



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 Chipotle Mexican Grill #2077		Telephone Number (380-222-7181	Date of Inspection (mm/dd/yr) 10/09/2024	ID # 12122
Establishment Address (number and street, city, state, zip code) 499 N Green River Rd Ste A, Evansville, IN, 47715		() Owner <redacted>		
Owner Chipotle Mexican Grill 2077		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 10/19/2024
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 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:	cc:	

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Establishment Name Bandana's Bar-B-Q		Telephone Number (812-401-9922)	Date of Inspection (mm/dd/yr) 10/09/2024	ID # 12053
Establishment Address (number and street, city, state, zip code) 6636 Logan Dr, Evansville, IN, 47715		() Owner <redacted>		
Owner Bandana`s Missouri, 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 10/19/2024
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 <redacted>				
Certified Food Handler <redacted>				

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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:	cc:	



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Establishment Name: Hot Head Burritos; Telephone Number: (253) 205-5152; Date of Inspection: 10/08/2024; ID #: 12035; Establishment Address: 5625 Pearl Dr Ste A, Evansville, IN, 47712; Owner: Jasmin Kumar Patel; Purpose: Routine; Follow-up: No; Release Date: 10/18/2024; 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 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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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 KC's Corner Pocket		Telephone Number (812-428-2255)	Date of Inspection (mm/dd/yr) 10/10/2024	ID # 11507
Establishment Address (number and street, city, state, zip code) 1819 N Fulton Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Kerry Chesser Jr	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 10/20/2024	
Owner's Address <redacted>		Summary of Violations: C 1 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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Chemical sanitation concentration below required level.	10/10/2024
310	NC		Hood ventilation system soiled.	10/10/2024

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 Salvation Army Community Center		Telephone Number (812-425-1375)	Date of Inspection (mm/dd/yr) 10/10/2024	ID # 11481
Establishment Address (number and street, city, state, zip code) 1040 N Fulton Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner SALVATION ARMY	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 10/20/2024	
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
310	NC		Hood vent system soiled.	10/10/2024
415	C		Rodent droppings present.	10/10/2024

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Sunset Market		Telephone Number (812-424-3533)	Date of Inspection (mm/dd/yr) 10/10/2024	ID # 11346
Establishment Address (number and street, city, state, zip code) 507 E Powell Ave, Evansville, IN, 47713		() Owner <redacted>		
Owner Mahmoud Bayer	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 10/20/2024	
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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input 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:



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Establishment Name Showplace Cinemas		Telephone Number (812-479-9732)	Date of Inspection (mm/dd/yr) 10/09/2024	ID # 11316
Establishment Address (number and street, city, state, zip code) 1801 Morgan Center Dr, Evansville, IN, 47715		() Owner <redacted>		
Owner North Park Cinemas 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 10/19/2024
Owner's Address <redacted>			Summary of Violations: C 2 NC 1 R 0	
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				

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand sink used for other things in bar area.	10/09/2024
347	NC		Paper towels not provided at hand washing sink at bar.	10/09/2024
128	C		Employee did not properly wash hands as required.	10/09/2024

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 Rafferty's		Telephone Number (812-471-0024)	Date of Inspection (mm/dd/yr) 10/09/2024	ID # 11273
Establishment Address (number and street, city, state, zip code) 1400 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Raffertys Inc/Dan Davis		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 10/19/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 2 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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Hand sink near grill in need of repair not properly secured to wall.	10/09/2024
214	NC		Cutting boards in poor condition.	10/09/2024

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
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Establishment Name Cross-Eyed Cricket		Telephone Number (812-422-6464	Date of Inspection (mm/dd/yr) 10/08/2024	ID # 11176
Establishment Address (number and street, city, state, zip code) 2101 W Lloyd Expy, Evansville, IN, 47712		() Owner <redacted>		
Owner Joshua Tudela	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 10/18/2024	
Owner's Address <redacted>		Summary of Violations: C 1 NC 2 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C		Establishment does not have a certified food handler.	10/08/2024
177	NC		Food stored improperly on floor.	10/08/2024
218	NC		Kitchen floor in need of repair.	10/08/2024
			Violation 415, 344, 297 correct from previous inspection on 8/29/24.	

