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 Mission BBQ	**Telephone Number** ( ) Establishment 812-213-0200 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 12393
Establishment Address (number and street, city, state, zip code) 1530 N Green River Rd, Evansville, Indiana, 47715			
Owner Mission BBQ Evansville, LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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 observed at time of inspection	

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 Dollar General #9721	**Telephone Number** ( ) Establishment 812-250-5715 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 12037
Establishment Address (number and street, city, state, zip code) 3020 N St Joseph Ave, Evansville, IN, 47720			
Owner DOLGENCORP LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>	Follow-up	Summary of Violations:	
Person in Charge <redacted>	Complaint Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	Temporary HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	Other (list) _____	1 2 3 4 5	

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Just Rennie´s Catering at the Old Post Office	**Telephone Number** ( ) Establishment 812-480-3573 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 12004
Establishment Address (number and street, city, state, zip code) 100 NW Second St, Evansville, IN, 47708			
Owner Doug & Marla Rennie	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Lucas Oil Center LLC	**Telephone Number** ( ) Establishment 812-402-5000 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 11931
Establishment Address (number and street, city, state, zip code) 2650 N Green River Rd, Evansville, IN, 47715			
Owner William E Floyd	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ◉ 2 ○ 3 ○ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations observed at time of inspection.	

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 Los Tres Caminos	**Telephone Number** ( ) Establishment 812-868-8550 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/30/2024	**ID #** 11907
Establishment Address (number and street, city, state, zip code) 12100 N Highway 41 Ste 9, Evansville, IN, 47725			
Owner Francisco H Lomeli	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/10/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ HACCP	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
	☐ Other (list) _____		

- **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 observed at time of inspection	

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 Doc's Sports Bar	**Telephone Number** ( ) Establishment 812-401-1201 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/03/2024	**ID #** 11778
Establishment Address (number and street, city, state, zip code) 1305 N Stringtown Rd, Evansville, IN, 47711			
Owner Joshua Pietrowski	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	**Follow-up** No	Release Date 10/13/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 4 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice machine guard in need of cleaning.	10/03/2024
214	NC		Cutting boards in poor condition.	10/03/2024
214	NC		Sink in need of repair legs broken.	10/03/2024
431	NC		Dish washing area in need of cleaning.	10/03/2024

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 Zuki	**Telephone Number** (812) Establishment 812-477-9854 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 11626
Establishment Address (number and street, city, state, zip code) 1448 N Green River Rd, Evansville, IN, 47715			
Owner Jose Ibay	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ○ 4 ◉ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations observed at time of inspection.	

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 Rademacher's Cafe	**Telephone Number** ( ) Establishment 812-488-2061 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/03/2024	**ID #** 11471
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722			
Owner Chartwells	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/13/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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

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 Ponytail Lounge	**Telephone Number** ( ) Establishment 812-303-6921 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/03/2024	**ID #** 14283
Establishment Address (number and street, city, state, zip code) 1201 E Columbia St., EVANSVILLE, IN, 47711			
Owner CLUB 1201, LLC / Charles Westlund	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/13/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
Certified Food Handler			

- **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 observed at time of inspection	

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 CAFÉ COURT	**Telephone Number** ( ) Establishment 812-488-2061 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/03/2024	**ID #** 11418
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722			
Owner Chartwells	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/13/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

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

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

cc:	cc:	cc:

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 The Garden School	**Telephone Number** ( ) Establishment 812-475-0277 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 11399
Establishment Address (number and street, city, state, zip code) 4910 E Riverside Dr, Evansville, IN, 47715			
Owner JUDITH ANNE LYDEN	**Purpose:** ☑ Routine	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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

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 AMC Theatres Evansville 16	**Telephone Number** ( ) Establishment 812-423-7566 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/30/2024	**ID #** 11344
Establishment Address (number and street, city, state, zip code) 5600 Pearl Dr, Evansville, IN, 47712			
Owner American Multi-Cinema, Inc.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/10/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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 St Joe Inn	**Telephone Number** ( ) Establishment 812-963-9310 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 11337
Establishment Address (number and street, city, state, zip code) 9515 St. Wendel Rd., EVANSVILLE, IN, 47720			
Owner St Joe Inn Inc/Mike Campbell	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 ◉ 4 5	
Certified Food Handler <redacted>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations observed at time of inspection.	

