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 La Preferida LLC	**Telephone Number** ( ) Establishment 812-303-6277 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/27/2024	**ID #** 13220
Establishment Address (number and street, city, state, zip code) 819 S Green River Rd, Evansville, Indiana, 47715			
Owner Uriel Sarmiento	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/08/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

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 Burger Bank	**Telephone Number** ( ) Establishment 812-475-2265 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/26/2024	**ID #** 11770
Establishment Address (number and street, city, state, zip code) 1617 S Weinbach Ave, Evansville, IN, 47714			
Owner Don Falcone	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 03/07/2024
Owner's Address <redacted>		Summary of Violations: C 1 NC 3 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Facility in need of cleaning fryer area and grill area.	02/26/2024
344	C		Hand sink blocked inaccessible.	Corrected
430	NC		Floor in need of repair.	02/26/2024
297	NC		Ice machine guard in need of cleaning.	02/26/2024

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

cc:	cc:	cc:

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Establishment Name Manna Mediterranean Grill	**Telephone Number** ( ) Establishment 812-473-7005 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/29/2024	**ID #** 11749
Establishment Address (number and street, city, state, zip code) 2913 Lincoln Ave, Evansville, IN, 47714			
Owner Amjad Manna/Kristi Manna	**Purpose:** ✔ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 03/10/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

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 Golden Buddha	**Telephone Number** ( ) Establishment 812-473-4855 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/28/2024	**ID #** 11660
Establishment Address (number and street, city, state, zip code) 3221 Taylor Ave, Evansville, IN, 47714			
Owner YOU BI HENG	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/09/2024
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint	C 0 NC 1 R 0	
Responsible Person's E-mail	Pre-Operational		
	Temporary	Menu Type *(See additional page)*	
	HACCP		
Certified Food Handler <redacted>	Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		Dishwasher in kitchen not dispensing sanitizer solution at proper level.	02/28/2024

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Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name Rademacher's Cafe	**Telephone Number** ( ) Establishment 812-488-2061 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/29/2024	**ID #** 11471
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722			
Owner Chartwells	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

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 Washington School 6-8	**Telephone Number** ( ) Establishment 812-469-5090 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/28/2024	**ID #** 11432
Establishment Address (number and street, city, state, zip code) 1801 Washington Ave., EVANSVILLE, IN, 47714			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/09/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
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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 CAFÉ COURT	**Telephone Number** ( ) Establishment 812-488-2061 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/29/2024	**ID #** 11418
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722			
Owner Chartwells	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

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 Steve's Una Pizza	**Telephone Number** (812) Establishment 812-477-5411 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/26/2024	**ID #** 11354
Establishment Address (number and street, city, state, zip code) 1005 S St James Blvd, Evansville, IN, 47714			
Owner Joshua Adkins	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/07/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ HACCP	1 ○ 2 ● 3 ○ 4 ○ 5 ○	
	☐ Other (list) _____		

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

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 St Benedicts School	**Telephone Number** ( ) Establishment 812-425-4596 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 03/01/2024	**ID #** 11342
Establishment Address (number and street, city, state, zip code) 530 S Harlan Ave., EVANSVILLE, IN, 47714			
Owner St Benedicts Parish	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/11/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"**
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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted.	

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 Noble Romans - Wash. Sq.	**Telephone Number** ( ) Establishment 812-473-4606 ( ) Owner	**Date of Inspection (mm/dd/yr)** 02/27/2024	**ID #** 11226
Establishment Address (number and street, city, state, zip code) 1216 Washington Sq, Evansville, IN, 47715			
Owner Brian Sitzman	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/08/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

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Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name McGary Middle School 6-8	**Telephone Number** ( ) Establishment 812-469-5088 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/28/2024	**ID #** 11209
Establishment Address (number and street, city, state, zip code) 1535 Joyce Ave, EVANSVILLE, IN, 47714			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/09/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

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

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 China Express	**Telephone Number** ( ) Establishment 812-428-3838 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/28/2024	**ID #** 11145
Establishment Address (number and street, city, state, zip code) 1505 S Governor St., Evansville, IN, 47713			
Owner Quan Tran	**Purpose:** ✔ Routine	**Follow-up** Yes	Release Date 03/09/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 2 NC 2 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary		
	☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Food contact surfaces soiled.	03/20/2024
431	NC		Facility in need of cleaning.	03/20/2024
430	NC		Floor in kitchen need of repair.	03/20/2024
303	C		No sanitizing containers provided.	02/28/2024

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

cc:	cc:	cc:

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Establishment Name Caze School K-5	**Telephone Number** ( ) Establishment 812-469-5080 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/29/2024	**ID #** 11134
Establishment Address (number and street, city, state, zip code) 2013 S Green River Rd, EVANSVILLE, IN, 47710			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/10/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

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 Harper Elementary School K-5	**Telephone Number** ( ) Establishment 812-469-5083 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/26/2024	**ID #** 11016
Establishment Address (number and street, city, state, zip code) 21 S Alvord Blvd., EVANSVILLE, IN, 47714			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/07/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

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

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 Ace's Place	**Telephone Number** ( ) Establishment 812-488-2061 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/29/2024	**ID #** 11015
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722			
Owner Chartwells	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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			No violations noted.	

