



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 711 Tavern		Telephone Number (812-422-0904)		Date of Inspection (mm/dd/yr) 09/26/2024	ID # 11686
Establishment Address (number and street, city, state, zip code) 711 E Virginia St, Evansville, IN, 47711		Owner <redacted>		Follow-up No	
Owner Kip Herbert	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)		Release Date 10/06/2024		
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 1 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
310	NC		Hood vent soiled in need of cleaning.	09/26/2024

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 St Benedicts School		Telephone Number (812-425-4596)	Date of Inspection (mm/dd/yr) 09/26/2024	ID # 11342
Establishment Address (number and street, city, state, zip code) 530 S Harlan Ave., EVANSVILLE, IN, 47714		() Owner <redacted>		
Owner St Benedicts Parish		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 10/06/2024
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 1 4 0 5 0	
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:	cc:	



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Establishment Name Memorial High School/Aramark		Telephone Number (812-476-4973)	Date of Inspection (mm/dd/yr) 09/26/2024	ID # 11211
Establishment Address (number and street, city, state, zip code) 1500 Lincoln Ave., EVANSVILLE, IN, 47714		() Owner <redacted>		
Owner MEMORIAL HIGH SCHOOL/Aramark	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 10/06/2024	
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 <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):
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Establishment Name Harper Elementary School K-5		Telephone Number (812-469-5083)	Date of Inspection (mm/dd/yr) 09/26/2024	ID # 11016
Establishment Address (number and street, city, state, zip code) 21 S Alvord Blvd., EVANSVILLE, IN, 47714		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 10/06/2024	
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 noted violations.	

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Establishment Name The Taqueria/Gonz'z Steak Burger		Telephone Number (812-550-1505)	Date of Inspection (mm/dd/yr) 09/27/2024	ID # 14157
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 113, Evansville, IN, 47715		() Owner <redacted>		
Owner Adrian Gonzalez	Purpose: <input type="checkbox"/> Routine <input checked="" 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 Yes	Release Date 10/07/2024	
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
			Violation 324 and 329 corrected.	
			Will return to check progress in one week.	

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 Nori Japan		Telephone Number (812-916-4563)	Date of Inspection (mm/dd/yr) 09/27/2024	ID # 14811
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd unit 106, Evansville, Indiana, 47715		() Owner <redacted>		
Owner Halim Wijaya	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 10/07/2024	
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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			No violations noted.	

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Received by (signature):	Inspected by (signature):
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Establishment Name Freedom Bowls inside Lawman Tactical		Telephone Number (812-807-6348)	Date of Inspection (mm/dd/yr) 09/26/2024	ID # 15380
Establishment Address (number and street, city, state, zip code) 4209 US-41 Suite 12, Evansville, IN, 47711		() Owner <redacted>		
Owner Erik Martinez	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 10/06/2024	
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 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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Section#	C/NC	R	Narrative	To Be Corrected By
			Approved for operation.	

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Received by (signature):	Inspected by (signature):
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Establishment Name 3rd Shot Pickleball		Telephone Number (812-940-2800	Date of Inspection (mm/dd/yr) 09/25/2024	ID # 15382
Establishment Address (number and street, city, state, zip code) 2800 Kotter Ave, Evansville, IN, 47715		() Owner <redacted>		
Owner Gina Adams	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 10/05/2024	
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 1 3 0 4 0 5 0		
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):	
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