



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 St. Vincent Evansville Auxiliary Gift Shoppe | | Telephone Number (812-485-4271) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 11700 |
| Establishment Address (number and street, city, state, zip code) 3700 Washington Ave, Evansville, IN, 47750 | | () Owner <redacted> | | |
| Owner St. Vincent Evansville Auxiliary Gift Shoppe | | 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 11/25/2024 |
| 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 <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 noted violations. | |
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| 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 Aldi Foods Inc #2 | Telephone Number (812) 909-9181 <small>() Owner</small> <redacted> | Date of Inspection <small>(mm/dd/yr)</small> 11/14/2024 | ID # 11673 | |
| Establishment Address (number and street, city, state, zip code) 6434 Oak Grove Rd, EVANSVILLE, IN, 47715 | | Follow-up No | | |
| Owner ALDI FOODS INC | | | | Release Date 11/24/2024 |
| Owner's Address <redacted> | 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 <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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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| | | | No violations observed at time of inspection. | |
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| 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 Family Dollar #25245 | Telephone Number (812-477-1170) () Owner <redacted> | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 11618 |
| Establishment Address (number and street, city, state, zip code) 1320 Vann Ave, Evansville, IN, 47714 | | Follow-up No | Release Date 11/21/2024 |
| Owner Family Dollar Stores of IN LP | 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 <u>0</u> NC <u>0</u> R <u>0</u> | |
| Owner's Address <redacted> | | Menu Type (See additional page) 1 <input checked="" type="radio"/> 2 <input 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> | | | |

- 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 noted violations. | |
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| 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 Papa Murphys Pizza | | Telephone Number (812-491-7272) | Date of Inspection (mm/dd/yr) 11/12/2024 | ID # 11614 |
| Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Dr Suite C, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Chad Gries | 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 11/22/2024 | |
| 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 0 4 0 5 0 | | |
| 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 observed at time of inspection. | |
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| 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 Shorty's | | Telephone Number (812-401-1560) () Owner <redacted> | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 11595 |
| Establishment Address (number and street, city, state, zip code) 1209 Baker Ave, Evansville, IN, 47710 | | 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 11/25/2024 |
| Owner Gary DeVillez Jr. | | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Owner's Address <redacted> | | | Menu Type (See additional page) | |
| Person in Charge <redacted> | | | 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 violations to note. | |
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| 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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Form containing establishment details: McDonalds (CEK ENTERPRISES LLC), 3350 N Green River Rd, Evansville, Indiana, 47715. Includes fields for owner, address, phone number, date of inspection, and purpose of inspection.

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains: 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: (Three empty fields for contact information)



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| | | | | |
|---|--|---|---|-----------------------------------|
| Establishment Name Circle K #4700143 | | Telephone Number (812-422-7976) | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 11532 |
| Establishment Address (number and street, city, state, zip code) 1148 Washington Ave, Evansville, IN, 47714 | | () Owner <redacted> | | |
| Owner Mac's Convenience Store 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 11/21/2024 |
| 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 <redacted> | | | | |
| Certified Food Handler <redacted> | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| 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 Chaser's | | Telephone Number (812-449-8358) | | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 11506 |
| Establishment Address (number and street, city, state, zip code) 2131 W Franklin St, Evansville, IN, 47712 | | Owner <redacted> | | Follow-up No | |
| Owner Chris Brown | | 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 11/25/2024 | |
| 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 (<i>See additional page</i>) 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 |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| 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 Schnucks #728 | | Telephone Number (812-473-4510) | Date of Inspection (mm/dd/yr) 11/14/2024 | ID # 11307 |
| Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, EVANSVILLE, IN, 47715 | | () Owner <redacted> | | |
| Owner Schnucks Markets 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 11/24/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 4 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 | | Cooler in deli in need of repair gaskets broken. | 11/14/2024 |
| 177 | NC | | Food stored incorrectly on floor in freezer in meat department. | 11/14/2024 |
| 347 | NC | | Paper towels not provided at hand sink in meat department. | 11/14/2024 |
| 214 | NC | | Cutting boards in meat department in poor condition. | 11/14/2024 |
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| 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 La Quinta Inn & Suites | | Telephone Number (812-471-3414 | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 11270 |
| Establishment Address (number and street, city, state, zip code) 8015 Division St, Evansville, IN, 47715 | | Owner <redacted> | | |
| Owner Hasu and Rita 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 11/25/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 3 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 |
|----------|------|---|--|--------------------|
| 257 | NC | | Thermometer not provided. | 11/15/2024 |
| 179 | NC | | Apples not wrapped | 11/15/2024 |
| 346 | NC | | Hand soap not provided in restroom for guests. | 11/15/2024 |
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| 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 PIZZA HUT #41502 | | Telephone Number (812-424-4433 () Owner <redacted> | Date of Inspection (mm/dd/yr) 11/14/2024 | ID # 11262 |
| Establishment Address (number and street, city, state, zip code) 310 N St. Joseph Ave, Evansville, IN, 47712 | | 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 11/24/2024 |
| Owner GOAT Pizza LLC | | | Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u> | |
| Owner's Address <redacted> | | | Menu Type (See additional page) | |
| Person in Charge <redacted> | | | 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 |
|----------|------|---|-------------------------------|--------------------|
| 310 | NC | | Hood vent above fryer soiled. | 11/14/2024 |
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| 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)
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 Circle K #4702416 | | Telephone Number (812-479-6491) <small>() Owner</small> <redacted> | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 11245 |
| Establishment Address (number and street, city, state, zip code) 960 S Weinbach Ave., Evansville, IN, 47714 | | 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 11/21/2024 |
| Owner Mac's Convenience Store LLC | | | Summary of Violations: C 0 NC 0 R 0 | |
| Owner's Address <redacted> | | | Menu Type (See additional page) | |
| Person in Charge <redacted> | | | 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> | | | | |

