



**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.

<b>Establishment Name</b> <b>S&amp;A Food Mart</b>	<b>Telephone Number</b> (812) 402-2101	<b>Date of Inspection</b> (mm/dd/yr) 02/25/2025	<b>ID #</b> 11999	
<b>Establishment Address (number and street, city, state, zip code)</b> 1000 Washington Ave, Evansville, IN, 47714	( ) Owner <redacted>			
<b>Owner</b> Neeraj Solanki	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> <b>No</b>	<b>Release Date</b> 03/07/2025	
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>		
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<b>Responsible Person's E-mail</b>				
<b>Certified Food Handler</b> <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.	

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



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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 <b>Mojo's Boneyard</b>		Telephone Number <b>(812-475-8593)</b>	Date of Inspection (mm/dd/yr) <b>02/26/2025</b>	ID # <b>11992</b>
Establishment Address (number and street, city, state, zip code) <b>4920 Bellemeade, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Jeremy &amp; Tiffany Wynn</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/08/2025</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>			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"/>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

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



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Establishment Name <b>Little Caesar`s Pizza</b>	Telephone Number <b>(812-471-5755)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2025</b>	ID # <b>11776</b>
Establishment Address (number and street, city, state, zip code) <b>2007 Washington Ave #1, Evansville, IN, 47714</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kamlesh Patel</b>	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 <b>No</b>	Release Date <b>03/07/2025</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1</b> <input type="radio"/> <b>2</b> <input checked="" type="radio"/> <b>3</b> <input type="radio"/> <b>4</b> <input type="radio"/> <b>5</b> <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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

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



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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>West Terrace School K-5</b>		Telephone Number <b>(812-435-8737)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2025</b>	ID # <b>11447</b>
Establishment Address (number and street, city, state, zip code) <b>8000 West Terrace Dr., EVANSVILLE, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Evansville Vanderburgh School Corp.</b>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2025</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page)	
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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at time of inspection.	

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



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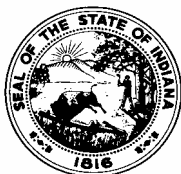
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Walmart #1341</b>	Telephone Number <b>(812-424-5475)</b>	Date of Inspection (mm/dd/yr) <b>02/27/2025</b>	ID # <b>11430</b>
Establishment Address (number and street, city, state, zip code) <b>335 S Red Bank Rd, Evansville, IN, 47712</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Wal-mart Stores East, LP</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <b>No</b>	Release Date <b>03/09/2025</b>
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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

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



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Establishment Name <b>TGI Fridays #432</b>		Telephone Number (812-491-8443)	Date of Inspection (mm/dd/yr) 02/24/2025	ID # 11394
Establishment Address (number and street, city, state, zip code) 800 N Green River Rd Ste 101, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Midwest TGF, 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 <b>No</b>	Release Date <b>03/06/2025</b>	
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 noted at time of inspection.	

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

cc:	cc:	cc:
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Establishment Name <b>Tekoppel School K-5</b>		Telephone Number (812-435-8608)	Date of Inspection (mm/dd/yr) 02/25/2025	ID # 11392
Establishment Address (number and street, city, state, zip code) 111 Tekoppel Ave., EVANSVILLE, IN, 47712		( ) Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 03/07/2025	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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			No violations noted 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 <b>St Joe Inn</b>	Telephone Number <b>(812-963-9310)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2025</b>	ID # <b>11337</b>
Establishment Address (number and street, city, state, zip code) <b>9515 St. Wendel Rd., EVANSVILLE, IN, 47720</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Rebecca Woods</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2025</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C_0_ NC_0_ R_0_</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type ( <i>See additional page</i> ) <b>1 2 3 4 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at time of inspection.	

