



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 Burkhardt Motomart #3207 | | Telephone Number (812-518-9100) | | Date of Inspection (mm/dd/yr) 11/27/2024 | | ID # 12936 | |
| Establishment Address (number and street, city, state, zip code) 500 N Burkhardt, Evansville, IN, 47715 | | () Owner <redacted> | | | | | |
| Owner FKG Oil Company | | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | | Follow-up No | | Release Date 12/07/2024 | |
| 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 checked="" 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> | | | | | | | |

- 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 Morgan Expressway | Telephone Number (812-909-3981 | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 12267 |
| Establishment Address (number and street, city, state, zip code) 3800 E Morgan Ave, Evansville, IN, 47715 | () Owner <redacted> | | |
| Owner HARBHJAN SINGH | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up No | Release Date 12/05/2024 |
| Owner's Address <redacted> | <input type="checkbox"/> Follow-up | Summary of Violations: C 0 NC 2 R 0 | |
| Person in Charge <redacted> | <input type="checkbox"/> Complaint | | |
| Responsible Person's E-mail | <input type="checkbox"/> Pre-Operational | Menu Type (See additional page) | |
| Certified Food Handler | <input type="checkbox"/> Temporary | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| | <input type="checkbox"/> HACCP | | |
| | <input type="checkbox"/> Other (list) | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| 177 | NC | | Food stored incorrectly on floor in walk-in cooler. | 11/25/2024 |
| 257 | NC | | Thermometer not provided at location. | 11/25/2024 |
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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 Taj Mahal | | Telephone Number (812)476-5000 () Owner <redacted> | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 11724 |
| Establishment Address (number and street, city, state, zip code) 900 E Tutor Ln, Evansville, IN, 47715 | | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 12/06/2024 |
| Owner Baljit singh | | | Summary of Violations: C <u>2</u> NC <u>0</u> R <u>2</u> | |
| Owner's Address <redacted> | | | Menu Type (See additional page) | |
| Person in Charge <redacted> | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" 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 |
|----------|------|---|---|--------------------|
| 191 | C | R | Potentially hazardous food not being date marked in walk in cooler. | Corrected |
| 177 | C | R | Food not covered or wrapped in refrigerator. | 11/26/2024 |
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| Received by (name and title printed): <redacted> | | Inspected by (name and title printed): <redacted> | |
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| cc: | cc: | cc: | |



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| | | | | |
|--|--|---|--|-----------------------------------|
| Establishment Name Thunderbolt Pass Golf Course | | Telephone Number (812-426-2166) | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 11719 |
| Establishment Address (number and street, city, state, zip code) 6901 Petersburg Rd, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Evansville Vanderburgh Airport Authority | | 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 12/07/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 2 R 0 | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| Responsible Person's E-mail | | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | |
| Certified Food Handler <redacted> | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| 218 | NC | | Walk-in cooler in need of repair areas of floor open to elements. | 11/27/2024 |
| 256 | NC | | Walk-in cooler not provided with a temperature measuring device. | 11/27/2024 |
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| | | | | |
|---|---|---|--|----------------------|
| Establishment Name Domino's Pizza #2585 | | Telephone Number (812-471-8585) | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 11581 |
| Establishment Address (number and street, city, state, zip code) 1940 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Joseph M Seagle | 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 12/07/2024 | |
| 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> | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|--------------------------------------|--------------------|
| | | | No violations in 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: |



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| | | | | |
|---|--|---|--|----------------------|
| Establishment Name Taco Bell #3001063 | | Telephone Number (812-473-0040) | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 11555 |
| Establishment Address (number and street, city, state, zip code) 1001 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Bell Indiana 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 12/06/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | | |

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



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| | | | |
|---|--|--|-----------------------------------|
| Establishment Name St Pauls Episcopal | Telephone Number (812) 422-9009 () Owner | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 11524 |
| Establishment Address (number and street, city, state, zip code) 301 SE First St, Evansville, IN, 47713 | | Follow-up No | Release Date 12/05/2024 |
| Owner St Pauls Episcopal | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | | |
| Owner's Address | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input 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 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 Starbucks Coffee Co #8955 | | Telephone Number (812-401-1771) | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 11501 |
| Establishment Address (number and street, city, state, zip code) 6401 E Lloyd Expressway, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Starbucks Coffee Co | 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 12/07/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 0 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0 | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler | | | | |
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| 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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| | | | | |
|--|---|--|--|----------------------|
| Establishment Name Texas Roadhouse | | Telephone Number (812-477-7427) | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 11393 |
| Establishment Address (number and street, city, state, zip code) 7900 Eagle Crest, EVANSVILLE, IN, 47716 | | () Owner <redacted> | | |
| Owner Texas Roadhouse | 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 12/05/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 1 NC 1 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|--|--------------------|
| 430 | NC | | Tiles in front of ice machine in disrepair. | 11/25/2024 |
| 177 | C | | Boxes stored on floor in main walk-in freezer. | 11/25/2024 |
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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 Subway #26631 | | Telephone Number (812-471-2933) | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 11369 |
| Establishment Address (number and street, city, state, zip code) 2744 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner ED KUCER | 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 12/05/2024 | |
| 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 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: | |



