



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 Kona Ice of Evansville (KEV I) | | Telephone Number (812-250-1328) | Date of Inspection (mm/dd/yr) 10/13/2024 | ID # 13005 |
| Establishment Address (number and street, city, state, zip code) 1911 Bell Rd, Chandler, IN, 47610 | | () Owner <redacted> | | |
| Owner Derek Taylor/Dean Taylor | 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 10/23/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 0 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0 | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler | | | | |

- 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. | |
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| 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 Walmart Market #5452 | | Telephone Number (812-647-9499) | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 12349 |
| Establishment Address (number and street, city, state, zip code) 2500 N First Ave, Evansville, IN, 47710 | | () Owner <redacted> | | |
| Owner Wal-mart Stores East, LP | | 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 10/25/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 0 R 0 | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- 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. | |
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| 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 Independence Square | | Telephone Number () Establishment () Owner <redacted> | Date of Inspection (mm/dd/yr) 10/16/2024 | ID # 11781 |
| Establishment Address (number and street, city, state, zip code) 201 W Delaware St, Evansville, IN, 47710 | | | | |
| Owner SWIRCA & More | 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 10/26/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 0 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0 | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler | | | | |

- 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. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
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| | | | | |
|---|--|--|--|----------------------|
| Establishment Name Genesis Health Clubs - Tri-state | | Telephone Number (812-479-3111) | Date of Inspection (mm/dd/yr) 10/17/2024 | ID # 11763 |
| Establishment Address (number and street, city, state, zip code) 555 Tennis Lane, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Rodney Steven II | Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up | Release Date 10/27/2024 | |
| 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 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 |
|----------|------|---|-----------------------------------|--------------------|
| 218 | NC | | Cooler gaskets in need of repair. | 10/17/2024 |
| 324 | NC | | Grease trap log not maintained. | 10/17/2024 |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
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|---|---|--|--|----------------------|
| Establishment Name Rainforest Grill | | Telephone Number (812-435-0840) | Date of Inspection (mm/dd/yr) 10/16/2024 | ID # 11696 |
| Establishment Address (number and street, city, state, zip code) 1545 Mesker Park Dr, Evansville, IN, 47720 | | () Owner <redacted> | | |
| Owner City of Evansville | 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 10/26/2024 | |
| 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. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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|---|--|--|---|---------------|
| Establishment Name Rounders Pizza Too | | Telephone Number (812-867-7172) | Date of Inspection (mm/dd/yr) 10/16/2024 | ID # 11631 |
| Establishment Address (number and street, city, state, zip code) 12731 N Green River Rd, Evansville, IN, 47725 | | () Owner <redacted> | | |
| Owner Joseph Sells | 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 10/26/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| | | | No Violations observed at time of inspection. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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| | | | |
|--|---|--|-----------------------------------|
| Establishment Name By the Slice | Telephone Number (812-499-9659) | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 11534 |
| Establishment Address (number and street, city, state, zip code) 2011 Lincoln Ave, Evansville, IN, 47714 | () Owner <redacted> | | |
| Owner Paul Kumar | Purpose: <input 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 10/25/2024 |
| Owner's Address | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| 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 White Castle #37 | | Telephone Number (812-474-9901) | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 11449 |
| Establishment Address (number and street, city, state, zip code) 6940 Logan Dr, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner White Castle | 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 10/25/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 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 | | Dry storage room in need of cleaning. | 10/15/2024 |
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| 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 Taco Johns | Telephone Number (812-467-0804) | Date of Inspection (mm/dd/yr) 10/14/2024 | ID # 11385 |
| Establishment Address (number and street, city, state, zip code) 604 N Saint Joseph Avenue, Evansville, IN, 47712 | () Owner <redacted> | | |
| Owner Evansville West Hospitality TN LLC | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up No | Release Date 10/24/2024 |
| Owner's Address <redacted> | <input type="checkbox"/> Follow-up | Summary of Violations: | |
| Person in Charge <redacted> | <input type="checkbox"/> Complaint | C 0 | NC 0 R 0 |
| Responsible Person's E-mail | <input type="checkbox"/> Pre-Operational | Menu Type (See additional page) | |
| Certified Food Handler | <input type="checkbox"/> Temporary | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| | <input type="checkbox"/> HACCP | | |
| | <input type="checkbox"/> Other (list) | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
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| | | | | |
|--|---|---|--|----------------------|
| Establishment Name Taco Bell #3001059 | | Telephone Number (812-423-8226) | Date of Inspection (mm/dd/yr) 10/16/2024 | ID # 11380 |
| Establishment Address (number and street, city, state, zip code) 2408 W Maryland St, Evansville, IN, 47712 | | () Owner <redacted> | | |
| Owner Bell Indiana LLC | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 10/26/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <redacted> | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| Received by (signature): | Inspected by (signature): |
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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 Stockwell Inn | | Telephone Number (812-476-2384) | Date of Inspection (mm/dd/yr) 10/16/2024 | ID # 11355 |
| Establishment Address (number and street, city, state, zip code) 4001 E Eichel Ave., EVANSVILLE, IN, 47715 | | () Owner <redacted> | | |
| Owner Audrey Christie | | 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 10/26/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | | |

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

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

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| Establishment Name North Main Annex Gourmet Catering & Deli | | Telephone Number (812-250-4551 | Date of Inspection (mm/dd/yr) 10/17/2024 | ID # 11229 |
| Establishment Address (number and street, city, state, zip code) 701N Main St, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Narda Feather | 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 10/27/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| 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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State Form 22116 (R7 /12-04)
SDH Form 51-0001

Vanderburgh County Department of Health
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Fax 812-435-5871

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| | | | |
|--|--|--|-----------------------------------|
| Establishment Name McDonalds-Washington | Telephone Number (812-425-1712 | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 11202 |
| Establishment Address (number and street, city, state, zip code) 1148 Washington Ave., Evansville, IN, 47714 | () Owner <redacted> | | |
| Owner Mann Enterprises LLC/ Susan Mann | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up No | Release Date 10/25/2024 |
| Owner's Address <redacted> | <input type="checkbox"/> Follow-up | Summary of Violations: | |
| Person in Charge <redacted> | <input type="checkbox"/> Complaint | C <u>0</u> | NC <u>0</u> |
| Responsible Person's E-mail | <input type="checkbox"/> Pre-Operational | R <u>0</u> | |
| Certified Food Handler <redacted> | <input type="checkbox"/> Temporary | Menu Type (See additional page) | |
| | <input type="checkbox"/> HACCP | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| | <input type="checkbox"/> Other (list) _____ | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
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Retail Food Establishment Inspection Report

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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: Journey Fish & Chicken
Telephone Number: (812-303-2420)
Date of Inspection: 10/18/2024
ID #: 14171
Establishment Address: 825 S Green River Rd, Evansville, IN, 47715
Owner: Mohammad I Aburumman
Purpose: Routine
Follow-up: No
Release Date: 10/28/2024
Summary of Violations: C 0 NC 1 R 0

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

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 430, NC, Back wall paint in disrepair, 11/15/2024

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

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

cc: fields for distribution list



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 Bravos | Telephone Number (812-424-4101 () Owner <redacted> | Date of Inspection (mm/dd/yr) 10/17/2024 | ID # 11101 |
| Establishment Address (number and street, city, state, zip code) 3534 N First Ave, Evansville, IN, 47710 | | Follow-up No | Release Date 10/27/2024 |
| Owner Martin Bravo | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Owner's Address <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Person in Charge <redacted> | | | |
| Responsible Person's E-mail | | | |
| Certified Food Handler <redacted> | | | |

- 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. | |
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| Received by (signature): | Inspected by (signature): |
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Fax 812-435-5871