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





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<b>Establishment Name</b> Reitz High School	<b>Telephone Number</b> (812-435-8208)	<b>Date of Inspection</b> (mm/dd/yr) 02/24/2025	<b>ID #</b> 11279
<b>Establishment Address</b> (number and street, city, state, zip code) 350 Dreier Blvd., EVANSVILLE, IN, 47712	( ) Owner <redacted>		
<b>Owner</b> Evansville Vanderburgh School Corp.	<b>Purpose:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	<b>Follow-up</b> No	<b>Release Date</b> 03/06/2025
<b>Owner's Address</b> <redacted>	<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>		
<b>Person in Charge</b> <redacted>	<b>Menu Type</b> (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<b>Responsible Person's E-mail</b> _____			
<b>Certified Food Handler</b> <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at time of inspection.	

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



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Establishment Name <b>Noble Romans - Wash. Sq.</b>		Telephone Number <b>(812-473-4606)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2025</b>	ID # <b>11226</b>
Establishment Address (number and street, city, state, zip code) <b>1216 Washington Sq, Evansville, IN, 47715</b>		( ) Owner		
Owner <b>Brian Sitzman</b>	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 <b>03/07/2025</b>	
Owner's Address <redacted>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <redacted>		Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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



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Establishment Name <b>Cork 'N Cleaver</b>	Telephone Number (812-479-6974)	Date of Inspection (mm/dd/yr) 02/25/2025	ID # 11170
Establishment Address (number and street, city, state, zip code) 650 S Hebron Ave, Evansville, IN, 47714	( ) Owner <redacted>		
Owner Steven M. Bennett	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/07/2025
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C		Chemical sanitizer below required concentration in dish machine.	02/25/2025

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 <b>Long John Silver's</b>	Telephone Number <b>(812-476-2982)</b>	Date of Inspection (mm/dd/yr) <b>02/24/2025</b>	ID # <b>11097</b>
Establishment Address (number and street, city, state, zip code) <b>2350 Morgan Ave, Evansville, IN, 47711</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>LJS OPCO ONE, LLC</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>03/06/2025</b>
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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Received by (signature):	Inspected by (signature):
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Establishment Name <b>Leroy's Tavern</b>	Telephone Number (812-464-8300)	Date of Inspection (mm/dd/yr) 02/26/2025	ID # 11081
Establishment Address (number and street, city, state, zip code) 2659 Mt. Vernon Ave., Evansville, IN, 47712		( ) Owner <redacted>	
Owner Terri Carl	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date 03/08/2025
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		Menu Type (See additional page)	
Certified Food Handler <redacted>		Menu Type (See additional page)	

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

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

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



# 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

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Establishment Name <b>Gardo's Italian Oven</b>		Telephone Number (812-868-8071)	Date of Inspection (mm/dd/yr) 02/25/2025	ID # 10898
Establishment Address (number and street, city, state, zip code) 13220 Darmstadt Rd., Evansville, IN, 47725		( ) Owner <redacted>		
Owner Andrew Guard	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 03/07/2025	
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 noted 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:



Retail Food Establishment Inspection Report

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Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

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Establishment Name: Daniel Wertz School K-5; Telephone Number: 812-435-8594; Date of Inspection: 02/24/2025; ID #: 10896; Establishment Address: 1701 S Redbank Rd., EVANSVILLE, IN, 47712; Owner: Evansville Vanderburgh School Corp.; Purpose: Routine; Follow-up: No; Release Date: 03/06/2025; Summary of Violations: C 0 NC 0 R 0; Menu Type: 3

- 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. Narrative: No violations 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 <b>Arby's #7255</b>		Telephone Number <b>(812-484-1244)</b>	Date of Inspection (mm/dd/yr) <b>02/26/2025</b>	ID # <b>10848</b>
Establishment Address (number and street, city, state, zip code) <b>3600 First Ave, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>RTM Operating Company</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/08/2025</b>	
Owner's Address <b>&lt;redacted&gt;</b>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <b>&lt;redacted&gt;</b>	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 <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