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 Sonic Drive-In #109	**Telephone Number** ( ) Establishment 812-471-0800 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 11327
Establishment Address (number and street, city, state, zip code) 881 S Green River Rd, Evansville, IN, 47714			
Owner Sonic Drive-In of Evansville Inc	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

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

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 Penny Lane Coffeehouse	**Telephone Number** ( ) Establishment 812-421-8741 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 11253
Establishment Address (number and street, city, state, zip code) 600 SE Second St., Evansville, IN, 47713			
Owner Joshua Adams	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 1 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
297	NC		Ice machine behind service counter soiled.	10/04/2024

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 Montessori Academy	**Telephone Number** ( ) Establishment 812-479-1776 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 11217
Establishment Address (number and street, city, state, zip code) 4611 Adams Ave., EVANSVILLE, IN, 47714			
Owner Kristi Gault	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Pre-Operational		
	☐ Temporary		
	☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

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

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

cc:	cc:	cc:

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 McDonalds #35249	**Telephone Number** ( ) Food Establishment 201-654-1243 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 11198
Establishment Address (number and street, city, state, zip code) 3704 N 1st Ave, Evansville, IN, 47710			
Owner Ivan Carvajal	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list) _____	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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
433	NC		Mop stored improperly.	

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 Coconut Cafe @ Walther´s Golf-N-Fun Center	**Telephone Number** ( ) Estab Estimate 812-464-4472 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 11163
Establishment Address (number and street, city, state, zip code) 2301 N First Ave, EVANSVILLE, IN, 47710			
Owner Robert Walther	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Caze School K-5	**Telephone Number** ( ) Establishment 812-469-5080 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 11134
Establishment Address (number and street, city, state, zip code) 2013 S Green River Rd, EVANSVILLE, IN, 47710			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"**
- **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

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 Holy Rosary School	**Telephone Number** ( ) Establishment 812-477-3518 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 11038
Establishment Address (number and street, city, state, zip code) 1301 S Green River Rd, EVANSVILLE, IN, 47715			
Owner Holy Rosary Church	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"**
- **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

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 Culver's West	**Telephone Number** ( ) Establishment 812-492-8000 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/30/2024	**ID #** 13753
Establishment Address (number and street, city, state, zip code) 4850 W Lloyd Expressway, Evansville, IN, 47712			
Owner Collette Crow	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/10/2024
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

- **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 Chick-fil-A	**Telephone Number** ( ) Establishment 812-488-2091 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/03/2024	**ID #** 13804
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave, Evansville, IN, 47722			
Owner Chartwells	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/13/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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

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 Ace's Place	**Telephone Number** ( ) Establishment 812-488-2061 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/03/2024	**ID #** 11015
Establishment Address (number and street, city, state, zip code) 1800 Lincoln Ave., Evansville, IN, 47722			
Owner Chartwells	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/13/2024
Owner's Address <redacted>	Follow-up Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	Pre-Operational Temporary		
Responsible Person's E-mail	HACCP Other (list)	Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

- **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

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 Gracie's Chinese Cuisine	**Telephone Number** ( ) Establishment 812-868-8888 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 10992
Establishment Address (number and street, city, state, zip code) 12500 N Highway 41, Evansville, IN, 47725			
Owner Grace Sung	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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 observed at time of inspection	

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 Fairlawn School K-5	**Telephone Number** ( ) Establishment 812-469-5082 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 10962
Establishment Address (number and street, city, state, zip code) 2021 S Alvord Blvd., EVANSVILLE, IN, 47714			
Owner Evansville Vanderburgh School Corp.	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"**
- **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

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

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

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

Establishment Name Domino´s Pizza #2577	**Telephone Number** ( ) Establishment 270-782-0271 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 10924
Establishment Address (number and street, city, state, zip code) 421 N St.Joseph Ave, Evansville, IN, 47712			
Owner Joseph M Seagle	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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 Diamond Lanes	**Telephone Number** ( ) Estab. Manager 812-424-4677 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/03/2024	**ID #** 10908
Establishment Address (number and street, city, state, zip code) 2400 N Highway 41, Evansville, IN, 47711			
Owner George Arendell	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/13/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 3 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
291	NC		Test strips not available.	10/03/2024
431	NC		Kitchen in need of cleaning.	10/03/2024
430	NC		Kitchen ceiling in need of repair leaking.	10/03/2024

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 Gardo´s Italian Oven	**Telephone Number** ( ) Establishment 812-868-8071 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 10898
Establishment Address (number and street, city, state, zip code) 13220 Darmstadt Rd., Evansville, IN, 47725			
Owner Andrew Guard	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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 observed at time of inspection.	

