



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 Rounders Pizza Too		Telephone Number (812-867-7172)	Date of Inspection (mm/dd/yr) 03/04/2025	ID # 11631
Establishment Address (number and street, city, state, zip code) 12731 N Green River Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner Joseph Sells	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 03/14/2025	
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 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 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 Subway #30714	Telephone Number (812-437-3750) <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 03/03/2025	ID # 11371
Establishment Address (number and street, city, state, zip code) 3200 N St Joe Unit A, EVANSVILLE, IN, 47720		Follow-up No	Release Date 03/13/2025
Owner Lalabhai 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) _____	Summary of Violations: C 0 NC 0 R 0	
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 violations to note.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name China Express		Telephone Number (812-428-3838)	Date of Inspection (mm/dd/yr) 03/07/2025	ID # 11145
Establishment Address (number and street, city, state, zip code) 1505 S Governor St., Evansville, IN, 47713		() Owner <redacted>		
Owner Quan Tran	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 03/17/2025	
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Food contact surfaces soiled.	03/07/2025

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 Casey's General Store #2296		Telephone Number (812-423-2804	Date of Inspection (mm/dd/yr) 03/03/2025	ID # 11131
Establishment Address (number and street, city, state, zip code) 3100 N St. Joseph Ave, EVANSVILLE, IN, 47720		() Owner <redacted>		
Owner Casey's Marketing Company	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 03/13/2025	
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 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.	

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 Harvest Time	Telephone Number (812-204-3242) () Owner	Date of Inspection (mm/dd/yr) 03/07/2025	ID # 11020
Establishment Address (number and street, city, state, zip code) 518 Linwood Ave, Evansville, IN, 47713		Follow-up No	Release Date 03/17/2025
Owner Harvest Time - 1st Ebenezer Baptist Church	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C 0 NC 0 R 0	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Menu Type (See additional page)	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	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	<input type="checkbox"/> Pre-Operational		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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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: Hacienda #16
Telephone Number: (812) 422-2055
Date of Inspection: 03/07/2025
ID #: 10999
Establishment Address: 5440 Pearl Dr, Evansville, IN, 47712
Owner: HMR Acquisition Company, Inc.
Purpose: Routine
Follow-up: 0
NC: 0
R: 0
Menu Type: 1 2 3 4 5

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

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



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Establishment Name Dollar General Store #25323		Telephone Number (615-855-4000)	Date of Inspection (mm/dd/yr) 03/04/2025	ID # 14850
Establishment Address (number and street, city, state, zip code) 200 N. Main Street Suite 103, Evansville, IN, 47710		() Owner		
Owner Dolgencorp, LLC		Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/14/2025
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		<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input 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
			No violations to note.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name GaylaCake	Telephone Number (812-454-9791	Date of Inspection (mm/dd/yr) 03/04/2025	ID # 14006
Establishment Address (number and street, city, state, zip code) 320 N Main St, Evansville, IN, 47711	() Owner <redacted>		
Owner Gayla Bell	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/14/2025
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <redacted>	<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	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input 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
			No violations to note.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Kabob Xpress LLC		Telephone Number (812-402-0244	Date of Inspection (mm/dd/yr) 03/04/2025	ID # 14072
Establishment Address (number and street, city, state, zip code) 3305 N Greenriver Rd , Evansville, IN, 47715		() Owner <redacted>		
Owner Najeh Sassi	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 03/14/2025	
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 1 4 0 5 0		
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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			No violations at time of inspection.	

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Received by (signature):	Inspected by (signature):
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Establishment Name Xpress Mart	Telephone Number (812-492-1710)	Date of Inspection (mm/dd/yr) 03/04/2025	ID # 14847
Establishment Address (number and street, city, state, zip code) 219 E Franklin St, 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 03/14/2025
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 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 to note.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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Establishment Name Params INC		Telephone Number (812-437-5128	Date of Inspection (mm/dd/yr) 03/03/2025	ID # 14915
Establishment Address (number and street, city, state, zip code) 221 N Fulton Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Sumit Patel	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/13/2025	
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				

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Section#	C/NC	R	Narrative	To Be Corrected By
310	NC		Hood vent system soiled.	03/03/2025

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