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| | | | | |
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| Establishment Name Longhorn Steakhouse 5221 | | Telephone Number (812-473-2400) | Date of Inspection (mm/dd/yr) 10/17/2024 | ID # 11099 |
| Establishment Address (number and street, city, state, zip code) 320 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Rare Hospitality International Inc | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 10/27/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 0 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0 | | |
| Responsible Person's E-mail <redacted> | | | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| | | | No Violations observed at time of inspection. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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| | | | |
|---|--|--|-----------------------------------|
| Establishment Name Long John Silver's | Telephone Number (812-476-2982) | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 11097 |
| Establishment Address (number and street, city, state, zip code) 2350 Morgan Ave, Evansville, IN, 47711 | () Owner <redacted> | | |
| Owner LJS OPCO ONE, LLC | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 10/25/2024 |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Responsible Person's E-mail | | | |
| Certified Food Handler <redacted> | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| | | | No Violations observed at time of inspection. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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| | | | |
|---|--|---|----------------------------|
| Establishment Name Kipplees Stadium Inn | Telephone Number (812-476-1936) | Date of Inspection (mm/dd/yr) 10/17/2024 | ID # 11071 |
| Establishment Address (number and street, city, state, zip code) 2350 Division St, EVANSVILLE, IN, 47711 | () Owner <redacted> | | |
| Owner Matt Klees | 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 10/27/2024 |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Responsible Person's E-mail | | | |
| Certified Food Handler <redacted> | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| | | | No Violations observed at time of inspection. | |
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| Received by (signature): | Inspected by (signature): |
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| | | | | |
|--|---|---|--|----------------------|
| Establishment Name Holiday Retirement Village | | Telephone Number (812-429-0707) | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 11035 |
| Establishment Address (number and street, city, state, zip code) 1200 W Buena Vista Rd., EVANSVILLE, IN, 47710 | | () Owner <redacted> | | |
| Owner Derek Dunigan | 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 10/25/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 1 NC 0 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 0 3 4 5 | | |
| Responsible Person's E-mail <redacted> | | | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|--|--------------------|
| 191 | C | | Potentially hazardous foods not being date marked. | 10/15/2024 |
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| | | | |
|--|---|--|-----------------------------------|
| Establishment Name Fazoli's #1632 | Telephone Number (812-474-9167) | Date of Inspection (mm/dd/yr) 10/14/2024 | ID # 10964 |
| Establishment Address (number and street, city, state, zip code) 899 N Green River Rd, Evansville, IN, 47715 | () Owner <redacted> | | |
| Owner FAZOLI'S JOINT VENTURE, LTD | 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 10/24/2024 |
| Owner's Address <redacted> | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | Menu Type (See additional page) | | |
| Responsible Person's E-mail | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| | | | No Violations observed at time of inspection. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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| | | | | |
|--|--|--|---|-----------------------------------|
| Establishment Name Dollar General #9430 | | Telephone Number (812-228-8149 | Date of Inspection (mm/dd/yr) 10/17/2024 | ID # 10917 |
| Establishment Address (number and street, city, state, zip code) 12250 N Highway 41, Evansville, IN, 47725 | | () Owner <redacted> | | |
| Owner DOLGENCORP LLC | | Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up | Release Date 10/27/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 0 R 0 | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| | | | No Violations observed at time of inspection. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |



Retail Food Establishment Inspection Report

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

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

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

| | | | | |
|--|--|---|---|-----------------------------------|
| Establishment Name Circle K #4700142 | | Telephone Number (812-424-5313 | Date of Inspection (mm/dd/yr) 10/16/2024 | ID # 10866 |
| Establishment Address (number and street, city, state, zip code) 1201 W Columbia St, Evansville, IN, 47710 | | () Owner <redacted> | | |
| Owner Mac's Convenience Store LLC | | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 10/26/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 0 R 0 | |
| Person in Charge <redacted> | | | Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0 | |
| Responsible Person's E-mail <redacted> | | | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |



Retail Food Establishment Inspection Report

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

Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
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| | | | | |
|--|---|--|--|----------------------|
| Establishment Name Xpress Mart | | Telephone Number (812-401-2331) | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 13776 |
| Establishment Address (number and street, city, state, zip code) 1921 E. Franklin, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Amrinder J. Kaur | 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 10/25/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | | |
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- 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. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
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| | | | | | | | |
|--|--|--|--|--|--|-----------------------------------|--|
| Establishment Name Downtown Foodmart | | Telephone Number (812-602-3552 () Owner <redacted> | | Date of Inspection (mm/dd/yr) 10/14/2024 | | ID # 13802 | |
| Establishment Address (number and street, city, state, zip code) 720 S.E. 8th St., Evansville, IN, 47713 | | | | Follow-up No | | Release Date 10/24/2024 | |
| Owner JBMDG LLC | | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | | Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u> | | | |
| Owner's Address <redacted> | | 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 _____ | | | | | |

• 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 | | Cooler used to store chicken is soiled. | 10/14/2024 |
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| Received by (name and title printed): <redacted> | | Inspected by (name and title printed): <redacted> | |
| Received by (signature): _____ | | Inspected by (signature): _____ | |

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| cc: _____ | cc: _____ | cc: _____ |
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SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
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| | | | | |
|---|--|--|--|-----------------------------------|
| Establishment Name Wing Stop | | Telephone Number (812-909-3445 | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 13869 |
| Establishment Address (number and street, city, state, zip code) 499 N. Green River Rd. Ste. B, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Christopher Tooley | | 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 10/25/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 1 R 0 | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | | |

- 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 |
|----------|------|---|---|--------------------|
| 218 | NC | | Back door in need of repair open to outside elements. | 10/15/2024 |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |

