



# 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.

<b>Establishment Name</b> P Fresh Kitchen	<b>Telephone Number</b> (812-760-1474 ( ) Owner <redacted>	<b>Date of Inspection (mm/dd/yr)</b> 07/11/2024	<b>ID #</b> 12158
<b>Establishment Address (number and street, city, state, zip code)</b> 120 N Rosenberger Ave, Evansville, IN, 47712			
<b>Owner</b> Blake Kollker	<b>Purpose:</b> <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) _____	<b>Follow-up</b>	<b>Release Date</b> 07/21/2024
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b> <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.	

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



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Establishment Name <b>Break Time Bar &amp; Grill</b>		Telephone Number (812-602-1756)	Date of Inspection (mm/dd/yr) 07/10/2024	ID # 12150
Establishment Address (number and street, city, state, zip code) 1323 S Barker Ave, Evansville, IN, 47712		( ) Owner <redacted>		
Owner Terrie Mathis	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 07/20/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Floor behind bar in bad repair.	7-30-24
146	NC		Food containers not properly labeled.	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 <b>Little Caesar`s Pizza</b>	Telephone Number <b>(812-401-9555)</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>12144</b>
Establishment Address (number and street, city, state, zip code) <b>130 N St Joseph Ave, Evansville, IN, 47711</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Mitesh Bhavsars</b>	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 <b>No</b>	Release Date <b>07/19/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 1 4 0 5 0</b>	
Responsible Person's E-mail			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>BOBS GYM AND FITNESS CENTER LLC - East</b>	Telephone Number (812-402-2627)	Date of Inspection (mm/dd/yr) 07/09/2024	ID # 12120
Establishment Address (number and street, city, state, zip code) 3930 N Cullen, Evansville, IN, 47715	( ) Owner <redacted>		
Owner Wayne Ellis	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 <b>No</b>	Release Date 07/19/2024
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 (See additional page)	
Certified Food Handler		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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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 <b>Wayback Burgers #150</b>		Telephone Number (812-422-4999)	Date of Inspection (mm/dd/yr) 07/10/2024	ID # 12016
Establishment Address (number and street, city, state, zip code) 624 E Diamond Ave, Evansville, IN, 47711		( ) Owner <redacted>		
Owner Philip G Dzienciol	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 07/20/2024	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>2</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>				

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Front line under grill in need of cleaning.	07/10/2024
305	NC		Hood system in need of cleaning.	07/10/2024

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 <b>Aldi Foods Inc #3</b>		Telephone Number <b>(812-909-9187)</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>11689</b>
Establishment Address (number and street, city, state, zip code) <b>214 S Rosenberger Ave, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>ALDI FOODS INC</b>		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 <b>No</b>	Release Date <b>07/19/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Walgreens #10939</b>	Telephone Number <b>(812-475-9541</b> ( ) Owner <b>&lt;redacted&gt;</b>	Date of Inspection (mm/dd/yr) <b>07/08/2024</b>	ID # <b>11605</b>
Establishment Address (number and street, city, state, zip code) <b>4828 Davis Lant Dr, Evansville, IN, 47715</b>		Follow-up <b>No</b>	Release Date <b>07/18/2024</b>
Owner <b>Walgreen Co</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: <b>C_0 NC_0 R_0</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Menu Type (See additional page)	
Person in Charge <b>&lt;redacted&gt;</b>		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail <b>&lt;redacted&gt;</b>			
Certified Food Handler <b>&lt;redacted&gt;</b>			

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Mayse Farm Market</b>		Telephone Number <b>(812-963-3175)</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>11551</b>
Establishment Address (number and street, city, state, zip code) <b>6400 N St Joe Ave, Evansville, IN, 47720</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>PAUL MAYSE</b>		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 <b>No</b>	Release Date <b>07/19/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 1 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
177	C		Food stored improperly on floor in freezer walk in.	07/09/2024

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:





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Establishment Name <b>Ricks Darmstadt Inn</b>		Telephone Number <b>(812-867-7300)</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>11543</b>
Establishment Address (number and street, city, state, zip code) <b>13130 Darmstadt Rd, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Richard Kennedy - JLK Bar Holdings II Inc.</b>		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 <b>No</b>	Release Date <b>07/19/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <b>0</b> NC <b>0</b> R <b>0</b>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Venue 812</b>		Telephone Number <b>(270-860-8214</b>	Date of Inspection (mm/dd/yr) <b>07/10/2024</b>	ID # <b>11448</b>
Establishment Address (number and street, city, state, zip code) <b>1401 N Boeke Rd., Evansville, IN, 47711</b>		Owner <b>&lt;redacted&gt;</b>		
Owner <b>Doros and Ellada Hadjisavva</b>	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 <b>No</b>	Release Date <b>07/20/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>	Person in Charge <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 2 R 0</b>	
Responsible Person's E-mail			Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>	
Certified Food Handler				