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 Circle S Mart #27		Telephone Number (812-428-0361)	Date of Inspection (mm/dd/yr) 10/10/2024	ID # 11157
Establishment Address (number and street, city, state, zip code) 5230 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner C & S 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 10/20/2024	
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				

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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):	
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Establishment Name Chuck E Cheese's #60		Telephone Number (812-473-4262)	Date of Inspection (mm/dd/yr) 10/08/2024	ID # 11153
Establishment Address (number and street, city, state, zip code) 559 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner CEC ENTERTAINMENT 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 10/18/2024
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 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 Circle K #4700084		Telephone Number (812-425-1634 () Owner <redacted>	Date of Inspection (mm/dd/yr) 10/10/2024	ID # 11108
Establishment Address (number and street, city, state, zip code) 3900 First Ave, Evansville, IN, 47710		Purpose: <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) _____	Follow-up No	Release Date 10/20/2024
Owner Mac's Convenience Store LLC			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address <redacted>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="checked" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <redacted>				
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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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):
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Establishment Name Donut Bank	Telephone Number (812-426-1010)	Date of Inspection (mm/dd/yr) 10/09/2024	ID # 10927
Establishment Address (number and street, city, state, zip code) 210 N St. Joseph Ave, Evansville, IN, 47712	() Owner <redacted>		
Owner CHRIS KEMPF	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 10/19/2024
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>1</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 <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice machine shield soiled in need of cleaning.	10/09/2024

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Dollar Tree #2482		Telephone Number (812-422-2384)	Date of Inspection (mm/dd/yr) 10/08/2024	ID # 10920
Establishment Address (number and street, city, state, zip code) 4855 W Lloyd Expressway, Evansville, IN, 47712		() Owner <redacted>		
Owner Dollar Tree Stores 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 10/18/2024
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>				

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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):	
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Establishment Name: DeerHead Sidewalk Cafe
Telephone Number: 812-425-2515
Date of Inspection: 10/10/2024
ID #: 10900
Establishment Address: 222 E Columbia St., Evansville, IN, 47711
Owner: Charles Johnson Jr
Purpose: Routine
Follow-up: No
Release Date: 10/20/2024
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"
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: cc: cc:



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
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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 Haynies Corner Mart	Telephone Number (812-401-3838)	Date of Inspection (mm/dd/yr) 10/08/2024	ID # 13848
Establishment Address (number and street, city, state, zip code) 37 Adams Ave, Evansville, IN, 47713	() Owner <redacted>		
Owner Awesh Karki	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 10/18/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <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 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 Xpressmart		Telephone Number (812-492-3200)	Date of Inspection (mm/dd/yr) 10/10/2024	ID # 14008
Establishment Address (number and street, city, state, zip code) 1601 N First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Amrinderjit Kaur	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 10/20/2024	
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 <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 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: Daisy's Cafe
Telephone Number: (812) 598-2049
Date of Inspection: 10/10/2024
ID #: 14047
Establishment Address: 401 SE 6th St Suite 104, Evansville, IN, 47713
Owner: Allison Skelton
Purpose: Routine
Follow-up: No
Release Date: 10/20/2024
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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 297, NC, Microwave in kitchen soiled, Corrected

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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Establishment Name Freddy's		Telephone Number (812-303-6137)	Date of Inspection (mm/dd/yr) 10/08/2024	ID # 14103
Establishment Address (number and street, city, state, zip code) 5501 Pearl Dr. Suite A, Evansville, IN, 47712		() Owner <redacted>		
Owner M&M Custard, 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 10/18/2024	
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"
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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:	



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Establishment Name Hob-Nob Expansion Joint		Telephone Number (812-760-8443)	Date of Inspection (mm/dd/yr) 10/09/2024	ID # 14660
Establishment Address (number and street, city, state, zip code) 1400 W Maryland St, Evansville, IN, 47710		() Owner <redacted>		
Owner Arthur Happe	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 10/19/2024	
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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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 Express 1 Pantry		Telephone Number (812-492-0012)	Date of Inspection (mm/dd/yr) 10/10/2024	ID # 14702	
Establishment Address (number and street, city, state, zip code) 1121 N First Ave, Evansville, IN, 47710		() Owner <redacted>			
Owner Sumit 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 10/20/2024	
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"
- 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:	cc:



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Establishment Name Qdoba Mexican Eats		Telephone Number (812-303-4036)	Date of Inspection (mm/dd/yr) 10/08/2024	ID # 15013
Establishment Address (number and street, city, state, zip code) 5501 Pearl Dr., Evansville, IN, 47712		() Owner <redacted>		
Owner Derek Ungethiem	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 10/18/2024	
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 <redacted>				
Certified Food Handler <redacted>				

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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:



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Establishment Name Industry Bar		Telephone Number (812-629-6496	Date of Inspection (mm/dd/yr) 10/08/2024	ID # 15328	
Establishment Address (number and street, city, state, zip code) 101 SE 1st street, Evansville, IN, 47708		() Owner <redacted>			
Owner Allyson Speicher		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 10/18/2024	
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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- 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 operation.	

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 The Big E Superstore		Telephone Number (270-454-7580)	Date of Inspection (mm/dd/yr) 10/11/2024	ID # 15401
Establishment Address (number and street, city, state, zip code) 1540 Vann Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Opal Tapp	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 10/21/2024	
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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- 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 operation.	

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