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 Dairy Queen	**Telephone Number** ( ) Establishment 812-428-4022 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/01/2024	**ID #** 10892
Establishment Address (number and street, city, state, zip code) 4140 First Ave, Evansville, IN, 47710			
Owner Paula & Morgan Kirk	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/11/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Big Top	**Telephone Number** ( ) Establishment 812-306-5319 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 10864
Establishment Address (number and street, city, state, zip code) 1213 W Maryland St, Evansville, IN, 47710			
Owner Joseph T Hardesty	**Purpose:** ☑ Routine	**Follow-up** No	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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
297	NC		Ice machine guard soiled.	10/02/2024

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 Taste Of China	**Telephone Number** ( ) Establishment 812-422-1260 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 14357
Establishment Address (number and street, city, state, zip code) 4579 University Dr., Evansville, IN, 47712			
Owner Ji Long Lin	**Purpose:** ✔ Routine	**Follow-up** Yes	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 2 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ○ 4 ◉ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
329	C		Hot water not provided. Hot water tank not working correctly.	10/02/2024
187	C		Foods not being maintained at required temperature cold <41.	Corrected

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

cc:	cc:	cc:

Retail Food Establishment Inspection Report

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 Salsarita's	**Telephone Number** ( ) Establishment 812-437-2572 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/30/2024	**ID #** 13775
Establishment Address (number and street, city, state, zip code) 3910 E Morgan Ave, Evansville, IN, 47715			
Owner Michael Corino	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/10/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 1 NC 2 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
303	C		No sanitizing containers for wiping cloth.	09/30/2024
310	NC		Hood system in need of cleaning.	09/30/2024
431	NC		Kitchen in need of cleaning.	09/30/2024

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 Huck's #399	**Telephone Number** ( ) Establishment 812-470-6068 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/30/2024	**ID #** 13880
Establishment Address (number and street, city, state, zip code) 2225 N Fares Ave, Evansville, IN, 47711			
Owner Martin & Bayley INC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** Yes	Release Date 10/10/2024
Owner's Address <redacted>		Summary of Violations: C 1 NC 5 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Kitchen in need of cleaning.	09/30/2024
346	NC		Hand soap unavailable in public restroom.	09/30/2024
177	NC		Food stored incorrectly on floor in freezer.	09/30/2024
303	C		No sanitizing containers available for towels.	09/30/2024
214	NC		Cutting boards in poor condition.	09/30/2024
431	NC		Soda fountain in need of cleaning.	09/30/2024

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 China Garden	**Telephone Number** ( ) Establishment 812-422-6699 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 14574
Establishment Address (number and street, city, state, zip code) 501 N Main St, Evansville, IN, 47711			
Owner Yingguang Zheng	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By

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 McAlister's Deli	**Telephone Number** ( ) Establishment 812-228-4222 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 09/30/2024	**ID #** 14750
Establishment Address (number and street, city, state, zip code) 5301 Pearl Dr Ste 100, Evansville, IN, 47712			
Owner David Blackburn	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/10/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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 Zesto Drive IN	**Telephone Number** ( ) Establishment 812-306-5319 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 15050
Establishment Address (number and street, city, state, zip code) 102 W Franklin St, EVANSVILLE, IN, 47710			
Owner Hardesty Restaurantz LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations 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 GI #839 IGA	**Telephone Number** ( ) Establishment 813-740-0422 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 15145
Establishment Address (number and street, city, state, zip code) 6401 Green River Rd, Evansville, IN, 47725			
Owner Giant Indiana LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>		Summary of Violations: C 1 NC 1 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"**
- **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
415	C		Insect activity present in stockroom.	10/04/2024
216	NC		Improper usage of cardboard on shelving.	10/18/2024

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 GI #839 Which which	**Telephone Number** ( ) Establishment 813-740-0422 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 15151
Establishment Address (number and street, city, state, zip code) 6401 Green River Rd, Evansville, IN, 47725			
Owner Giant Indiana LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

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

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

cc:	cc:	cc:

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 Casa Fiesta	**Telephone Number** ( ) Establishment 812-401-4000 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 15183
Establishment Address (number and street, city, state, zip code) 1003 E. Diamond, Evansville, IN, 47710			
Owner Juan Martinez	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

- **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 observed at time of inspection.	

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 Good Meus	**Telephone Number** ( ) Establishment 302-922-4857 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/02/2024	**ID #** 15233
Establishment Address (number and street, city, state, zip code) 2420 Washington Ave, Evansville, IN, 47714			
Owner Noe Elmi	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/12/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler	☐ Other (list) _____	1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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

Section#	C/NC	R	Narrative	To Be Corrected By
145	NC		Repackaged foods not labeled with contents.	10/02/2024

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 Hartigan's Pub	**Telephone Number** ( ) Establishment 812-746-8848 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 10/04/2024	**ID #** 15297
Establishment Address (number and street, city, state, zip code) 203 Main St., Evansville, IN, 47708			
Owner Joshua Pietrowski	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 10/14/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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

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

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

cc:	cc:	cc: