



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 Mission BBQ	Telephone Number (812-213-0200 <small>() Owner</small> <redacted>	Date of Inspection <small>(mm/dd/yr)</small> 02/18/2025	ID # 12393
Establishment Address (number and street, city, state, zip code) 1530 N Green River Rd, Evansville, Indiana, 47715		Follow-up: No Release Date: 02/28/2025	
Owner Mission BBQ Evansville, LLC		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> 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"/>	
Owner's Address <redacted>			
Person in Charge <redacted>			
Responsible Person's E-mail 			
Certified Food Handler <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) _____			

- 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:	cc:



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Establishment Name River Side Food Mart		Telephone Number (812-402-0144)	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 12366
Establishment Address (number and street, city, state, zip code) 1641 S Kentucky Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Gulshan Gora	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 03/02/2025	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>3</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
297	NC		Ice machine guard soiled.	02/20/2025
234	NC		Ice scoop not stored properly	Corrected
187	C		Foods not maintained at required temperature.	02/20/2025
342	NC		Hand sink not providing hot water.	02/20/2025

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 Chipotle Mexican Grill #2077	Telephone Number (380-222-7181)	Date of Inspection (mm/dd/yr) 02/18/2025	ID # 12122
Establishment Address (number and street, city, state, zip code) 499 N Green River Rd Ste A, Evansville, IN, 47715		Owner <redacted>	
Owner Chipotle Mexican Grill 2077	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/28/2025
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 <redacted>		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"/>	

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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>	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	cc:



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Establishment Name Bandana's Bar-B-Q	Telephone Number (812) 401-9922	Date of Inspection (mm/dd/yr) 02/18/2025	ID # 12053	
Establishment Address (number and street, city, state, zip code) 6636 Logan Dr, Evansville, IN, 47715	Owner <redacted>	Follow-up No		
Owner Bandana's Missouri, LLC	Purpose: <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date 02/28/2025	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 type="radio"/> 3 <input checked="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail _____				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No 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: White Castle #37
Telephone Number: (812) 474-9901
Date of Inspection: 02/20/2025
ID #: 11449
Establishment Address: 6940 Logan Dr, Evansville, IN, 47715
Owner: White Castle
Purpose: Routine
Follow-up: No
Release Date: 03/02/2025
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 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: cc:



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Form with fields for Establishment Name (Wesselmans Sonntag), Telephone Number (812-424-3549), Date of Inspection (02/20/2025), ID # (11442), Owner (Winkler Inc), and Purpose (Routine).

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'No violations to note.'

Signature fields for Received by and Inspected by, including printed names and signatures, and cc fields.



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Establishment Name Showplace Cinemas		Telephone Number (812-479-9732)	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 11316
Establishment Address (number and street, city, state, zip code) 1801 Morgan Center Dr, Evansville, IN, 47715		() Owner <redacted>		
Owner North Park Cinemas Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/02/2025	
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				

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



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Establishment Name Burger King #119		Telephone Number (812) 476-4867 Establishment () Owner <redacted>	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 11117
Establishment Address (number and street, city, state, zip code) 1301 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 03/02/2025
Owner Carrols, LLC	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address <redacted>	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge <redacted>	Responsible Person's E-mail _____			
Certified Food Handler <redacted>	_____			

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

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

cc:	cc:	cc:
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Establishment Name Gracie's Chinese Cuisine		Telephone Number (812-868-8888)	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 10992
Establishment Address (number and street, city, state, zip code) 12500 N Highway 41, Evansville, IN, 47725		() Owner <redacted>		
Owner Grace Sung	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 03/02/2025	
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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Section#	C/NC	R	Narrative	To Be Corrected By
			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:



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Establishment Name Fazoli's #1632		Telephone Number (812-474-9167) <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 10964
Establishment Address (number and street, city, state, zip code) 899 N Green River Rd, Evansville, IN, 47715				
Owner FAZOLI'S JOINT VENTURE, LTD		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 03/02/2025
Owner's Address <redacted>			Summary of Violations: C_0_ NC_0_ R_0_	
Person in Charge <redacted>			Menu Type (See additional page) 1_0_ 2_0_ 3_●_ 4_0_ 5_0_	
Responsible Person's E-mail <redacted>				
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>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Xpress Mart		Telephone Number (812-401-2331)	Date of Inspection (mm/dd/yr) 02/18/2025	ID # 13776
Establishment Address (number and street, city, state, zip code) 1921 E. Franklin, Evansville, IN, 47711		() Owner <redacted>		
Owner Amrinder J. Kaur	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/28/2025	
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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Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Covert Mart	Telephone Number (907-351-7499)	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 14582
Establishment Address (number and street, city, state, zip code) 1201 Covert Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Sagar Tamang	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/02/2025
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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Received by (signature):	Inspected by (signature):
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Establishment Name ZESTO DRIVE-IN	Telephone Number (812-423-5961)	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 14608
Establishment Address (number and street, city, state, zip code) 920 E RIVERSIDE DR, Evansville, IN, 47713		Owner <redacted>	
Owner TAP TREATS, INC.	Purpose: <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/02/2025
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="checked" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____		_____	
Certified Food Handler <redacted>		_____	

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

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 Guadalajara Mexican Grill		Telephone Number (812-612-0481)	Date of Inspection (mm/dd/yr) 02/20/2025	ID # 14789
Establishment Address (number and street, city, state, zip code) 601 E Boonville New Harmony Rd, Ste 600, Evansville, IN, 47725		() Owner <redacted>		
Owner Ederico Lopez	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 03/02/2025	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>2</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
138	NC		Employees in kitchen not wearing effective hair restraint.	02/20/2025
256	NC		Coolers in kitchen not provided with temperature measuring device.	02/20/2025

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