- 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 noted violations. | |
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| 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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SDH Form 51-0001

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Telephone 812-435-2400 opt 3
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| | | | |
|--|---|---|-----------------------------------|
| Establishment Name Old Mill | Telephone Number (812-963-6000 | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 11234 |
| Establishment Address (number and street, city, state, zip code) 5031 New Harmony Rd., Evansville, IN, 47720 | () Owner <redacted> | | |
| Owner Sandy Mazzier | Purpose: <input type="checkbox"/> Routine | Follow-up No | Release Date 11/21/2024 |
| Owner's Address <redacted> | <input checked="" 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) 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> | <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 |
|----------|------|---|--|--------------------|
| | | | Violations from 10/25/24 inspection correct. | |
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| Received by (name and title printed): | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |



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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 Motomart #3206 | | Telephone Number (812-477-5036) | | Date of Inspection (mm/dd/yr) 11/13/2024 | | ID # 11219 | |
| Establishment Address (number and street, city, state, zip code) 3221 Mariner Dr, Evansville, IN, 47713 | | () Owner <redacted> | | | | | |
| Owner FKG Oil Co | | 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 11/23/2024 | |
| 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 type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | | |
| 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 observed at time of inspection. | |
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| 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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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 McDonalds-Covert Ave | Telephone Number (812-477-0279 <small>() Owner</small> <redacted> | Date of Inspection (mm/dd/yr) 11/12/2024 | ID # 11203 |
| Establishment Address (number and street, city, state, zip code) 2960 Covert Ave, Evansville, IN, 47714 | 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 11/22/2024 |
| Owner Mann Enterprises LLC/ Susan Mann | | Summary of Violations: C 0 NC 2 R 0 | |
| Owner's Address <redacted> | | Menu Type (See additional page) | |
| Person in Charge <redacted> | | 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> | | | |

- 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 |
|----------|------|---|--------------------------------|--------------------|
| 297 | NC | | Drink machine in lobby soiled. | Corrected |
| 297 | NC | | Guard on ice machine soiled. | Corrected |
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| 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 CVS Pharmacy #6254 | Telephone Number (812-479-8581) | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 11184 |
| Establishment Address (number and street, city, state, zip code) 2344 Covert Ave, Evansville, IN, 47714 | () Owner <redacted> | | |
| Owner HOOK-SUPERX 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 11/21/2024 |
| 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> | | | |

- 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 noted violations. | |
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| 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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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 Circle S Mart #23 | Telephone Number (812-422-9871) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 11159 |
| Establishment Address (number and street, city, state, zip code) 131 S Redbank Rd, Evansville, IN, 47712 | () Owner <redacted> | | |
| Owner C & S Inc | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up No | Release Date 11/25/2024 |
| 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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input 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 |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| 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 Lucky Lady/Playgirl Inc | | Telephone Number (812) 428-6384 () Owner | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 11105 |
| Establishment Address (number and street, city, state, zip code) 523 N Main St, EVANSVILLE, IN, 47711 | | 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 11/25/2024 |
| Owner Ronnie Baars | | | Summary of Violations: C 0 NC 0 R 0 | |
| Owner's Address <redacted> | | | Menu Type (See additional page) | |
| Person in Charge <redacted> | | | 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> | | | | |

