



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 Jason`s Deli | | Telephone Number (812-471-9905) | Date of Inspection (mm/dd/yr) 12/09/2024 | ID # 12134 |
| Establishment Address (number and street, city, state, zip code) 943 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Jay Tortorice | 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 12/19/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 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 <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 Hampton Inn Airport Evansville | | Telephone Number (812-464-1010) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 11968 |
| Establishment Address (number and street, city, state, zip code) 5701 N Highway 41, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Dunn Hospitality Group | 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 12/20/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <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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| Received by (signature): | Inspected by (signature): |
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| | | | | |
|---|---|---|--|----------------------|
| Establishment Name Los Portales Grill, Inc. | | Telephone Number (812-475-0566) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 11961 |
| Establishment Address (number and street, city, state, zip code) 3339 N Green River Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Mario Jacobo | 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 12/20/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 1 NC 1 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"
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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| 177 | NC | | Food stored incorrectly on floor in cooler. | 12/10/2024 |
| 173 | C | | Meat stored over ready to eat food in cooler. | 12/10/2024 |
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| Received by (name and title printed): <redacted> | Inspected by (name and title printed): <redacted> |
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| | | | | |
|---|--|---|--|----------------------------|
| Establishment Name Penn Station East Coast Subs | | Telephone Number (812-479-7366) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 11468 |
| Establishment Address (number and street, city, state, zip code) 137 N Burkhardt Rd, Evansville, IN, 47715 | | () Owner <redacted> | | |
| Owner Tri-State Cheesesteaks 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 12/20/2024 |
| 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 | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| 204 | NC | | Improper placement of fry cart near hand washing sink to prevent cross contamination. | Corrected |
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|--|--|--|--|----------------------|
| Establishment Name THE SPORTSDEN Lillian Enterprises llc | | Telephone Number (812-479-8887) | Date of Inspection (mm/dd/yr) 12/09/2024 | ID # 11331 |
| Establishment Address (number and street, city, state, zip code) 701 N Weinbach Ave. #110, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Janell Roehr | 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 12/19/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 2 R 0 | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| Responsible Person's E-mail | | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler <redacted> | | | | |

- 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 |
|----------|------|---|--|--------------------|
| 351 | NC | | Trash can with lid not provided in woman's restroom stall. | 12/09/2024 |
| 256 | NC | | Coolers in establishment not provided with temperature measuring device. | 12/09/2024 |
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| | | | | |
|---|---|--|--|----------------------|
| Establishment Name Papa John's Pizza #52 | | Telephone Number (812-477-7700) | Date of Inspection (mm/dd/yr) 12/09/2024 | ID # 11250 |
| Establishment Address (number and street, city, state, zip code) 303 N Weinbach Ave., Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Scott Alpers | 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 12/19/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C 1 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 checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> | | |
| Certified Food Handler | | | | |

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| Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|---|--------------------|
| 118 | C | | Establishment does not have a certified food handler. | 12/09/2024 |
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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 Comfort Inn | | Telephone Number (812-423-5818) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 10935 |
| Establishment Address (number and street, city, state, zip code) 3901 N Highway 41, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Georgios Yerolemou | 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 12/20/2024 | |
| 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 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 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 Dip N Dots Concessions | | Telephone Number (812-499-3687) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 10911 |
| Establishment Address (number and street, city, state, zip code) 1 SE Martin Luther King Jr Blvd, Evansville, IN, 47708 | | () Owner <redacted> | | |
| Owner John Spies | 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 12/20/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| 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): |
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| Establishment Name Jimmy John's | Telephone Number (812-402-5747) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 13352 |
| Establishment Address (number and street, city, state, zip code) 2320 N Greenriver Road, Evansville, Indiana, 47715 | () Owner <redacted> | | |
| Owner Kenneth Butler | Purpose: <input checked="" type="checkbox"/> Routine | Follow-up Yes | Release Date 12/20/2024 |
| Owner's Address <redacted> | <input type="checkbox"/> Follow-up | Summary of Violations: C 2 NC 3 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) 1 2 3 4 5 | |
| Certified Food Handler | <input type="checkbox"/> Temporary <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 |
|----------|------|---|--|--------------------|
| 118 | C | | Establishment does not have certified food handler. | 12/10/2024 |
| 324 | NC | | Grease trap log not maintained. | 12/10/2024 |
| 351 | NC | | Trash receptacle with lid not provided in women's restroom. | 12/10/2024 |
| 118 | C | | Person in charge was not knowledgeable of food borne illness | |
| | | | Or proper food handling procedures. | 12/10/2024 |
| 214 | NC | | Cutting boards in poor condition. | 12/10/2024 |
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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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| | | | |
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| Establishment Name Juicy Seafood | Telephone Number (812-303-6871) | Date of Inspection (mm/dd/yr) 12/09/2024 | ID # 14107 |
| Establishment Address (number and street, city, state, zip code) 865 N Green River Rd, Evansville, IN, 47715 | () Owner <redacted> | | |
| Owner WU QUAN ZHANG | 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 12/19/2024 |
| Owner's Address <redacted> | | Summary of Violations: C 0 NC 0 R 0 | |
| Person in Charge <redacted> | | Menu Type (See additional page) 1 0 2 0 3 1 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> |
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| 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 Freedom Bowls inside Lawman Tactical | | Telephone Number (812-807-6348) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 15380 |
| Establishment Address (number and street, city, state, zip code) 4209 US-41 Suite 12, Evansville, IN, 47711 | | () Owner <redacted> | | |
| Owner Erik Martinez | 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 12/20/2024 | |
| Owner's Address <redacted> | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | | |
| Person in Charge <redacted> | | Menu Type (See additional page) | | |
| 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 at times 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 Thai Lanna | | Telephone Number (765-729-6001) | Date of Inspection (mm/dd/yr) 12/10/2024 | ID # 15383 |
| Establishment Address (number and street, city, state, zip code) 601 E Boonville New Harmony Rd, Evansville, IN, 47725 | | () Owner <redacted> | | |
| Owner Chutikan Souvannachack | | 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 12/20/2024 |
| Owner's Address <redacted> | | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Person in Charge <redacted> | | | Menu Type (See additional page) | |
| 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 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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| Received by (signature): | Inspected by (signature): |
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