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

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





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Establishment Name <b>Salsarita's</b>		Telephone Number (812-437-2572)	Date of Inspection (mm/dd/yr) 02/24/2025	ID # 13775
Establishment Address (number and street, city, state, zip code) 3910 E Morgan Ave, Evansville, IN, 47715		( ) Owner <redacted>		
Owner Michael Corino	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	Release Date 03/06/2025	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>4</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
295	NC		Non food contact surfaces in kitchen soiled.	02/24/2025
218	NC		Back door to kitchen has areas open to outside elements.	02/24/2025
310	NC		Hood system in kitchen soil.	02/24/2025
218	NC		Floor in kitchen in need of repair cracks and missing tiles.	02/24/2025

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 <b>The Taqueria/Gonz'z Steak Burger</b>		Telephone Number <b>(812-550-1505)</b>	Date of Inspection (mm/dd/yr) <b>02/28/2025</b>	ID # <b>14157</b>
Establishment Address (number and street, city, state, zip code) <b>800 N Green River Rd Ste 113, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Adrian Gonzalez</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/10/2025</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 3 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

- 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
177	NC		Food stored improperly on floor in walk-in cooler.	02/28/2025
218	NC		Hand sink by drink station in need of repair falling off wall.	02/28/2025
347	NC		Disposable towels not provided at handwashing stations in establishment.	02/28/2025
118	C		Establishment does not have certified food handler.	02/28/2025

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



Retail Food Establishment Inspection Report

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Form containing establishment details: Canton Inn, 947 North Park Dr, Evansville, IN, 47710. Owner: Fei Li. Date of Inspection: 02/26/2025. ID #: 14335. Summary of Violations: C 2, NC 1, R 2.

- 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. Rows include violations such as 'Ware washing machine not reaching sanitizing temperature' and 'Potential hazardous food not covered or date marked in walk in.'

Signature lines for 'Received by (name and title printed):', 'Inspected by (name and title printed):', 'Received by (signature):', and 'Inspected by (signature):'. Includes 'cc:' fields at the bottom.



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Establishment Name <b>Melrum Inc. DBA Sweet Treats Candy</b>		Telephone Number <b>(812-471-0031</b>	Date of Inspection (mm/dd/yr) <b>02/28/2025</b>	ID # <b>14614</b>
Establishment Address (number and street, city, state, zip code) <b>800 N Green River Road, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Melissa Lynn Rumble</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/10/2025</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at time of inspection.	

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





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Establishment Name <b>Nori Japan</b>	Telephone Number <b>(812-916-4563)</b>	Date of Inspection (mm/dd/yr) <b>02/28/2025</b>	ID # <b>14811</b>
Establishment Address (number and street, city, state, zip code) <b>800 N Green River Rd unit 106, Evansville, Indiana, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Halim Wijaya</b>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <b>No</b>	Release Date <b>03/10/2025</b>
Owner's Address <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <b>&lt;redacted&gt;</b>	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <b>&lt;redacted&gt;</b>	<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 at time of inspection.	

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



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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Casa Fiesta</b>		Telephone Number <b>(812-401-4000)</b>	Date of Inspection (mm/dd/yr) <b>02/25/2025</b>	ID # <b>15183</b>
Establishment Address (number and street, city, state, zip code) <b>1003 E. Diamond, Evansville, IN, 47710</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Juan Martinez</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>No</b>	Release Date <b>03/07/2025</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at time of inspection.	

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







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Establishment Name <b>LaPlaza</b>		Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr) <b>02/24/2025</b>	ID # <b>15455</b>
Establishment Address (number and street, city, state, zip code) <b>420 S. Green River, Evansville, IN, 47715</b>		( ) Owner		
Owner	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 <b>Yes</b>	Release Date <b>03/06/2025</b>	
Owner's Address		Summary of Violations: <b>C 0 NC 0 R 0</b>		
Person in Charge		Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
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
			Approved for operation.	

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