



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 Super 8 Motel		Telephone Number (812-476-4008	Date of Inspection (mm/dd/yr) 07/22/2024	ID # 11562
Establishment Address (number and street, city, state, zip code) 4600 E Morgan Ave, Evansville, IN, 47715		() Owner <redacted>		
Owner JATIN 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 08/01/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Freezer in need of repair door broken.	07/22/2024

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



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Establishment Name Econolodge Inn & Suites	Telephone Number (812-471-9340)	Date of Inspection (mm/dd/yr) 07/22/2024	ID # 11214
Establishment Address (number and street, city, state, zip code) 1930 Cross Pointe Blvd., Evansville, IN, 47715		() Owner <redacted>	
Owner Piyush(Pete) 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
Owner's Address <redacted>	Release Date 08/01/2024		
Person in Charge <redacted>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Responsible Person's E-mail _____	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 <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: _____



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Establishment Name Jersey Mike's		Telephone Number (812-618-3939)	Date of Inspection (mm/dd/yr) 07/26/2024	ID # 14543
Establishment Address (number and street, city, state, zip code) 939 Burhardt Suite A, Evansville, IN, 47715		() Owner <redacted>		
Owner Bluegrass Subs, 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 08/05/2024
Owner's Address <redacted>			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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			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 Big Ass Slice Shop		Telephone Number (812-202-8171)	Date of Inspection (mm/dd/yr) 07/26/2024	ID # 15335
Establishment Address (number and street, city, state, zip code) 900 Main St suite 230, Evansville, IN, 47708		Owner <redacted>		
Owner Joseph Notter & Michael Wathen		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 Yes	
Owner's Address <redacted>			Release Date 08/05/2024	
Person in Charge <redacted>			Summary of Violations: C <u> 0 </u> NC <u> 0 </u> R <u> 0 </u>	
Responsible Person's E-mail 			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 				

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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>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Kung Fu Chicken Inc		Telephone Number (812-550-1145	Date of Inspection (mm/dd/yr) 07/23/2024	ID # 15337
Establishment Address (number and street, city, state, zip code) 325 S. Green River Rd., Evansville, IN, 47715		() Owner <redacted>		
Owner Wen Da Jiang	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 08/02/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		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"/>		
Responsible Person's E-mail				
Certified Food Handler				

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			Approved for operation.	

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