



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 Honey Moon Coffee Co.		Telephone Number (812-602-3123	Date of Inspection (mm/dd/yr) 02/08/2024	ID # 13224
Establishment Address (number and street, city, state, zip code) 612 S Weinbach Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jessica Parsons	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 02/18/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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

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 River Side Food Mart		Telephone Number (812-402-0144)	Date of Inspection (mm/dd/yr) 02/09/2024	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 Yes	Release Date 02/19/2024	
Owner's Address <redacted>		Summary of Violations: C 3 NC 3 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
118	C		Person in charge was not knowledgeable	02/09/2024
118	C		Establishment does not have a certified food handler	02/09/2024
347	NC		Disposable towels not provided at hand sink in kitchen	Corrected
295	C		Prep table in kitchen soiled	02/09/2024
297	NC		Ice machine guard in kitchen is soiled	02/09/2024
295	NC		Fryer area soiled in need of cleaning	02/09/2024

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Establishment Name Big Bang Mongolian Grill		Telephone Number (812-434-1725)	Date of Inspection (mm/dd/yr) 02/05/2024	ID # 12346
Establishment Address (number and street, city, state, zip code) 2013 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Jun Cao	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 02/15/2024	
Owner's Address <redacted>		Summary of Violations: C 1 NC 2 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice machine behind grill guard in need of cleaning	02/05/2024
177	NC		Food stored on floor in cooler	Corrected
173	C		Raw meat stored above RTE food in cooler	Corrected

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Establishment Name Hucks #383		Telephone Number (812-867-3811)	Date of Inspection (mm/dd/yr) 02/05/2024	ID # 12028
Establishment Address (number and street, city, state, zip code) 3131 Kansas Rd, Evansville, IN, 47725		Owner <redacted>		
Owner MARTIN & BAYLEY 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 02/15/2024
Owner's Address <redacted>			Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
324	C		Hot water not provided hot water heater in need of repair	02/05/2024

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



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Establishment Name Hucks #383		Telephone Number (812-867-3811)	Date of Inspection (mm/dd/yr) 02/08/2024	ID # 12028
Establishment Address (number and street, city, state, zip code) 3131 Kansas Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner MARTIN & BAYLEY INC		Purpose: <input type="checkbox"/> Routine <input checked="" 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 02/18/2024
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input 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
			violation from 02/05/24 corrected	

Received by (name and title printed):		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
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Establishment Name Subway		Telephone Number (812-473-7101)	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 11803
Establishment Address (number and street, city, state, zip code) 1677 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner PATHIL AMIN	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 02/16/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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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:



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Establishment Name By the Slice		Telephone Number (812-499-9659)	Date of Inspection (mm/dd/yr) 02/07/2024	ID # 11534
Establishment Address (number and street, city, state, zip code) 2011 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Eric Weber	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 02/17/2024	
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
118	C		Employees interviewed were unable to adequately answer questions regarding sanitizer mixture employee health policy, proper cooking holding and cooling temperatures.	02/07/2024
431	NC		Dish room was observed to be over crowded and not easily cleanable over cabinets over stocked pizzas was observed to have dust food particles and other erroneous materials base of cabinets was observed to be in poor condition.	02/07/2024

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Establishment Name Evansville Lutheran School		Telephone Number (812) 424-7252	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 11465
Establishment Address (number and street, city, state, zip code) 111 E Virginia St, Evansville, IN, 47711		() Owner <redacted>		
Owner Evansville Lutheran School	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 02/16/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <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 Vogel School K-6		Telephone Number (812-469-5087)	Date of Inspection (mm/dd/yr) 02/05/2024	ID # 11424
Establishment Address (number and street, city, state, zip code) 1500 Oak Hill Rd., EVANSVILLE, IN, 47711		() 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 02/15/2024	
Owner's Address <redacted>	Summary of Violations: C 0 NC 0 R 0			
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 ● 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	