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Received by (signature):	Inspected by (signature):

cc:	cc:	cc:

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Establishment Name Fairlawn School K-5	**Telephone Number** ( ) Establishment 812-469-5082 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/26/2024	**ID #** 10962
Establishment Address (number and street, city, state, zip code) 2021 S Alvord Blvd., EVANSVILLE, IN, 47714			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/07/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 ◉ 4 5	
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.	

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

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Establishment Name Dexter Elementary School K-5	**Telephone Number** ( ) Establishment 812-469-5081 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 03/01/2024	**ID #** 10906
Establishment Address (number and street, city, state, zip code) 951 Dexter Ave., EVANSVILLE, IN, 47714			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/11/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

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 Bosse High School	**Telephone Number** ( ) Establishment 812-474-6935 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/28/2024	**ID #** 10875
Establishment Address (number and street, city, state, zip code) 1300 Washington Ave., EVANSVILLE, IN, 47714			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/09/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

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 Angelo´s Italian Restaurant	**Telephone Number** ( ) Establishment 812-428-6666 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/28/2024	**ID #** 10843
Establishment Address (number and street, city, state, zip code) 305 Main St, Evansville, IN, 47708			
Owner Angelo Bassam Jawabreh	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/09/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 1 NC 2 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
285	NC		Dish machine not reaching required temperature for sanitatizing.	02/28/2024
297	NC		Ice machine guard soiled.	02/28/2024
415	C		Insect observed in dish washing area.	02/28/2024

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

cc:	cc:	cc:

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Establishment Name Doubletree By Hilton Evansville	**Telephone Number** ( ) Establishment 812-423-5002 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 03/01/2024	**ID #** 13678
Establishment Address (number and street, city, state, zip code) 601 Bob Jones Way, Evansville, IN, 47708			
Owner HCW Evansville Hotel, LLC Rick Huffman	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/11/2024
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C		Raw chicken stored over ready to eat food in cooler.	Corrected

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

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Establishment Name The Rooftop	**Telephone Number** ( ) Establishment 812-550-1599 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/27/2024	**ID #** 13832
Establishment Address (number and street, city, state, zip code) 112 NW MLK BLVD, Evansville, IN, 47708			
Owner Richie Patel	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/08/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 2 NC 2 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler			

- **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
345	C		Hand sink at bar upstairs used for other things.	Corrected
415	C		Insect activity at downstairs bar.	02/27/2024
433	NC		Mop stored improperly.	Corrected
218	NC		Gaskets on reach in coolers online in need of repair.	02/27/2024

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

cc:	cc:	cc:

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Establishment Name Starbucks at Doubletree	**Telephone Number** ( ) Establishment 812-423-5002 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 03/01/2024	**ID #** 13926
Establishment Address (number and street, city, state, zip code) 601 Bob Jones Way, Evansville, IN, 47708			
Owner HCW Evansville Hotel LLC Rick Huffman	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 03/11/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"**
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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted.	

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 Birdies	**Telephone Number** ( ) Establishment 812-550-1225 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/27/2024	**ID #** 14550
Establishment Address (number and street, city, state, zip code) 120 NW MLK Blvd., Evansville, IN, 47708			
Owner Richie Patel	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 03/08/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
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Establishment Name D&T concessions	**Telephone Number** ( ) Food Establishment 812-664-0784 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 03/01/2024	**ID #** 15191
Establishment Address (number and street, city, state, zip code) 310 S Hart st., Princeton, IN, 47670			
Owner Donnie & Tammy Breeden	**Purpose:** ☐ Routine ☐ Follow-up ☐ Complaint ☑ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 03/11/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Approved for operation	

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

cc:	cc:	cc:

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Establishment Name Robert's By The River LLC	**Telephone Number** ( ) Food Establishment 812-604-1762 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/29/2024	**ID #** 15195
Establishment Address (number and street, city, state, zip code) 6 Walnut St., Evansville, IN, 47708			
Owner Robert Russell	**Purpose:** ☐ Routine ☐ Follow-up ☐ Complaint ☑ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** Yes	Release Date 03/10/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler			

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Section#	C/NC	R	Narrative	To Be Corrected By
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Received by (signature):	Inspected by (signature):

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Establishment Name Acropolis Express Mobile Unit 2	**Telephone Number** ( ) Establishment 270-860-8214 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 02/29/2024	**ID #** 15201
Establishment Address (number and street, city, state, zip code) 1401 N. Boeke Rd., Evansville, IN, 47714			
Owner Ellada Hadjisavva	**Purpose:** ☐ Routine ☐ Follow-up ☐ Complaint ☑ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 03/10/2024
Owner's Address		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler			

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Section#	C/NC	R	Narrative	To Be Corrected By
			Approved for operation.	

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

cc:	cc:	cc: