



# 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 <b>The Pizza Revolution</b>		Telephone Number <b>(812-430-5945)</b>	Date of Inspection (mm/dd/yr) <b>07/17/2024</b>	ID # <b>12027</b>
Establishment Address (number and street, city, state, zip code) <b>3443 Kansas Rd, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Aaron Peckenpaugh</b>		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 <b>No</b>	Release Date <b>07/27/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <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.	

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



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<b>Establishment Name</b> Cheddar's # 2148	<b>Telephone Number</b> (812) 491-9976	<b>Date of Inspection</b> (mm/dd/yr) 07/17/2024	<b>ID #</b> 11993
<b>Establishment Address (number and street, city, state, zip code)</b> 2100 N Green River Rd, Evansville, IN, 47715	( ) Owner <redacted>		
<b>Owner</b> Cheddar's Casual Cafe	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/27/2024
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>3</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		Menu Type (See additional page)	
<b>Responsible Person's E-mail</b>		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> <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
310	NC		Hood system in need of cleaning	07/17/2024
431	NC		Kitchen in need of cleaning.	07/17/2024
218	NC		Back door in need of repair areas open to outside elements.	07/17/2024

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



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Establishment Name <b>Wolfe's Auto Auction Inc</b>		Telephone Number <b>(812-425-4576)</b>	Date of Inspection (mm/dd/yr) <b>07/18/2024</b>	ID # <b>11455</b>
Establishment Address (number and street, city, state, zip code) <b>2229 S Kentucky Ave, EVANSVILLE, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jeff Wolfe</b>	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 <b>No</b>	Release Date <b>07/28/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 1 3 0 4 0 5 0</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

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



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<b>Establishment Name</b> O'Brians Sports Bar & Grill		<b>Telephone Number</b> (812) 401-4630	<b>Date of Inspection</b> (mm/dd/yr) 07/17/2024	<b>ID #</b> 11322
<b>Establishment Address (number and street, city, state, zip code)</b> 1801 N Green River Rd, Evansville, IN, 47715		( ) Owner <redacted>		
<b>Owner</b> Don't Let Me Down Entertainment, LLC		<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/27/2024
<b>Owner's Address</b> <redacted>			<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>			C <u>0</u> NC <u>1</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>			<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b>			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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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice machine guard soiled.	07/17/2024

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



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Form header section containing: Establishment Name (Simpson's Supermarket), Telephone Number (812-477-5341), Date of Inspection (07/18/2024), ID # (11319), Establishment Address (1365 Covert Ave, Evansville, IN, 47714), Owner (Houchens North Foods LLC), Purpose (Routine), Follow-up (No), Release Date (07/28/2024), Summary of Violations (C 0, NC 2, R 0), Menu Type (3 selected), and Certified Food Handler (<redacted>).

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two rows of violations: 431 Shelves under meat in the meat department soiled (To Be Corrected By: 07/18/2024) and 433 Mops not properly stored for drying (To Be Corrected By: 07/18/2024).

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

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

cc: (Three empty fields for contact information)



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<b>Establishment Name</b> PaPa Johns Pizza # 1177		<b>Telephone Number</b> (812-423-7272)	<b>Date of Inspection</b> (mm/dd/yr) 07/16/2024	<b>ID #</b> 11249
<b>Establishment Address (number and street, city, state, zip code)</b> 4814 W Lloyd Expressway, Evansville, IN, 47712		<b>Owner</b> <redacted>		
<b>Owner</b> Scott M Alpers	<b>Purpose:</b> <input checked="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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/26/2024	
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>		
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>		
<b>Responsible Person's E-mail</b>  		<b>Menu Type (See additional page)</b>		
<b>Certified Food Handler</b> <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations to note.	

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



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Establishment Name <b>Culvers</b>		Telephone Number (812-437-3333)	Date of Inspection (mm/dd/yr) 07/17/2024	ID # 11178
Establishment Address (number and street, city, state, zip code) 1734 Hirschland Rd, EVANSVILLE, IN, 47715		( ) Owner <redacted>		
Owner TOM & KRISTIN GRIFFIN		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 07/27/2024
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 <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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<b>Establishment Name</b> Libby & Mom's Cafe	<b>Telephone Number</b> (812-437-3040)	<b>Date of Inspection</b> (mm/dd/yr) 07/18/2024	<b>ID #</b> 11110
<b>Establishment Address (number and street, city, state, zip code)</b> 2 N Richardt Ave, Evansville, IN, 47711	( ) Owner <redacted>		
<b>Owner</b> Elizabeth Fulton	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/28/2024
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type (See additional page)</b>	
<b>Certified Food Handler</b> <redacted>		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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- 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.	

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



