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 Tekoppel School K-5		Telephone Number (812-435-8608)	Date of Inspection (mm/dd/yr) 02/06/2024	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 02/16/2024	
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <redacted>	Menu Type (See additional page)			
Responsible Person's E-mail _____	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler <redacted>				

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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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Establishment Name Taco Bell #3001053		Telephone Number (812-475-1895	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 11383
Establishment Address (number and street, city, state, zip code) 1580 Vann Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Bell Indiana LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/16/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Establishment Name Subway #12340	Telephone Number (812-473-5255)	Date of Inspection (mm/dd/yr) 02/08/2024	ID # 11365
Establishment Address (number and street, city, state, zip code) 1401 Covert Ave, Evansville, IN, 47714	() Owner <redacted>	Follow-up No	Release Date 02/18/2024
Owner Shantee, Inc.	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C 1 NC 2 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 type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler	<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
433	NC		Mop stored improperly in mop closet in kitchen	Corrected
346	NC		Hand soap not provided in public restrooms	02/08/2024
118	C		Establishment does not have a certified food handler	02/08/2024

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



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Establishment Name Stockwell School K-5	Telephone Number (812-469-5086)	Date of Inspection (mm/dd/yr) 02/05/2024	ID # 11356
Establishment Address (number and street, city, state, zip code) 2501 N Stockwell Rd., EVANSVILLE, IN, 47715	() 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 02/15/2024
Owner's Address <redacted>	Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>	Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail <redacted>			
Certified Food Handler <redacted>			

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			No violations noted	

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Establishment Name St Pauls Lutheran Church		Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 11340
Establishment Address (number and street, city, state, zip code) 100 E Michigan St., EVANSVILLE, IN, 47711		() Owner		
Owner ST PAULS LUTHERAN CHURCH		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 02/16/2024
Owner's Address			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler				

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			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:	cc:	cc:



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Establishment Name St Boniface School		Telephone Number (812-422-1014)	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 11335
Establishment Address (number and street, city, state, zip code) 2031 W Michigan St., EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner St Boniface Parish	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 02/16/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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

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

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



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

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

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

Establishment Name St Agnes School		Telephone Number (812-423-9115)	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 11333
Establishment Address (number and street, city, state, zip code) 1620 Glendale Ave, EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner St. Boniface Parish/ St. Agnes School		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 02/16/2024
Owner's Address <redacted>			Summary of Violations: C_0 NC_0 R_0	
Person in Charge <redacted>			Menu Type (<i>See additional page</i>)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations 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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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 Reitz High School		Telephone Number (812-435-8208)	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 11279
Establishment Address (number and street, city, state, zip code) 350 Dreier Blvd., 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 02/16/2024
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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

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

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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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 Burger King #119		Telephone Number (812-476-4867)	Date of Inspection (mm/dd/yr) 02/07/2024	ID # 11117
Establishment Address (number and street, city, state, zip code) 1301 Covert Ave, EVANSVILLE, IN, 47714		() Owner <redacted>		
Owner Carrols, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/17/2024	
Owner's Address <redacted>			Summary of Violations: C 2 NC 2 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>				

- 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
187	C		Potatoes were measure at approximately 102F in holding tray for service.	Corrected
174	C		Raw bacon was observed being stored on the same shelf next to American cheese in walk-in cooler.	Corrected
377	NC		Sanitizer hose, supplying mop basin, was observed to be hanging below the flood rim.	Corrected
351	NC		Ladies restroom was observed to not have a lid on the trash receptacle.	02/07/2024

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



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Telephone 812-435-2400 opt 3
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: Good Shepherd School
Telephone Number: (812) 476-4477
Date of Inspection: 02/05/2024
ID #: 10990
Establishment Address: 2301 N Stockwell Rd., EVANSVILLE, IN, 47715
Owner: Good Shepherd Parish
Purpose: [X] Routine
Follow-up: No
Release Date: 02/15/2024
Summary of Violations: C 0 NC 0 R 0
Menu Type: 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No violations noted.

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

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

cc: (three columns for distribution list)



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 Domino's Pizza #2578		Telephone Number (270-782-0271)	Date of Inspection (mm/dd/yr) 02/08/2024	ID # 10925
Establishment Address (number and street, city, state, zip code) 2101 S Weinbach Ave., Evansville, IN, 47711		() Owner <redacted>		
Owner Joseph M Seagle	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 02/18/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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

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

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 Domino's Pizza #2571		Telephone Number (812-477-5544)	Date of Inspection (mm/dd/yr) 02/08/2024	ID # 10923
Establishment Address (number and street, city, state, zip code) 1300 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner E`-VILLE PIZZA, 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 02/18/2024
Owner's Address <redacted>			Summary of Violations: C 2 NC 1 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				

- 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
344	C		Hand sink in kitchen inaccessible blocked by trash can	Corrected
345	C		Hand sink in prep area used for other things storing personal cups	Corrected
347	NC		Paper towels not provided at hand sinks in kitchen and prep area	Corrected

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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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.

Form containing establishment details: Dollar General #1620, 4829 Pollack Ave., Evansville, IN, 47715. Owner: DOLGENCORP LLC. Date of Inspection: 02/06/2024. ID #: 10913. Includes checkboxes for Purpose (Routine, Follow-up, Complaint, Pre-Operational, Temporary, HACCP, Other) and Summary of Violations (C, NC, R).

• 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. Contains one row with 'No violations noted'.

Signature lines for Received by (name and title printed), Received by (signature), Inspected by (name and title printed), Inspected by (signature).

cc: lines for tracking.



Retail Food Establishment Inspection Report

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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.
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Establishment Name: Delaware School K-6
Telephone Number: 812-435-8596
Date of Inspection: 02/06/2024
ID #: 10901
Establishment Address: 700 N Garvin St., EVANSVILLE, IN, 47711
Owner: Evansville Vanderburgh School Corp.
Purpose: Routine
Follow-up: No
Release Date: 02/16/2024
Summary of Violations: C 0 NC 0 R 0
Menu Type: 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. Row 1: 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: [blank]



Retail Food Establishment Inspection Report

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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 Acropolis Express Mobile Unit		Telephone Number (270-860-8214)	Date of Inspection (mm/dd/yr) 02/06/2024	ID # 13729
Establishment Address (number and street, city, state, zip code) 1401 N. Boeke Rd., Evansville, IN, 47714		() Owner <redacted>		
Owner Ellada Hadjisavva	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 02/16/2024	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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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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 Souvenir De Dieu Mini Market		Telephone Number (786-222-8363)	Date of Inspection (mm/dd/yr) 02/07/2024	ID # 14204
Establishment Address (number and street, city, state, zip code) 1655 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Jeff Raphael	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 02/17/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
146	NC		Bulk vegetables and beans not labeled properly labeled for resale	02/07/2024

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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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 Domo Japanese Restaurant		Telephone Number (812-491-0003)	Date of Inspection (mm/dd/yr) 02/05/2024	ID # 14301
Establishment Address (number and street, city, state, zip code) 215 N. Green River Rd., Evansville, IN, 47715		() Owner <redacted>		
Owner Zosimo Capili	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 02/15/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Drink nozzle at bar in need of cleaning	02/05/2024
297	NC		Ice machine guard in need of cleaning	02/05/2024

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 Rose & Bliss Modern Bridal		Telephone Number (812-305-1177)	Date of Inspection (mm/dd/yr) 02/07/2024	ID # 14533
Establishment Address (number and street, city, state, zip code) 2820 Lincoln Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Kassy Lauer	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 02/17/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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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 ZESTO DRIVE-IN		Telephone Number (812-423-5961)	Date of Inspection (mm/dd/yr) 02/07/2024	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="" 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 02/17/2024
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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

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

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