



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 Grand Buffet		Telephone Number (812-476-6666)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 11901
Establishment Address (number and street, city, state, zip code) 1356 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Yun Lin	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 05/19/2024	
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>				

- 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 Vanderburgh Co Jail - Aramark		Telephone Number (812-421-6288)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 11420
Establishment Address (number and street, city, state, zip code) 3500 N Harlan Ave, Evansville, IN, 47711		() Owner <redacted>		
Owner Aramark	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 05/19/2024	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:		
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>3</u> R <u>0</u>		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Wall behind prep sink no longer a cleanable surface.	05/31/2024
324	NC		Faucet at prep sink leaking.	05/16/2024
218	NC		Gaskets on reach in equipment not properly sealing.	05/31/2024

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: McDonalds #35457, Telephone Number: (812) 425-5922, Date of Inspection: 05/09/2024, ID #: 11206, Establishment Address: 1617 Bartlett Ave, Evansville, IN, 47711, Owner: Ivan Carvajal, Purpose: Routine, Follow-up No, Release Date: 05/19/2024, Summary of Violations: C 0 NC 1 R 0, Menu Type: 1 0 2 0 3 1 4 0 5 0

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 218, NC, Hand sink, near fry station in need of repair., 05/09/2024

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



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Establishment Name McDonalds-Lincoln Ave		Telephone Number (812-477-7041	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 11205
Establishment Address (number and street, city, state, zip code) 4701 Lincoln Ave., EVANSVILLE, IN, 47715		<redacted>		
Owner Mann Enterprises LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 05/19/2024	
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:		
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C_0 NC_0 R_0		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (<i>See additional page</i>)		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
	<input type="checkbox"/> HACCP			
	<input type="checkbox"/> Other (list)			

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

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Received by (signature):	Inspected by (signature):
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Establishment Name Cracker Barrel Old Country Store #216		Telephone Number (812-479-8788)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 11174
Establishment Address (number and street, city, state, zip code) 8215 Eagle Lake Dr., Evansville, IN, 47715		() Owner <redacted>		
Owner Cracker Barrel Old Country Store, 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 05/19/2024
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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
238	NC		Wiping cloths improperly stored.	Corrected
176	NC		Bagged ice stored in ice maker.	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 Evansville Seafood LLC (Sam's Southern Eatery)		Telephone Number (313-258-6930)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 13992
Establishment Address (number and street, city, state, zip code) 420 S Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Elsayed Elbahga	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 05/19/2024	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Physical facility is not clean.	05/09/2024
234	NC		In-use utensils not properly stored.	Corrected

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



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Establishment Name Denny's #6827		Telephone Number (812-473-1063)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 14231
Establishment Address (number and street, city, state, zip code) 351 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner TLIN, 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 05/19/2024	
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 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 Donatos (Tristate Pizza Green River #430)		Telephone Number (812-618-3868)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 14250
Establishment Address (number and street, city, state, zip code) 710 S. Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Sean Byrne	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 05/19/2024	
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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			No violations to note.	

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



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Establishment Name Second Language		Telephone Number (812-401-2500	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 14311
Establishment Address (number and street, city, state, zip code) 401 NW Second St., Evansville, IN, 47708		Owner <redacted>		
Owner Randy Hobson	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 05/19/2024	
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 0 4 ● 5 0		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Received by (signature):		Inspected by (signature):	
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Establishment Name Ben's Soft Pretzels		Telephone Number (812-471-7905)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 14325
Establishment Address (number and street, city, state, zip code) 800 N. Green River Rd., Evansville, Indiana, 47715		() Owner <redacted>		
Owner Ronald Williams	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 05/19/2024	
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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			No violations noted.	

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Establishment Name One Main Financial/Five Star Food Service		Telephone Number (812-424-8031)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 14544
Establishment Address (number and street, city, state, zip code) 601 NW Second St., EVANSVILLE, IN, 47708		() Owner <redacted>		
Owner Five Star Food Service	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 05/19/2024	
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 0 2 0 3 ● 4 0 5 0		
Certified Food Handler <redacted>				

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			No violations to note.	

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Establishment Name McAlister's Deli		Telephone Number (812-618-2050)	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 14749
Establishment Address (number and street, city, state, zip code) 2220 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner SOUTHERN ROCK RESTAURANTS		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 05/19/2024
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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			No violations noted.	

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Received by (signature):		Inspected by (signature):	
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Establishment Name JUMAK		Telephone Number (812-303-1705	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 14825
Establishment Address (number and street, city, state, zip code) 5702 E Virginia St, Evansville, IN, 47715		() Owner <redacted>		
Owner Sun Moschner	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 05/19/2024	
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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Establishment Name Casey's Dugout		Telephone Number (812-480-6595) () Owner <redacted>	Date of Inspection (mm/dd/yr) 05/09/2024	ID # 15034
Establishment Address (number and street, city, state, zip code) 2900 Lincoln Ave., Evansville, IN, 47714				
Owner Casey Keown	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 05/19/2024	
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				

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			No noted violations.	

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Received by (signature):	Inspected by (signature):
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Establishment Name Shah's Halal Grill		Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 05/08/2024	ID # 15140
Establishment Address (number and street, city, state, zip code) 222 W. Red Bank, Evansville, IN, 47712		() Owner		
Owner	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 No	Release Date 05/18/2024	
Owner's Address		Summary of Violations: C 0 NC 0 R 0		
Person in Charge		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
			Approved for operation.	

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



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 Rockin Chicken		Telephone Number (618-518-1395	Date of Inspection (mm/dd/yr) 05/10/2024	ID # 15257
Establishment Address (number and street, city, state, zip code) 2519 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner Adrian Gonzalez	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 05/20/2024	
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				

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