



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 Burger King #1075		Telephone Number (812-471-9730)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 13340
Establishment Address (number and street, city, state, zip code) 2501 Menards Drive, Evansville, Indiana, 47715		() 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 03/22/2024	
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 <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
			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 Freddy's Frozen Custard of Evansville		Telephone Number (812-258-8027	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 12291
Establishment Address (number and street, city, state, zip code) 2848 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner M&M Custard 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 03/22/2024
Owner's Address <redacted>			Summary of Violations: C 1 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				

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Section#	C/NC	R	Narrative	To Be Corrected By
345	C		Hand sink near sandwich station used for other things.	Corrected
138	NC		Employee not wearing proper hair restraint.	Corrected

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 Los Bravos		Telephone Number (812-474-9078)	Date of Inspection (mm/dd/yr) 03/11/2024	ID # 12261
Establishment Address (number and street, city, state, zip code) 6226 Waterford Blvd, Evansville, IN, 47715		() Owner <redacted>		
Owner Ana Bravo	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 03/21/2024	
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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C		Ready to eat foods unprotected from uncooked chicken.	Corrected
191	C		Ready to eat foods not date marked to reflect seven day hold time.	Corrected
234	NC		Improper storage of ice scoops.	Corrected

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 Azzip Pizza	Telephone Number (812-401-3572)	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 12159
Establishment Address (number and street, city, state, zip code) 5225 Pearl Dr Ste E, Evansville, IN, 47712		() Owner <redacted>	
Owner Brad Niemeier	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 03/25/2024
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>			
Responsible Person's E-mail			

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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 Casey's General Store #3073		Telephone Number (812-471-4290)	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 12020
Establishment Address (number and street, city, state, zip code) 2020 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Casey's Marketing Company		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 03/25/2024
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 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.	

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Received by (signature):	Inspected by (signature):
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Establishment Name Major Munch		Telephone Number (270-454-9657	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 11816
Establishment Address (number and street, city, state, zip code) 101 NW 1st St Ste 100, Evansville, IN, 47708		() Owner <redacted>		
Owner David Siewert	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 03/25/2024	
Owner's Address <redacted>		Summary of Violations: C 0 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				
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 Wendy's #11265		Telephone Number (562-425-1402)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 11791
Establishment Address (number and street, city, state, zip code) 400 N Burkhardt Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner W.K.S. Frosty Corpotation		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 03/22/2024
Owner's Address <redacted>			Summary of Violations: C 0 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 <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Floor in walk-in cooler in poor repair.	03/29/2024

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 Doc's Sports Bar		Telephone Number (812-401-1201 () Owner <redacted>	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 11778
Establishment Address (number and street, city, state, zip code) 1305 N Stringtown Rd, Evansville, IN, 47711		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 03/24/2024
Owner Joshua Pietrowski			Summary of Violations: C <u>1</u> NC <u>2</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
297	NC		Ice machine guard in kitchen, soiled in need of cleaning.	03/14/2024
218	NC		Walk in floor in need of repair.	03/14/2024
344	C		Hand sink at bar inaccessible.	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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Establishment Name Sonic Drive-In #111		Telephone Number (812-476-7730)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 11604
Establishment Address (number and street, city, state, zip code) 3433 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Sonic Drive-In of Evansville 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 03/22/2024
Owner's Address <redacted>			Summary of Violations: C 1 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 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
345	C		Hand sink used for other things.	Corrected
310	NC		Hood system in need of cleaning.	03/12/2024
433	NC		Mops stored improperly.	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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Establishment Name By the Slice		Telephone Number (812-499-9659)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 11534
Establishment Address (number and street, city, state, zip code) 2011 Lincoln Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Paul Kumar	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 03/22/2024	
Owner's Address		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
			Violations corrected from 2/07/24.	

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 Penn Station East Coast Subs	Telephone Number (812-479-7366)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 11468
Establishment Address (number and street, city, state, zip code) 137 N Burkhardt Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner Tri-State Cheesesteaks 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 Yes	Release Date 03/22/2024
Owner's Address <redacted>	Summary of Violations: C <u>2</u> NC <u>1</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
187	C		Ready to eat food not maintained at 41F or less.	Corrected
345	C		Hand washing sink used for storage of wiping buckets.	Corrected
203	NC		Fries not covered after preparation.	Corrected

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 Sportsman Billards & Pub		Telephone Number (812-422-0801	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 11332
Establishment Address (number and street, city, state, zip code) 2315 W Franklin St, Evansville, IN, 47712		() Owner <redacted>		
Owner Jerry Chandler	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 03/25/2024	
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				
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 La Quinta Inn & Suites		Telephone Number (812-471-3414	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 11270
Establishment Address (number and street, city, state, zip code) 8015 Division St, Evansville, IN, 47715		() Owner <redacted>		
Owner Hasu and Rita 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 03/24/2024	
Owner's Address <redacted>		Summary of Violations: C 4 NC 1 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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Section#	C/NC	R	Narrative	To Be Corrected By
344	C		Hand sink in kitchen blocked inaccessible.	03/14/2024
345	C		Hand sink in kitchen used for other things.	03/14/2024
347	NC		Disposable towels not provided at hand sink in kitchen.	03/14/2024
118	C		Person in charge not knowledgeable.	03/14/2024
438	C		Spay bottles in kitchen not properly labeled.	03/14/2024

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Received by (signature):	Inspected by (signature):
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Establishment Name Plaza Park Academy 6-8		Telephone Number (812-469-5089)	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 11268
Establishment Address (number and street, city, state, zip code) 7301 Lincoln Ave., 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 03/24/2024	
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 noted.	

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



Retail Food Establishment Inspection Report

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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: SISCO ENTERPRISES LLC DBA PIECE OF CAKE
Telephone Number: (812) 424-2253
Date of Inspection: 03/14/2024
ID #: 11256
Establishment Address: 210 Main St, Evansville, IN, 47708
Owner: Cate Sisco
Purpose: Routine
Follow-up: No
Release Date: 03/24/2024
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: (three empty fields)



Retail Food Establishment Inspection Report

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Establishment Name McDonalds-Washington		Telephone Number (812-425-1712)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 11202
Establishment Address (number and street, city, state, zip code) 1148 Washington Ave., Evansville, IN, 47714		() Owner <redacted>		
Owner Mann Enterprises LLC/ Susan Mann		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 03/22/2024
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 checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
433	NC		Mops stored improperly.	Corrected
138	NC		Proper hair restraints not worn.	Corrected

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) 03/12/2024	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 03/22/2024
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 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>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Azzip Pizza		Telephone Number (812-250-8947 () Owner <redacted>	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 14189
Establishment Address (number and street, city, state, zip code) 4660 N First Ave, Evansville, IN, 47710				
Owner Brad Niemeier	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/22/2024	
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 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 Quick Mart dvn llc		Telephone Number (219-781-4532) <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 11048
Establishment Address (number and street, city, state, zip code) 2508 Washington 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 03/24/2024
Owner Dhanji Patel	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 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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- 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:	cc:



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The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Hucks # 337
Telephone Number: (812) 477-5232
Date of Inspection: 03/12/2024
ID #: 11047
Establishment Address: 3951 N Green River Rd, Evansville, IN, 47715
Owner: MARTIN & BAYLEY INC
Purpose: Routine
Follow-up: No
Release Date: 03/22/2024
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 empty fields for contact information]



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Establishment Name Hebron Elementary	Telephone Number (812-469-5084)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 11024
Establishment Address (number and street, city, state, zip code) 4400 Bellemeade Ave., EVANSVILLE, IN, 47714	() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 03/22/2024
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 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 Harrison High School	Telephone Number (812-477-2496)	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 11018
Establishment Address (number and street, city, state, zip code) 211 Fielding 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 03/22/2024
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 <redacted>			
Certified Food Handler <redacted>			