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| | | | | | | | |
|--|--|---|--|---|--|----------------------------|--|
| Establishment Name Kabob Xpress LLC | | Telephone Number (812-402-0244 () Owner <redacted> | | Date of Inspection (mm/dd/yr) 10/16/2024 | | ID # 14072 | |
| Establishment Address (number and street, city, state, zip code) 3305 N Greenriver Rd , Evansville, IN, 47715 | | | | Follow-up No | | Release Date 10/26/2024 | |
| Owner Najeh Sassi | | 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: C <u>0</u> NC <u>0</u> R <u>0</u> | | | |
| Owner's Address <redacted> | | | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | | |
| Person in Charge <redacted> | | | | | | | |
| Responsible Person's E-mail | | | | | | | |
| Certified Food Handler <redacted> | | | | | | | |

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



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

| | | | | |
|---|---|--|--|----------------------|
| Establishment Name Dollar General Store 20372 | | Telephone Number (930-424-7630) | Date of Inspection (mm/dd/yr) 10/15/2024 | ID # 14161 |
| Establishment Address (number and street, city, state, zip code) 3101 Mt Vernon Ave , Evansville, IN, 47712 | | () Owner <redacted> | | |
| Owner Dolgencorp, LLC | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 10/25/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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| | | | | |
|---|---|--|--|----------------------|
| Establishment Name 2 Guys And A Kettle | | Telephone Number (812-629-3676 | Date of Inspection (mm/dd/yr) 10/13/2024 | ID # 14255 |
| Establishment Address (number and street, city, state, zip code) 6677 river Ridge Dr, Newburgh, IN, 47630 | | () Owner <redacted> | | |
| Owner John Bush | 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 10/23/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 0 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| 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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SDH Form 51-0001

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Telephone 812-435-2400 opt 3
Fax 812-435-5871

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| | | | | |
|--|--|---|---|----------------------|
| Establishment Name Parlor Donuts | | Telephone Number (812-303-4487) | Date of Inspection (mm/dd/yr) 10/18/2024 | ID # 14320 |
| Establishment Address (number and street, city, state, zip code) 204 Main St., Evansville, IN, 47708 | | Owner <redacted> | | |
| Owner Darrick Hayden | Purpose: <input checked="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 10/28/2024 | |
| Owner's Address | | Summary of Violations: C 0 NC 0 R 0 | | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input checked="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. | |
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| Received by (name and title printed): <redacted> | | Inspected by (name and title printed): <redacted> | |
| Received by (signature): | | Inspected by (signature): | |
| cc: | cc: | cc: | cc: |



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| | | | | |
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| Establishment Name Siciliano Subs | | Telephone Number (812-303-3855) | Date of Inspection (mm/dd/yr) 10/14/2024 | ID # 14755 |
| Establishment Address (number and street, city, state, zip code) 2021 W Franklin St, Evansville, IN, 47712 | | () Owner <redacted> | | |
| Owner Alyssa Garris | 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 10/24/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|------------------------|--------------------|
| | | | No violations to note. | |
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Establishment Name: El Chiapaneco LLC
Telephone Number: (812) 461-7199
Date of Inspection: 10/13/2024
ID #: 15024
Establishment Address: 2213 Sunburst Blvd, Evansville, IN, 47714
Owner: Hendrickson Morales
Purpose: [x] Routine, [] Follow-up, [] Complaint, [] Pre-Operational, [] Temporary, [] HACCP, [] Other (list)
Follow-up: No
Release Date: 10/23/2024
Summary of Violations: C 0, NC 0, R 0
Menu Type: 1 0, 2 0, 3 1, 4 0, 5 0

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

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

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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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 Ass Slice Shop | | Telephone Number (812-202-8171) | Date of Inspection (mm/dd/yr) 10/18/2024 | ID # 15335 |
| Establishment Address (number and street, city, state, zip code) 900 Main St suite 230, Evansville, IN, 47708 | | () Owner <redacted> | | |
| Owner Joseph Notter & Michael Wathen | | 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 10/28/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| 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 Love at First Bite by a Taste of Cuba | | Telephone Number (305) 815-9468 | Date of Inspection (mm/dd/yr) 10/13/2024 | ID # 15090 |
| Establishment Address (number and street, city, state, zip code) 1226 East Missouri Street, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Barbara DeJarnett | 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 10/23/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 0 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 0 2 0 3 0 4 0 5 0 | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |



Retail Food Establishment Inspection Report

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

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

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

| | | | | |
|---|---|---|---|----------------------|
| Establishment Name Eat the Whale LLC DBA Bodine's Newsstand | | Telephone Number () Establishment () Owner <redacted> | Date of Inspection (mm/dd/yr) 10/13/2024 | ID # 15137 |
| Establishment Address (number and street, city, state, zip code) 546 S. Kelsey, Evansville, IN, 47714 | | | | |
| Owner Ryan J. Bodine | 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 10/23/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <redacted> | | | | |

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

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
| Received by (signature): | Inspected by (signature): |
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