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Section#	C/NC	R	Narrative	To Be Corrected By
415	C		Pest present in kitchen area.	07/10/2024
177	NC		Food stored improperly on floor in freezer.	07/10/2024
431	NC		Area near fryer on front line in need of cleaning.	07/10/2024

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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Received by (signature):	Inspected by (signature):
--------------------------	---------------------------

cc:	cc:	cc:
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Establishment Name <b>Target T-108</b>		Telephone Number (812-426-2218)	Date of Inspection (mm/dd/yr) 07/11/2024	ID # 11388
Establishment Address (number and street, city, state, zip code) 4000 First Ave, Evansville, IN, 47710		( ) Owner <redacted>		
Owner Target Corporation		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 <b>No</b>	Release Date 07/21/2024
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 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 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 <b>Taco Johns</b>		Telephone Number <b>(812-473-7841</b>	Date of Inspection (mm/dd/yr) <b>07/11/2024</b>	ID # <b>11386</b>
Establishment Address (number and street, city, state, zip code) <b>2509 Washington Ave., Evansville, IN, 47714</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Evansville East Hospitality TN LLC</b>		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 <b>No</b>	Release Date <b>07/21/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: <b>C 2 NC 0 R 1</b>	
Person in Charge <b>&lt;redacted&gt;</b>		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
191	C	R	RTE food items not date marked in walk-in cooler.	Corrected
443	C		Sanitizer solution for wipe cloths too weak.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Taco Bell #3001087</b>		Telephone Number <b>(812-422-2153)</b>	Date of Inspection (mm/dd/yr) <b>07/08/2024</b>	ID # <b>11384</b>
Establishment Address (number and street, city, state, zip code) <b>4422 W Lloyd Expressway, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Bell Indiana LLC</b>	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 <b>No</b>	Release Date <b>07/18/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 0 2 0 3 ● 4 0 5 0</b>		
Responsible Person's E-mail				
Certified Food Handler <b>&lt;redacted&gt;</b>				

- 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
310	NC		Hood vent system soiled.	07/08/2024

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
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

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<b>Establishment Name</b> Taco Bell #3001019	<b>Telephone Number</b> (812-464-2374)	<b>Date of Inspection</b> (mm/dd/yr) 07/08/2024	<b>ID #</b> 11382
<b>Establishment Address</b> (number and street, city, state, zip code) 4501 First Ave, Evansville, IN, 47710	( ) Owner <redacted>		
<b>Owner</b> Bell Indiana LLC	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/18/2024
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> ( <i>See additional page</i> )	
<b>Certified Food Handler</b> <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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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 <b>Subway</b>		Telephone Number <b>(812-429-0090)</b>	Date of Inspection (mm/dd/yr) <b>07/11/2024</b>	ID # <b>11361</b>
Establishment Address (number and street, city, state, zip code) <b>4750 W Lloyd Expwy, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Piyush Patel</b>	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 <b>No</b>	Release Date <b>07/21/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C</b> <u>0</u> <b>NC</b> <u>0</u> <b>R</b> <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> <b>Sonic Drive-In #105</b>	<b>Telephone Number</b> (812-421-1700) <small>(Establishment)</small>	<b>Date of Inspection</b> <small>(mm/dd/yr)</small> 07/09/2024	<b>ID #</b> 11329
<b>Establishment Address (number and street, city, state, zip code)</b> 4920 W Lloyd Expressway, Evansville, IN, 47712	<small>(Owner)</small> <redacted>	<b>Follow-up</b> No <b>Release Date</b> 07/19/2024	
<b>Owner</b> Sonic Drive-In of Evansville Inc	<b>Purpose:</b> <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) _____	<b>Summary of Violations:</b> C <u>0</u> NC <u>1</u> R <u>0</u>	
<b>Owner's Address</b> <redacted>	<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
<b>Person in Charge</b> <redacted>	<b>Responsible Person's E-mail</b>  		
<b>Certified Food Handler</b> <redacted>	 		

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC		Tiles around drain by fountain drinks missing. Floor holding stagnant water	08/30/2024

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





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Establishment Name <b>Papa Johns Pizza #135</b>		Telephone Number <b>(812-473-5200</b>	Date of Inspection (mm/dd/yr) <b>07/08/2024</b>	ID # <b>11248</b>
Establishment Address (number and street, city, state, zip code) <b>5436 E Indiana St, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Scott Alpers</b>	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 <b>No</b>	Release Date <b>07/18/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 3 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

- 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
177	NC		Food stored incorrectly on floor in cooler.	Corrected
431	NC		Frontline in need of cleaning.	07/08/2024
218	NC		Sanitizer dispenser in need of repair at 3 compartment sink.	07/08/2024