- 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. | |
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| 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 Logans Roadhouse #381 | | Telephone Number (812-421-0908 | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 11091 |
| Establishment Address (number and street, city, state, zip code) 5645 Pearl Dr, Evansville, IN, 47712 | | () Owner <redacted> | | |
| Owner LOGANS ROADHOUSE II LLC | Purpose: <input 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 | Release Date 11/21/2024 | |
| 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 0 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 |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| 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 Kanpai | Telephone Number (812-471-7076) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 11052 |
| Establishment Address (number and street, city, state, zip code) 4593 Washington Ave., EVANSVILLE, IN, 47714 | | Owner () Owner <redacted> | |
| Owner Jayson R Munoz | 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 11/25/2024 |
| Owner's Address <redacted> | | Summary of Violations: | |
| Person in Charge <redacted> | | C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Responsible Person's E-mail | | Menu Type (See additional page) | |
| Certified Food Handler <redacted> | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> | |

- 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 noted violations. | |
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| 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 Cactus Cookies Inc dba Great American Cookies | Telephone Number (812-471-1774) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 10995 |
| Establishment Address (number and street, city, state, zip code) 800 N Green River Rd, Evansville, IN, 47715 | () Owner <redacted> | | |
| Owner Michael Solomon | 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 11/25/2024 |
| 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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- 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. | |
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| 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 Gerst Bavarian Haus | | Telephone Number (812-424-1420) | Date of Inspection (mm/dd/yr) 11/12/2024 | ID # 10985 |
| Establishment Address (number and street, city, state, zip code) 2100 W Franklin St, Evansville, IN, 47712 | | () Owner <redacted> | | |
| Owner Jerry Chandler | | 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 Yes | Release Date 11/22/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C <u>1</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 | | | | |

- 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 |
|----------|------|---|---|--------------------|
| 324 | C | | Standing water underneath elevator shaft. | 11/12/2024 |
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| 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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Telephone 812-435-2400 opt 3
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| | | | | |
|---|--|---|---|-----------------------------------|
| Establishment Name Dollar General #2763 | | Telephone Number (812-213-0258) | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 10915 |
| Establishment Address (number and street, city, state, zip code) 607 E Diamond Ave, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner DOLGENCORP 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 11/21/2024 |
| 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 0 4 0 5 0 | |
| Responsible Person's E-mail <redacted> | | | | |
| 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. | |
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| 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 Buffalo Wild Wings #50 | | Telephone Number (812) 423-9464 | | Date of Inspection (mm/dd/yr) 11/11/2024 | | ID # 10888 | |
| Establishment Address (number and street, city, state, zip code) 5405 Pearl Dr, Evansville, IN, 47712 | | | | Owner () Owner <redacted> | | | |
| Owner Buffalo Wild Wings Attn: Laura Carlson-Heideman | | 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 11/21/2024 | |
| Owner's Address <redacted> | | | | Summary of Violations: | | | |
| Person in Charge <redacted> | | | | C <u>0</u> NC <u>0</u> R <u>0</u> | | | |
| Responsible Person's E-mail _____ | | | | Menu Type (See additional page) | | | |
| Certified Food Handler <redacted> | | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | | |

- 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. | |
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| 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 Applebee's Neighborhood Grill | | Telephone Number (812-471-0942) | Date of Inspection (mm/dd/yr) 11/14/2024 | ID # 10844 |
| Establishment Address (number and street, city, state, zip code) 5100 E Morgan Ave, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Apple Central, 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 11/24/2024 | |
| Owner's Address | | 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> | | | | |

- 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 | | Floor in need of repair broken tiles not easily cleanable. | 11/14/2024 |
| 414 | NC | | Roof in need of repair leaks. | 11/14/2024 |
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| 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 American Legion Post #8 | Telephone Number (812-963-5391 | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 10840 |
| Establishment Address (number and street, city, state, zip code) 6001 New Harmony Rd., Evansville, IN, 47720 | | () Owner <redacted> | |
| Owner Kenneth Belangee | 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 11/25/2024 |
| 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) | |
| 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 |
|----------|------|---|--|--------------------|
| 199 | NC | | Potentially hazardous food was not thawed as required. | Corrected |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |