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- 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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Establishment Name Bishops Southern Experiences, Inc	Telephone Number (812-401-1994	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 13790
Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Exp, Evansville, IN, 47715	() Owner <redacted>		
Owner Christopher T Southern	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/25/2024
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C 0 NC 0 R 0	
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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Downtown Foodmart		Telephone Number (812-602-3552)	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 13802
Establishment Address (number and street, city, state, zip code) 720 S.E. 8th St., Evansville, IN, 47713		() Owner <redacted>		
Owner JBMDG 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 03/24/2024	
Owner's Address <redacted>		Summary of Violations: C <u>1</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>				

- 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
256	NC		Refrigerators not provided with temperature measuring devices.	03/14/2024
418	NC		Personal drink container being stored in ice machine.	Corrected
295	C		Microwave surface soiled, in need of cleaning.	03/14/2024

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 Haynies Corner Mart		Telephone Number (812-401-3838)		Date of Inspection (mm/dd/yr) 03/14/2024	ID # 13848
Establishment Address (number and street, city, state, zip code) 37 Adams Ave, Evansville, IN, 47713		() Owner <redacted>			
Owner Awesh Karki		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No	Release Date 03/24/2024
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) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>		<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	

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 Hot Diggity Dog Just Doggin Around		Telephone Number (812-589-1202)	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 14176
Establishment Address (number and street, city, state, zip code) 7201 Newburgh Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Emmanuel Adiki	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 03/24/2024	
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 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>				

- 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
329	C		Water not working in handwashing sink.	03/14/2024

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 Parlor Donuts	Telephone Number (812-303-4487 () Owner <redacted>	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 14320
Establishment Address (number and street, city, state, zip code) 204 Main St., Evansville, IN, 47708		Follow-up No	
Owner Darrick Hayden	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) _____	Release Date 03/24/2024	
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) 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>			
• 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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Establishment Name Jags Food Mart		Telephone Number (812-319-7578)	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 14561
Establishment Address (number and street, city, state, zip code) 2020 S. Weinbach, Evansville, IN, 47714		() Owner <redacted>		
Owner Jagtar Singh	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 03/25/2024	
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 1 4 0 5 0		
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
			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 Lodge Mart		Telephone Number (812-401-0755)	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 14562
Establishment Address (number and street, city, state, zip code) 2100 Lodge Avenue, Evansville, IN, 47714		() Owner <redacted>		
Owner Vinod Bhardwaj		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 03/21/2024
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 1 4 0 5 0	
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
			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:	



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 Clarion Inn & Suites Evansville		Telephone Number (812-477-6663	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 14599
Establishment Address (number and street, city, state, zip code) 5538 E. Indiana St., Evansville, IN, 47715		() Owner <redacted>		
Owner Nirav 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 03/24/2024	
Owner's Address <redacted>		Summary of Violations: C 2 NC 4 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 <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
345	C		Hand sink in kitchen used for other things.	03/14/2024
346	NC		Soap not provided at hand sink in kitchen.	03/14/2024
347	NC		Disposable towels not provided at hand sink in kitchen.	03/14/2024
218	NC		Steam table on buffet line in need of repair not heating to proper level.	03/14/2024
297	NC		Drink nozzle at bar soiled.	03/14/2024
187	C		Food not maintained at required temperature.	Corrected
			Eggs tempted at 100 degrees, Scrambled eggs where discarded.	

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 Prime Time North	Telephone Number (812-202-7920)	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 14713
Establishment Address (number and street, city, state, zip code) 12301 N Highway 41, Evansville, IN, 47725	() Owner <redacted>		
Owner David Parker	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 03/24/2024
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 1 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 noted.	

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



Retail Food Establishment Inspection Report

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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 Guadalajara Mexican Grill		Telephone Number (812-612-0481	Date of Inspection (mm/dd/yr) 03/14/2024	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 03/24/2024	
Owner's Address <redacted>		Summary of Violations: C 3 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 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"
- 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
344	C		Hand sinks in the kitchen and bar blocked not accessible.	Corrected
415	C		Insect activity observed in bar area.	03/14/2024
177	NC		Food stored improperly on floor in walk-in cooler.	Corrected
297	NC		Drink nozzles in bar soiled in need of cleaning.	03/14/2024
118	C		Establishment does not have certified food handler.	03/14/2024

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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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 Warehouse 410 Events Center		Telephone Number () Establishment () Owner <redacted>	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 14925
Establishment Address (number and street, city, state, zip code) 410 Carpenter St., Evansville, IN, 47708				
Owner Terri Adams	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 03/24/2024	
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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input 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"
- 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 Dollar General Store #24978	Telephone Number (615-855-4000 () Owner <redacted>	Date of Inspection (mm/dd/yr) 03/12/2024	ID # 15037
Establishment Address (number and street, city, state, zip code) 6418 N First Avenue, Evansville, IN, 47710	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 03/22/2024
Owner Dolgencorp 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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge <redacted>			
Responsible Person's E-mail			
Certified Food Handler			

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

Section#	C/NC	R	Narrative	To Be Corrected By
			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

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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 Chipotle Mexican Grill #4692		Telephone Number () Establishment () Owner <redacted>		Date of Inspection (mm/dd/yr) 03/14/2024	ID # 15049
Establishment Address (number and street, city, state, zip code) 2800 N Green River Rd , Evansville, IN, 47715		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 03/24/2024
Owner Chipotle Mexican Grill #4692		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)	
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"/>			

- 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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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 K's Pizza		Telephone Number (812-893-3736)	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 15087
Establishment Address (number and street, city, state, zip code) 315 E. Diamond Ave., Evansville, IN, 47710		() Owner <redacted>		
Owner Kacie Riley		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 03/24/2024
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 checked="" type="radio"/> 3 <input 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"
- 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:	



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 Chipotle Mexican Grill #4693	Telephone Number (614-318-2482)	Date of Inspection (mm/dd/yr) 03/11/2024	ID # 15122
Establishment Address (number and street, city, state, zip code) 1310 Hirschland Rd, Evansville, IN, 47715	() Owner <redacted>		
Owner Chipotle Mexican Grill of Colorado 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 03/21/2024
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			

- 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.

Form with fields for Establishment Name (Mikey's Caribbean Restaurant), Telephone Number (812-604-7937), Date of Inspection (03/15/2024), ID # (15146), Establishment Address (900 Main St., Evansville, IN, 47708), Owner (Verlande brivard), Purpose (Routine), Follow-up (Yes), Release Date (03/25/2024), Summary of Violations (C 3, NC 0, R 0), Menu Type (3 selected).

• 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 3 rows of violations: Hand washing sink used for other things, Food not protected from cross-contamination, No sanitizer station available.

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

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

cc: fields for distribution list.



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Establishment Name Scooter's Coffee		Telephone Number (812-916-9487	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 15148
Establishment Address (number and street, city, state, zip code) 535 East Diamond, Evansville, IN, 47710		() Owner <redacted>		
Owner Benjamin Klipsch		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 03/25/2024
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			Menu Type (<i>See additional page</i>)	
Certified Food Handler			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- 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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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 Evansville Food Trucks LLC	Telephone Number () Establishment () Owner <redacted>	Date of Inspection (mm/dd/yr) 03/14/2024	ID # 15157
Establishment Address (number and street, city, state, zip code) 1527 macarthur dr, 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) _____		
Owner kevin lefler			
Owner's Address <redacted>	Follow-up No Release Date 03/24/2024 Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>			
Responsible Person's E-mail			
Certified Food Handler	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"/>		

• 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 US Mart Inc		Telephone Number (812-473-7222)	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 15169
Establishment Address (number and street, city, state, zip code) 2345 Covert Ave, Evansville, IN, 47714		() Owner <redacted>		
Owner Santa Bahadur Lama		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 03/25/2024
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				

- 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
443	C		Sanitizing solution for wipe cloth too weak.	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.

Establishment Name La Campirana	Telephone Number (812-457-9521	Date of Inspection (mm/dd/yr) 03/15/2024	ID # 15206
Establishment Address (number and street, city, state, zip code) 900 N MAIN ST, Evansville, IN, 47711	() Owner <redacted>		
Owner ABRAHAM BROWN	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 03/25/2024
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 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler			

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

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

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