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>China King</b>	Telephone Number <b>(812-423-1896)</b>	Date of Inspection (mm/dd/yr) <b>07/10/2024</b>	ID # <b>11147</b>
Establishment Address (number and street, city, state, zip code) <b>590 E Diamond Ave, Evansville, IN, 47711</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Hui Yang</b>	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 <b>No</b>	Release Date <b>07/20/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>			

- 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
177	NC		Food stored improperly on floor in cooler	07/10/2024

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Lic's Ice Cream</b>		Telephone Number (812-477-3131)	Date of Inspection (mm/dd/yr) 07/08/2024	ID # 11084
Establishment Address (number and street, city, state, zip code) 4501 Lincoln Ave., Evansville, IN, 47714		( ) Owner <redacted>		
Owner Don Smith	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 <b>No</b>	Release Date <b>07/18/2024</b>	
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): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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<b>Establishment Name</b> Lic's Ice Cream		<b>Telephone Number</b> (812) 424-3066		<b>Date of Inspection</b> (mm/dd/yr) 07/11/2024		<b>ID #</b> 11082	
<b>Establishment Address</b> (number and street, city, state, zip code) 2001 Washington Ave., Evansville, IN, 47714		Owner <redacted>		<b>Follow-up</b> No		<b>Release Date</b> 07/21/2024	
<b>Owner</b> Don Smith		<b>Purpose:</b> <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) _____		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>			
<b>Owner's Address</b> <redacted>							
<b>Person in Charge</b> <redacted>							
<b>Responsible Person's E-mail</b>							
<b>Certified Food Handler</b> <redacted>							
				<b>Menu Type</b> (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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

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



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<b>Establishment Name</b> Fairfield Inn Evansville West		<b>Telephone Number</b> (812-429-0900 ( ) Owner <redacted>	<b>Date of Inspection</b> (mm/dd/yr) 07/09/2024	<b>ID #</b> 10961
<b>Establishment Address (number and street, city, state, zip code)</b> 5400 Weston Rd., Evansville, IN, 47712		<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/19/2024
<b>Owner</b> Phybell Development Corp			<b>Summary of Violations:</b>	
<b>Owner's Address</b> <redacted>			C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>			<b>Menu Type (See additional page)</b>	
<b>Responsible Person's E-mail</b>			1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Certified Food Handler</b> <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.	

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



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Establishment Name <b>BOBS GYM AND FITNESS CENTER LLC</b>		Telephone Number (812-424-2627)	Date of Inspection (mm/dd/yr) 07/11/2024	ID # 10871
Establishment Address (number and street, city, state, zip code) 200 N Rosenberger Ave, Evansville, IN, 47712		( ) Owner <redacted>		
Owner Wayne Ellis	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 <b>No</b>	Release Date 07/21/2024	
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 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:



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Establishment Name <b>Panda Express #2906</b>	Telephone Number (812-479-8889)	Date of Inspection (mm/dd/yr) 07/08/2024	ID # 13770
Establishment Address (number and street, city, state, zip code) 2445 Menards Drive, Evansville, IN, 47715	( ) Owner <redacted>		
Owner Panda Express Inc	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/18/2024
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)	
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) _____		

- 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 <b>Starbucks Coffee Co. #29444</b>		Telephone Number <b>(812-549-4053</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>13755</b>
Establishment Address (number and street, city, state, zip code) <b>4700 W Lloyd Expressway, Evansville, IN, 47712</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Starbucks Coffee Co.</b>		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 <b>No</b>	Release Date <b>07/19/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>			Summary of Violations: C <u><b>0</b></u> NC <u><b>0</b></u> R <u><b>0</b></u>	
Person in Charge <b>&lt;redacted&gt;</b>			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 <b>&lt;redacted&gt;</b>				

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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): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:





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<b>Establishment Name</b> <b>Be Happy Pie Company</b>	<b>Telephone Number</b> (812-449-7718)	<b>Date of Inspection</b> (mm/dd/yr) 07/09/2024	<b>ID #</b> 13787
<b>Establishment Address (number and street, city, state, zip code)</b> 2818 B Mt. Vernon Ave, Evansville, IN, 47712		Owner <redacted>	
<b>Owner</b> Jennifer Lamble	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/19/2024
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Person in Charge</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Responsible Person's E-mail</b> <redacted>			
<b>Certified Food Handler</b> <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.	

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



# Retail Food Establishment Inspection Report

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

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

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Establishment Name <b>Swonder Ice Rink</b>		Telephone Number <b>(812-479-0989)</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>14048</b>
Establishment Address (number and street, city, state, zip code) <b>209 N Boeke Rd, Evansville, IN, 47711</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Robert Russell</b>	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 <b>No</b>	Release Date <b>07/19/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 1 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
177	NC		Food stored incorrectly on floor in cooler.	07/09/2024

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name: Target -Starbuck's T-108
Telephone Number: (812)426-2218
Date of Inspection: 07/11/2024
ID #: 14141
Establishment Address: 400 N First Ave, Evansville, IN, 47710
Owner: Target Corporation
Purpose: Routine
Follow-up: No
Release Date: 07/21/2024
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 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:



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Establishment Name <b>Wasabi Evansville</b>		Telephone Number <b>(812-602-3737)</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>14165</b>
Establishment Address (number and street, city, state, zip code) <b>1122 Hirschland Rd, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Byoung W Lee</b>	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 <b>Yes</b>	Release Date <b>07/19/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 1 NC 2 R 0</b>		
Person in Charge <b>&lt;redacted&gt;</b>		Menu Type (See additional page) <b>1 2 3 4 5</b>		
Responsible Person's E-mail <b>&lt;redacted&gt;</b>				
Certified Food Handler <b>&lt;redacted&gt;</b>				

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Section#	C/NC	R	Narrative	To Be Corrected By
199	NC		Improper thawing technique.	Corrected
192	C		No policy in place for using time as a public health control.	07/16/2024
245	NC		Improper storage of wet wiping cloths.	Corrected

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Tropical Smoothie Cafe (Byrne Riney Smoothie)</b>		Telephone Number <b>(812-297-9727)</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>14302</b>
Establishment Address (number and street, city, state, zip code) <b>2101 N Green River Rd Ste 5, Evansville, IN, 47715</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Byrne Riney Smoothie Evv</b>	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 <b>No</b>	Release Date <b>07/19/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>		Inspected by (name and title printed): <b>&lt;redacted&gt;</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name <b>Sunrise Cafe</b>		Telephone Number <b>(812) 626-0050</b>	Date of Inspection (mm/dd/yr) <b>07/09/2024</b>	ID # <b>14858</b>
Establishment Address (number and street, city, state, zip code) <b>8401 N. Kentucky Suite J, Evansville, IN, 47725</b>		( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Nancy Flores</b>	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 <b>No</b>	Release Date <b>07/19/2024</b>	
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <b>&lt;redacted&gt;</b>		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 <b>&lt;redacted&gt;</b>				

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

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name <b>Dunkin'</b>	Telephone Number <b>(856-577-1106</b>	Date of Inspection (mm/dd/yr) <b>07/08/2024</b>	ID # <b>15223</b>
Establishment Address (number and street, city, state, zip code) <b>848 S. Green River Rd., Evansville, IN, 47715</b>	( ) Owner <b>&lt;redacted&gt;</b>		
Owner <b>Kamlesh Patel</b>	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 <b>No</b>	Release Date <b>07/18/2024</b>
Owner's Address <b>&lt;redacted&gt;</b>		Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>&lt;redacted&gt;</b>		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
			No noted violations.	

Received by (name and title printed): <b>&lt;redacted&gt;</b>	Inspected by (name and title printed): <b>&lt;redacted&gt;</b>
Received by (signature):	Inspected by (signature):
cc:	cc:



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<b>Establishment Name</b> Tater Temptations	<b>Telephone Number</b> (270-860-8214	<b>Date of Inspection</b> (mm/dd/yr) 07/09/2024	<b>ID #</b> 15326
<b>Establishment Address</b> (number and street, city, state, zip code) 122 N. Weinbach Ave., Evansville, IN, 47711	( ) Owner <redacted>		
<b>Owner</b> David Tucker	<b>Purpose:</b> <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) _____	<b>Follow-up</b> No	<b>Release Date</b> 07/19/2024
<b>Owner's Address</b> <redacted>		<b>Summary of Violations:</b>	
<b>Person in Charge</b> <redacted>		C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See additional page)	
<b>Certified Food Handler</b>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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





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<b>Establishment Name</b> <b>Taqueria El Regio</b>	<b>Telephone Number</b> (812) 492-9992 <small>( ) Owner</small> <b>&lt;redacted&gt;</b>	<b>Date of Inspection</b> (mm/dd/yr)	<b>ID #</b> 15329
<b>Establishment Address (number and street, city, state, zip code)</b> 2008 Washington Ave, Evansville, IN, 47714		<b>Follow-up</b> <b>Yes</b> <b>Release Date</b>	
<b>Owner</b> Ana Beatriz Flores Ayala	<b>Purpose:</b> <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) _____	<b>Summary of Violations:</b> C <u>0</u> NC <u>0</u> R <u>0</u>	
<b>Owner's Address</b> <redacted>		<b>Menu Type (See additional page)</b> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<b>Person in Charge</b> <redacted>		<b>Responsible Person's E-mail</b>	
<b>Certified Food Handler</b>			

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

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