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| cc: | cc: | cc: |
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| | | | | |
|---|--|---|--|-----------------------------------|
| Establishment Name AFC Sushi @ Schnucks #728 | | Telephone Number (812-473-4510) | Date of Inspection (mm/dd/yr) 11/14/2024 | ID # 10832 |
| Establishment Address (number and street, city, state, zip code) 3501 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner ADVANCED FRESH CONCEPTS FRANCHISE 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 11/24/2024 |
| 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 type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" 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. | |
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| 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 AFC SUSHI @ SCHNUCKS 708 | | Telephone Number (812-473-0151 | Date of Inspection (mm/dd/yr) 11/13/2024 | ID # 10831 |
| Establishment Address (number and street, city, state, zip code) 5000 Washington Ave., EVANSVILLE, IN, 47715 | | Owner <redacted> | | |
| Owner ADVANCED FRESH CONCEPTS FRANCHISE CORP | | Purpose: <input checked="" type="checkbox"/> Routine | | Follow-up No |
| Owner's Address <redacted> | | <input type="checkbox"/> Follow-up | | Release Date 11/23/2024 |
| Person in Charge <redacted> | | <input type="checkbox"/> Complaint | | Summary of Violations: C 0 NC 0 R 0 |
| Responsible Person's E-mail | | <input type="checkbox"/> Pre-Operational | | |
| Certified Food Handler <redacted> | | <input type="checkbox"/> Temporary | | Menu Type (See additional page) 1 0 2 0 3 4 5 0 |
| | | <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 |
|----------|------|---|----------------------|--------------------|
| | | | No noted viaoations. | |
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| 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 Beans & Baristas | | Telephone Number (812-457-8566) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 10811 |
| Establishment Address (number and street, city, state, zip code) 800 N Green River, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Regina Smith | 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 11/25/2024 | |
| 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> | | | | |

- 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. | |
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| 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 Copper House | | Telephone Number (812-909-8089) | Date of Inspection (mm/dd/yr) 11/14/2024 | ID # 14251 |
| Establishment Address (number and street, city, state, zip code) 1430 W. Franklin St., Evansville, IN, 47710 | | () Owner <redacted> | | |
| Owner Charisa Perkins | 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 11/24/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 1 NC 0 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"
- 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 |
|----------|------|---|---|--------------------|
| 294 | C | | Chemical sanitation concentration buckets below required level. | Corrected |
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| 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 Smalbert's | | Telephone Number (812-604-7056 () Owner <redacted> | Date of Inspection (mm/dd/yr) 11/12/2024 | ID # 14328 |
| Establishment Address (number and street, city, state, zip code) 2308 W. Franklin, Evansville, IN, 47711 | | | Follow-up No | Release Date 11/22/2024 |
| Owner Melanie Smith | 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 <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="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Person in Charge <redacted> | | | | |
| Responsible Person's E-mail <redacted> | | | | |
| 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 noted violations. | |
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| 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 Takeout Express | Telephone Number (812-602-5577) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 14555 |
| Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Drive Ste F, Evansville, IN, 47715 | | Owner <redacted> | |
| Owner Jenny zhang | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up No | Release Date 11/25/2024 |
| Owner's Address <redacted> | <input type="checkbox"/> Follow-up | Summary of Violations: C 0 NC 0 R 0 | |
| Person in Charge <redacted> | <input type="checkbox"/> Complaint | | |
| Responsible Person's E-mail <redacted> | <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 |
|----------|------|---|---|--------------------|
| | | | No violations observed at time of inspection. | |
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| 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 Deep Blue Indoor Play | | Telephone Number (812-437-5062) | Date of Inspection (mm/dd/yr) 11/13/2024 | ID # 14778 |
| Establishment Address (number and street, city, state, zip code) 6301 Old Boonville Hwy, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Emily Crawford | 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 11/23/2024 | |
| 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 observed at time of inspection. | |
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| 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 Kite and Key | Telephone Number (812-308-6939) <small>() Owner</small> <redacted> | Date of Inspection (mm/dd/yr) 11/12/2024 | ID # 14833 |
| Establishment Address (number and street, city, state, zip code) 2301 W Franklin St, Evansville, IN, 47712 | | | |
| Owner Kite and Key Holdings LLC, Brent Hargett | 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 11/22/2024 |
| 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. | |
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| 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 Revival Coffee Company | | Telephone Number (812-830-8677 | Date of Inspection (mm/dd/yr) 11/12/2024 | ID # 15134 |
| Establishment Address (number and street, city, state, zip code) 5025 Constellation Ave, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Curtis Garrett | 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 11/22/2024 | |
| 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 | | | | |

