

**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 Subway #870		Telephone Number (812-422-5255) () Owner <redacted>	Date of Inspection (mm/dd/yr) 08/23/2024	ID # 12174
Establishment Address (number and street, city, state, zip code) 4218 First Ave, Evansville, IN, 47711				
Owner Piyush 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 09/02/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
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>				

- 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:	



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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.

Form containing establishment details: Establishment Name (PIZZA HUT #41503), Telephone Number (812-426-1166), Date of Inspection (08/24/2024), ID # (11839), Address (925 N Green River Rd, Evansville, IN, 47715), Owner (GOAT Pizza, LLC), Purpose (Pre-Operational), Follow-up (Yes), Release Date (09/03/2024), Summary of Violations (C 0, NC 0, R 0), Menu Type (3 selected).

- 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. Row 1: Approved for opening.

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

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

cc: [blank] cc: [blank] cc: [blank]



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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 Windmill Dairy Queen	Telephone Number (812-425-6107)	Date of Inspection (mm/dd/yr) 08/23/2024	ID # 11453
Establishment Address (number and street, city, state, zip code) 6801 Highway 41, Evansville, IN, 47725	() Owner <redacted>	Follow-up No Release Date 09/02/2024	
Owner MIKE SCHLOSS	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) _____		
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 _____			
Certified Food Handler <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"/>		

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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 observed at time of inspection.	

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: Subway #30714
Telephone Number: (812) 437-3750
Date of Inspection: 08/19/2024
ID #: 11371
Establishment Address: 3200 N St Joe Unit A, EVANSVILLE, IN, 47720
Owner: Lalabhai Patel
Purpose: Routine
Follow-up: No
Release Date: 08/29/2024
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

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Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Content: 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:



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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 Subway #12340	Telephone Number (812-473-5255)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 11365
Establishment Address (number and street, city, state, zip code) 1401 Covert Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Shantee, Inc.	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 08/31/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 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			

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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.	

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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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 Sonic Drive-In #102	Telephone Number (812-475-1099)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 11328
Establishment Address (number and street, city, state, zip code) 2200 Covert Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Sonic Drive-In of Evansville Inc	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/31/2024
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)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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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:	cc:



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Establishment Name Covert Una Pizza	Telephone Number (812-491-0073)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 11173
Establishment Address (number and street, city, state, zip code) 2950 Covert Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Mike Stockinger	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 08/31/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (<i>See additional page</i>) 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 <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:



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Establishment Name Leisure Living	Telephone Number (812-425-3460)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 11161
Establishment Address (number and street, city, state, zip code) 2900 Cozy Ct, Evansville, IN, 47720	() Owner <redacted>		
Owner LEISURE LIVING	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/31/2024
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)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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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 to note.	

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 Burger King #119		Telephone Number (812-476-4867)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 11117
Establishment Address (number and street, city, state, zip code) 1301 Covert Ave, EVANSVILLE, IN, 47714		() Owner <redacted>		
Owner Carrols, 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 08/31/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
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>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Guard on ice machine soiled.	08/21/2024

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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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 G.D. Ritzy's		Telephone Number (812-421-1300)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 10979
Establishment Address (number and street, city, state, zip code) 4320 First Ave, EVANSVILLE, IN, 47711		() Owner <redacted>		
Owner Dan Grunow/Chad Grunow		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 08/31/2024
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>				

- 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:
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Form with fields for Establishment Name (Holiday Inn Express), Telephone Number (812-421-9773), Date of Inspection (08/21/2024), ID # (10859), Establishment Address (5737 Pearl Dr, Evansville, IN, 47712), Owner (Evansville West Hotel Ventures, LLC), Purpose (Routine), Follow-up (No), Release Date (08/31/2024), Summary of Violations (C 0, NC 0, R 0), Menu Type (3 selected).

- 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. Row 1: 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:



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Establishment Name Arby's #5754		Telephone Number (812-421-1200)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 10847
Establishment Address (number and street, city, state, zip code) 4650 University Dr., Evansville, IN, 47712		() Owner <redacted>		
Owner RTM Operating Company	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 08/31/2024	
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>				

- 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:



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Establishment Name: Damsel Brew Pub
Telephone Number: (812) 909-1956
Date of Inspection: 08/19/2024
ID #: 13866
Establishment Address: 209 N Wabash Ave., Evansville, IN, 47712
Owner: John Mills
Purpose: Routine
Follow-up: No
Release Date: 08/29/2024
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 0 2 0 3 1 4 0 5 0

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 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:



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Establishment Name Dunkin Donuts/Baskin Robbins		Telephone Number (812-550-1500)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 13860
Establishment Address (number and street, city, state, zip code) 3960 N First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Kamlesh 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 08/26/2024	
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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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:	cc:



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Establishment Name Covert Mart	Telephone Number (907-351-7499)	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 14582
Establishment Address (number and street, city, state, zip code) 1201 Covert Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Sagar Tamang	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/31/2024
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C 0 NC 1 R 0	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

- 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
177	NC		Food stored improperly on floor in freezer.	Corrected

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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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 Sunoco-Morgan		Telephone Number (812-303-4113) () Owner	Date of Inspection (mm/dd/yr) 08/23/2024	ID # 15056
Establishment Address (number and street, city, state, zip code) 4810 E. Morgan Ave., Evansville, IN, 47715				
Owner Inder Singh	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 09/02/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 ● 3 0 4 0 5 0		
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
			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:



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 Noche	Telephone Number (812-227-3514 () Owner <redacted>	Date of Inspection (mm/dd/yr) 08/19/2024	ID # 15170
Establishment Address (number and street, city, state, zip code) 2215 W. Franklin, Evansville, IN, 47712		Follow-up No	Release Date 08/29/2024
Owner Richie 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) _____	Summary of Violations: C 0 NC 0 R 0	
Owner's Address <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"/>	
Person in Charge <redacted>			
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
			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:



Retail Food Establishment Inspection Report

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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 Popeyes	Telephone Number (812-618-8037	Date of Inspection (mm/dd/yr) 08/21/2024	ID # 15351
Establishment Address (number and street, city, state, zip code) 3300 N 1st Avenue, Evansville, IN, 47710	() Owner <redacted>		
Owner Ace Brands IN	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/31/2024
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>1</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) _____		

- 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 vents soiled.	08/21/2024

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