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-Eastland | | Telephone Number (812-720-3781 | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 11208 |
| Establishment Address (number and street, city, state, zip code) 799 N Green River Rd, Evansville, IN, 47714 | | () Owner <redacted> | | |
| Owner Mann Enterprises LLC/ Susan Mann | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 12/06/2024 | |
| 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 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: |



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| | | | | |
|---|--|---|--|----------------------|
| Establishment Name McDonalds (JKK ENTERPRISES LLC) | | Telephone Number (812-476-8422) | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 11207 |
| Establishment Address (number and street, city, state, zip code) 49 N Burkhardt Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Joseph E Kenworthy III | 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 12/07/2024 | |
| 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> | | | | |

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|----------------------|--------------------|
| | | | No noted violations. | |
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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 McDonalds #35457 | | Telephone Number (812-425-5922) | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 11206 |
| Establishment Address (number and street, city, state, zip code) 1617 Bartlett Ave, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Ivan Carvajal | 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 12/06/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 4 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <redacted> | | | | |

- 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 |
|----------|------|---|---|--------------------|
| 346 | NC | | Soap not provided at hand sink in dishwasher area. | 11/26/2024 |
| 347 | NC | | Paper towels not provided at hand sink next to fry station. | 11/26/2024 |
| 138 | NC | | Employees not wearing proper hair restraints at grill station | 11/26/2024 |
| 324 | NC | | Grease trap log not maintained. | 11/26/2024 |
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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: | cc: | |



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| | | | | |
|--|--|---|---|-----------------------------------|
| Establishment Name CVS Pharmacy #6258 | | Telephone Number (812-422-6330) | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 11186 |
| Establishment Address (number and street, city, state, zip code) 2020 E Morgan Ave., Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner HOOK-SUPERX 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 12/05/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C 0 NC 0 R 0 | |
| Person in Charge <redacted> | | | Menu Type (See additional page) 1 ● 2 ○ 3 ○ 4 ○ 5 ○ | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler | | | | |

- 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 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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| | | | | |
|---|--|--|---|-----------------------------------|
| Establishment Name Circle K #4700120 | | Telephone Number (812-424-1185) | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 11109 |
| Establishment Address (number and street, city, state, zip code) 4101 N Highway 41, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Mac's Convenience Store 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 12/07/2024 |
| 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 violations 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: |



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| | | | | |
|--|---|--|---|---------------|
| Establishment Name Evansville Athletic Club | | Telephone Number (812-422-1819) | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 10949 |
| Establishment Address (number and street, city, state, zip code) 321 W Oregon St, EVANSVILLE, IN, 47710 | | () Owner <redacted> | | |
| Owner Daniel Schuler | 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 12/05/2024 | |
| 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): | |
| cc: | cc: | cc: | |



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| | | | | |
|--|---|--|--|----------------------|
| Establishment Name Quality Inn | | Telephone Number (812-477-2211 | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 10939 |
| Establishment Address (number and street, city, state, zip code) 5006 Morgan Ave., Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Raj patel | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 12/07/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 2 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input 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 |
|----------|------|---|--|--------------------|
| 257 | NC | | Temperature measuring device not provided. | 11/27/2024 |
| 179 | NC | | Apples not properly wrapped for resale. | 11/27/2024 |
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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 Mister B's/Club 18 | | Telephone Number (270-957-0286 () Owner <redacted> | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 14148 |
| Establishment Address (number and street, city, state, zip code) 1340 Hirschland Rd, Evansville, IN, 47715 | | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 12/06/2024 |
| Owner Shannon Coughlin | | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Owner's Address <redacted> | | | Menu Type (See additional page) | |
| Person in Charge <redacted> | | | 1 <input type="radio"/> 2 <input 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 at time of inspection. | |
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| Received by (name and title printed): <redacted> | | Inspected by (name and title printed): <redacted> | |
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| | | | | |
|---|--|---|--|----------------------------|
| Establishment Name Speedway | | Telephone Number (812-426-3277) | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 14484 |
| Establishment Address (number and street, city, state, zip code) 3901 N Burkhardt, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Speedway 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 12/06/2024 |
| 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) | |
| 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 |
|----------|------|---|---|--------------------|
| 177 | NC | | Food stored improperly on floor in freezer. | 11/26/2024 |
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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 Fast Track | Telephone Number (812-303-3057) | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 14493 | | | | | | |
| Establishment Address (number and street, city, state, zip code) 2314 N. Heidelbach, Evansville, IN, 47711 | (<redacted>) Owner | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Follow-up No</td> <td style="width: 50%;">Release Date 12/07/2024</td> </tr> <tr> <td colspan="2" style="text-align: center;"> Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> 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"/> </td> </tr> </table> | | Follow-up No | Release Date 12/07/2024 | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | 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"/> | |
| Follow-up No | Release Date 12/07/2024 | | | | | | | | |
| Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | | | | | | | | |
| 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"/> | | | | | | | | | |
| Owner Dalbir Singh | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | (continued from above) | | | | | | | |
| Owner's Address <redacted> | Person in Charge <redacted> | | | | | | | | |
| Responsible Person's E-mail _____ | 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 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 Dollar Tree #09024 | | Telephone Number (812-909-7246) | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 14558 |
| Establishment Address (number and street, city, state, zip code) 1601 Oak Hill Rd, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Dollar Tree Stores, 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 12/05/2024 |
| 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 violations 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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| | | | | |
|--|---|---|---|---------------|
| Establishment Name The Granola Jar East | | Telephone Number (812-401-8111) | Date of Inspection (mm/dd/yr) 11/27/2024 | ID # 14570 |
| Establishment Address (number and street, city, state, zip code) 5600 E Virginia, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Nealie Anthony | 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 12/07/2024 | |
| 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 at time at time of inspection. | |
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| Received by (name and title printed): <redacted> | | Inspected by (name and title printed): <redacted> | |
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| | | | | |
|--|---|--|--|---------------|
| Establishment Name Firehouse Subs | | Telephone Number (812) 909-4445 | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 14588 |
| Establishment Address (number and street, city, state, zip code) 1031 N Green River Rd. , Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner John Allen | 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 12/05/2024 | |
| 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) | | |
| 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 |
|----------|------|---|--|--------------------|
| 218 | NC | | Gaskets on coolers doors in kitchen in need of repair. | 11/25/2024 |
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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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Telephone 812-435-2400 opt 3
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| | | | | |
|---|---|--|---|---------------|
| Establishment Name Bubba's 33 | | Telephone Number (812-901-6409) | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 14609 |
| Establishment Address (number and street, city, state, zip code) 1 North Burkhardt Road, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Bubba's Holdings 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 12/05/2024 | |
| 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 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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State Form 22116 (R7 /12-04)
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Telephone 812-435-2400 opt 3
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| | | | |
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| Establishment Name McAlister's Deli | Telephone Number (812-618-2050 | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 14749 |
| Establishment Address (number and street, city, state, zip code) 2220 N Green River Rd, Evansville, IN, 47715 | () Owner <redacted> | | |
| Owner SOUTHERN ROCK RESTAURANTS | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | Follow-up No | Release Date 12/06/2024 |
| 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 at time of inspection. | |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
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| cc: | cc: |



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Telephone 812-435-2400 opt 3
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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 Circle K #4702836 | Telephone Number (930) 204-0825 <small>() Owner</small> <redacted> | Date of Inspection <small>(mm/dd/yr)</small> 11/27/2024 | ID # 15147 |
| Establishment Address (number and street, city, state, zip code) 600 N. Burkhardt Road, Evansville, IN, 47715 | Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____ | | |
| Owner Mac's Convenience Stores, LLC | | | |
| Owner's Address <redacted> | Follow-up No Release Date 12/07/2024 Summary of Violations: C <u> 0 </u> NC <u> 0 </u> R <u> 0 </u> | | |
| Person in Charge <redacted> | | | |
| Responsible Person's E-mail _____ | 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 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 Be Happy Pie Company | | Telephone Number (812-449-7718) | Date of Inspection (mm/dd/yr) 11/26/2024 | ID # 15171 |
| Establishment Address (number and street, city, state, zip code) 6225 E. Virginia Suite C., Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Jennifer Lamble | 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 12/06/2024 | |
| 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> |
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| cc: | cc: |



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| | | | | |
|--|--|---|---|-----------------------------------|
| Establishment Name Popeyes | | Telephone Number (812-454-2348) | Date of Inspection (mm/dd/yr) 11/25/2024 | ID # 15350 |
| Establishment Address (number and street, city, state, zip code) 2401 Menards Drive, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Ace Brands IN | | 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 12/05/2024 |
| 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 inspections. | |
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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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