- 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. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
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| | | | |
|---|---|---|-----------------------------------|
| Establishment Name Fly By Faith Cafe | Telephone Number (812-319-3393) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 14905 |
| Establishment Address (number and street, city, state, zip code) 3700 Washington Ave, Evansville, IN, 47715 | () Owner <redacted> | | |
| Owner Daniel McClure | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up No | Release Date 11/25/2024 |
| Owner's Address | <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) 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> | <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 |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| Received by (signature): | Inspected by (signature): |
| cc: | cc: |



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| | | | | | | | | | |
|--|--|---|--|--|--|-----------------------------------|--|--|--|
| Establishment Name Nothing Bundt Cakes | | Telephone Number (812-758-7856 | | Date of Inspection (mm/dd/yr) 11/15/2024 | | ID # 14914 | | | |
| Establishment Address (number and street, city, state, zip code) 6436 E. Florida St. Suite 100, Evansville, IN, 4715 | |) Owner <redacted> | | | | | | | |
| Owner Jennifer Shoemaker | | 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 11/25/2024 | | | |
| Owner's Address <redacted> | | | | Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u> | | | | | |
| Person in Charge <redacted> | | | | | | | | | |
| Responsible Person's E-mail | | | | | | | | | |
| Certified Food Handler <redacted> | | | | | | | | | |
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| | | 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"/> | | | | | | | |

• 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 | | Back door in kitchen in need of repair open to outside elements. | 11/15/2024 |
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| 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 JK Mart Inc | | Telephone Number (812-550-5662 | Date of Inspection (mm/dd/yr) 11/11/2024 | ID # 14922 |
| Establishment Address (number and street, city, state, zip code) 2400 Washington Ave., Evansville, IN, 47714 | | () Owner <redacted> | | |
| Owner Jun K Gurung | 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 11/21/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</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 |
|----------|------|---|------------------------------|--------------------|
| 297 | NC | R | Guard on ice machine soiled. | Corrected |
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| 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 LoneStar Bar B Que and Soul Food LLC | | Telephone Number (812-647-1132 | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 15030 |
| Establishment Address (number and street, city, state, zip code) 2403 Washington Ave, Evansville, IN, 47714 | | () Owner <redacted> | | |
| Owner Tommy Washington | | 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 11/25/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | | Menu Type (<i>See additional page</i>) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" 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 |
|----------|------|---|--|--------------------|
| 443 | C | | Sanitizing solution for wiping cloths is too weak. | Corrected |
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| 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 Random Fill Ups | | Telephone Number (812-777-6716) | Date of Inspection (mm/dd/yr) 11/15/2024 | ID # 15417 |
| Establishment Address (number and street, city, state, zip code) 2016 Sweetser , Evansville, IN, 47714 | | () Owner <redacted> | | |
| Owner Random Phillips | 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 11/25/2024 | |
| Owner's Address | | 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 noted violations. | |
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| 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 Playa Azul | | Telephone Number (336-903-5168) | Date of Inspection (mm/dd/yr) 11/12/2024 | ID # 15360 |
| Establishment Address (number and street, city, state, zip code) 270 N. Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Juan P Hernandez | Purpose: | Follow-up Yes | Release Date 11/22/2024 | |
| Owner's Address <redacted> | <input type="checkbox"/> Routine | Summary of Violations: | | |
| Person in Charge <redacted> | <input type="checkbox"/> Follow-up | C <u>0</u> | NC <u>0</u> | R <u>0</u> |
| Responsible Person's E-mail | <input type="checkbox"/> Complaint | | | |
| Certified Food Handler | <input checked="" type="checkbox"/> Pre-Operational | Menu Type (See additional page) | | |
| | <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 |
|----------|------|---|-------------------------|--------------------|
| | | | Approved for operation. | |
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|--|-----|---|--|
| Received by (name and title printed): <redacted> | | Inspected by (name and title printed): <redacted> | |
| Received by (signature): | | Inspected by (signature): | |
| cc: | cc: | cc: | |