephone Number<br><b>(812-303-0050</b><br><small>( ) Owner</small><br><b>&lt;redacted&gt;</b>  | Date of Inspection (mm/dd/yr)<br><b>06/14/2024</b> | ID #<br><b>13478</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>220 Kirkwood Dr., Evansville, IN, 47715</b> |  | Follow-up<br><b>No</b>                             |                      |
| Owner<br><b>Dunn Hospitality Group Circle II, LLC</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Release Date<br><b>06/24/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>  | Menu Type (See additional page)<br>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<br><br>  | Certified Food Handler<br><b>&lt;redacted&gt;</b>  |  |                      |

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- 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. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |     |
| Received by (signature):<br><br>                                 | Inspected by (signature):<br><br>                                 |     |
| 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.

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>Establishment Name</b><br><b>Juicy Seafood</b>  | <b>Telephone Number</b><br>(812-303-6871)   | <b>Date of Inspection</b><br>(mm/dd/yr)<br>06/14/2024  | <b>ID #</b><br>14107              |
| <b>Establishment Address (number and street, city, state, zip code)</b><br>865 N Green River Rd, Evansville, IN, 47715 | ( ) Owner<br><redacted>   |  |                                   |
| <b>Owner</b><br>Kailiang Lin   | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br>No   | <b>Release Date</b><br>06/24/2024 |
| <b>Owner's Address</b><br><redacted>   |   | <b>Summary of Violations:</b><br>C <u>0</u> NC <u>0</u> R <u>0</u>   |                                   |
| <b>Person in Charge</b><br><redacted>  |   | <b>Menu Type (See additional page)</b><br>1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |                                   |
| <b>Responsible Person's E-mail</b><br>_____  |   |  |                                   |
| <b>Certified Food Handler</b><br><redacted>  |   |  |                                   |

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



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|   |   |  |                      |
|---|---|--|----------------------|
| <b>Establishment Name</b><br><b>Casey's General Store #3877</b>   | <b>Telephone Number</b><br>(812) 475-8634<br><small>( ) Owner</small><br><b>&lt;redacted&gt;</b>  | <b>Date of Inspection</b><br><small>(mm/dd/yr)</small><br>06/14/2024   | <b>ID #</b><br>14235 |
| <b>Establishment Address (number and street, city, state, zip code)</b><br>2031 N Cross Point Blvd, Evansville, IN, 47715 |   | <b>Follow-up</b><br><div style="display: flex; justify-content: space-between;"> <span><b>No</b></span> <span><b>06/24/2024</b></span> </div>  |                      |
| <b>Owner</b><br><b>Casey's Marketing Company</b>  | <b>Purpose:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Summary of Violations:</b><br><div style="display: flex; justify-content: space-around; font-size: 24px;"> <span>C <u>0</u></span> <span>NC <u>0</u></span> <span>R <u>0</u></span> </div>  |                      |
| <b>Owner's Address</b><br><redacted>  |   | <b>Menu Type (See additional page)</b><br><div style="display: flex; justify-content: space-around;"> <span>1 <input type="radio"/></span> <span>2 <input type="radio"/></span> <span>3 <input checked="" type="radio"/></span> <span>4 <input type="radio"/></span> <span>5 <input type="radio"/></span> </div> |                      |
| <b>Person in Charge</b><br><redacted>   |   |  |                      |
| <b>Responsible Person's E-mail</b><br>_____   |   |  |                      |
| <b>Certified Food Handler</b><br><redacted>   |   |  |                      |

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- 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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| <b>Received by (name and title printed):</b><br><redacted> | <b>Inspected by (name and title printed):</b><br><redacted> |
| <b>Received by (signature):</b><br>_____                   | <b>Inspected by (signature):</b><br>_____                   |
| <b>cc:</b> _____   | <b>cc:</b> _____  |



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|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Establishment Name<br><b>Agape Graze LLC</b>   | Telephone Number<br><b>(812-518-0008)</b><br>( ) Owner<br><b>&lt;redacted&gt;</b>   | Date of Inspection (mm/dd/yr)<br><b>06/14/2024</b>   | ID #<br><b>14314</b>              |
| Establishment Address (number and street, city, state, zip code)<br><b>1401 N. Boeke , Evansville, IN, 47711</b> |   | Follow-up<br><b>No</b>   | Release Date<br><b>06/24/2024</b> |
| Owner<br><b>Jessica Mache</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Summary of Violations:<br><b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>   |                                   |
| Owner's Address<br><b>&lt;redacted&gt;</b>   |   | Menu Type (See additional page)  |                                   |
| Person in Charge<br><b>&lt;redacted&gt;</b>  |   | 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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- 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. |                    |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
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|   |   |   |  |                      |
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| Establishment Name<br><b>Huck's #324</b>  |   | Telephone Number<br><b>(812-479-9461)</b>   | Date of Inspection (mm/dd/yr)<br><b>06/13/2024</b> | ID #<br><b>14553</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>101 N Cross Pointe Blvd, Evansville, IN, 47715</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>  |  |                      |
| Owner<br><b>Martin &amp; Bayley, INC</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>  | Release Date<br><b>06/23/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |   | Summary of Violations:<br><b>C 0 NC 1 R 0</b>   |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |   | Menu Type (See additional page)<br>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  |   |   |  |                      |

- 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 |
|----------|------|---|--|--------------------|
| 310      | NC   |   | Hood system not clean to sight or touch. | 06/13/2024         |
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| Received by (name and title printed):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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|  |   |   |  |                      |
|--|---|---|--|----------------------|
| Establishment Name<br><b>Frontier Restaurant and Bar</b>   |   | Telephone Number<br><b>(812-867-6786)</b>   | Date of Inspection (mm/dd/yr)<br><b>06/10/2024</b> | ID #<br><b>14590</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>12945 Highway 57, Evansville, IN, 47720</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>  |  |                      |
| Owner<br><b>Melissa Hartig</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>  | Release Date<br><b>06/20/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>   |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>   |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>  |   | Menu Type (See additional page)<br>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<br><b>&lt;redacted&gt;</b>  |   |   |  |                      |

- 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):<br><b>&lt;redacted&gt;</b> | Inspected by (name and title printed):<br><b>&lt;redacted&gt;</b> |
| Received by (signature):   | Inspected by (signature):   |
| cc:  | cc:   |



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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: Cakes by Shea
Telephone Number: (812) 773-9472
Date of Inspection: 06/14/2024
ID #: 14878
Establishment Address: 414 Jefferson Ave, Evansville, IN, 47713
Owner: Fronshea Hillman
Purpose: Routine
Follow-up: No
Release Date: 06/24/2024
Summary of Violations: C 0 NC 0 R 0
Menu Type: 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains '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
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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: JK Mart Inc
Telephone Number: (812) 550-5662
Date of Inspection: 06/13/2024
ID #: 14922
Establishment Address: 2400 Washington Ave., Evansville, IN, 47714
Owner: Jun K Gurung
Purpose: Routine
Follow-up: No
Release Date: 06/23/2024
Summary of Violations: C 0 NC 1 R 0
Menu Type: 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 297, NC, Microwave next to drink station is soiled., 06/13/2024

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

Received by (signature):
Inspected by (signature):

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|   |  |  |  |                      |
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| Establishment Name<br><b>Paradise Ice</b>   |  | Telephone Number<br><b>(812-568-2112)</b>                              | Date of Inspection (mm/dd/yr)<br><b>06/10/2024</b> | ID #<br><b>14999</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>2715 Lincoln Ave , Evansville, IN, 47714</b> |  | ( ) Owner<br><b>&lt;redacted&gt;</b>                                   |  |                      |
| Owner<br><b>Garrett Jones</b>   | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) | Follow-up<br><b>No</b>   | Release Date<br><b>06/20/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  | Summary of Violations:<br><b>C 0 NC 0 R 0</b>                          |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  | Menu Type ( <i>See additional page</i> )<br><b>1 0 2 1 3 0 4 0 5 0</b> |  |                      |
| Responsible Person's E-mail   |  |  |  |                      |
| Certified Food Handler  |  |  |  |                      |

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- 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. |                    |
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| 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<br><b>LoneStar Bar B Que and Soul Food LLC</b>   |   | Telephone Number<br><b>(812-647-1132)</b>  | Date of Inspection (mm/dd/yr)<br><b>06/13/2024</b> | ID #<br><b>15030</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>2403 Washington Ave, Evansville, IN, 47714</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>   |  |                      |
| Owner<br><b>Tommy Washington</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date<br><b>06/23/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |   | Menu Type (See additional page)  |  |                      |
| Responsible Person's E-mail   |   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> |  |                      |
| Certified Food Handler<br><b>&lt;redacted&gt;</b>   |   |  |  |                      |

- 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. |                    |
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| Received by (signature):   |     | Inspected by (signature):   |  |
| cc:  | cc: | cc:   |  |



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|   |   |  |  |
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| <b>Establishment Name</b><br><b>Hartigan's Pub</b>  | <b>Telephone Number</b><br>( ) Establishment<br>( ) Owner   | <b>Date of Inspection</b><br>(mm/dd/yr)<br><b>06/11/2024</b> | <b>ID #</b><br><b>15297</b>              |
| <b>Establishment Address (number and street, city, state, zip code)</b><br><b>203 Main St., Evansville, IN, 47708</b> |   |  |  |
| <b>Owner</b>  | <b>Purpose:</b><br><input type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input checked="" type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | <b>Follow-up</b><br><b>Yes</b>                               | <b>Release Date</b><br><b>06/21/2024</b> |
| <b>Owner's Address</b>  | <b>Summary of Violations:</b><br>C <u>0</u> NC <u>0</u> R <u>0</u>  |  |  |
| <b>Person in Charge</b>   |   |  |  |
| <b>Responsible Person's E-mail</b>  | <b>Menu Type (See additional page)</b><br>1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>  |  |  |
| <b>Certified Food Handler</b>   |   |  |  |

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| Section# | C/NC | R | Narrative               | To Be Corrected By |
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|          |      |   | Approved for operation. |                    |
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| Received by (signature):   | Inspected by (signature):   |
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|   |  |   |  |                      |
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| Establishment Name<br><b>Alien Icicles</b>  |  | Telephone Number<br><b>(812-219-2752)</b>                     | Date of Inspection (mm/dd/yr)<br><b>06/13/2024</b> | ID #<br><b>15301</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>1566 Winchester Rd, Boonville, IN, 47601</b> |  | ( ) Owner<br><b>&lt;redacted&gt;</b>                          |  |                      |
| Owner<br><b>Kaytee Settlemire</b>   | Purpose:<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input checked="" type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) _____ | Follow-up<br><b>No</b>  | Release Date<br><b>06/23/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |  | Summary of Violations:<br><b>C 0 NC 0 R 0</b>                 |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |  | Menu Type (See additional page)<br><b>1 0 2 1 3 0 4 0 5 0</b> |  |                      |
| Responsible Person's E-mail   |  |   |  |                      |
| Certified Food Handler  |  |   |  |                      |

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- 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 |
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|          |      |   | Approved for operation. |                    |
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| Received by (signature):   | Inspected by (signature):   |
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|   |   |  |  |                      |
|---|---|--|--|----------------------|
| Establishment Name<br><b>The Cotton Shed Donuts</b>   |   | Telephone Number<br><b>(812-549-6177)</b>  | Date of Inspection (mm/dd/yr)<br><b>06/14/2024</b> | ID #<br><b>15304</b> |
| Establishment Address (number and street, city, state, zip code)<br><b>300 Wilson Sq, Evansville, IN, 47715</b> |   | ( ) Owner<br><b>&lt;redacted&gt;</b>   |  |                      |
| Owner<br><b>Lucas Zeien</b>   | Purpose:<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input checked="" type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list)<br>_____ | Follow-up<br><b>No</b>   | Release Date<br><b>06/24/2024</b>                  |                      |
| Owner's Address<br><b>&lt;redacted&gt;</b>  |   | Summary of Violations:<br>C <u>0</u> NC <u>0</u> R <u>0</u>  |  |                      |
| Person in Charge<br><b>&lt;redacted&gt;</b>   |   | 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  |   |  |  |                      |

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| Section# | C/NC | R | Narrative               | To Be Corrected By |
|----------|------|---|-------------------------|--------------------|
|          |      |   | Approved for operation. |                    |
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