



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 S & P Petroleum Inc.		Telephone Number (812-437-5072)	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 12086
Establishment Address (number and street, city, state, zip code) 2801 Mt Vernon Ave, Evansville, IN, 47712		() Owner <redacted>		
Owner Jagir 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) _____	Follow-up No	Release Date 02/17/2025	
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 <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.	

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 God's Kids Preschool - McCutchanville Community Church		Telephone Number (812-867-5735)	Date of Inspection (mm/dd/yr) 02/06/2025	ID # 12012
Establishment Address (number and street, city, state, zip code) 9505 Petersburg Rd, Evansville, IN, 47725		() Owner <redacted>		
Owner McCutchanville Community Church	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 02/16/2025	
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 at time of inspection.	

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



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Establishment Name North Jr High School 7-8		Telephone Number (812-435-0976)	Date of Inspection (mm/dd/yr) 02/03/2025	ID # 11973
Establishment Address (number and street, city, state, zip code) 15325 N Highway 41, Evansville, IN, 47725		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.		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 02/13/2025
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 noted at time of inspection.	

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



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Establishment Name Aldi Foods Inc #3	Telephone Number (812-909-9187)	Date of Inspection (mm/dd/yr) 02/04/2025	ID # 11689
Establishment Address (number and street, city, state, zip code) 214 S Rosenberger Ave, Evansville, IN, 47712	() Owner <redacted>		
Owner ALDI FOODS 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 02/14/2025
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.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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 The Granola Jar		Telephone Number (812-437-1899)	Date of Inspection (mm/dd/yr) 02/06/2025	ID # 11553
Establishment Address (number and street, city, state, zip code) 1033 Mt Pleasant Rd Suite J, Evansville, IN, 47725		() 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 02/16/2025	
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>				

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

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



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Establishment Name Thompkins School 6-8		Telephone Number (812-435-8614	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 11403
Establishment Address (number and street, city, state, zip code) 1300 W Mill Rd., EVANSVILLE, IN, 47710		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 02/17/2025	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 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>				

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

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



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Establishment Name Taco Bell #3001087	Telephone Number (812) 422-2153	Date of Inspection (mm/dd/yr) 02/03/2025	ID # 11384
Establishment Address (number and street, city, state, zip code) 4422 W Lloyd Expressway, Evansville, IN, 47712	() Owner <redacted>		
Owner Bell Indiana LLC	Purpose:	Follow-up No	Release Date 02/13/2025
Owner's Address <redacted>	<input checked="" type="checkbox"/> Routine	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>	<input type="checkbox"/> Follow-up		
Responsible Person's E-mail	<input type="checkbox"/> Complaint		
Certified Food Handler <redacted>	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP	Menu Type (See additional page)	
	<input type="checkbox"/> Other (list)	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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



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Establishment Name Stringtown School K-5	Telephone Number (812-435-8595)	Date of Inspection (mm/dd/yr) 02/03/2025	ID # 11360
Establishment Address (number and street, city, state, zip code) 4720 Stringtown Rd, EVANSVILLE, IN, 47711	() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 02/13/2025
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 noted at time of inspection.	

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



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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 School K-5		Telephone Number (812-469-5086)	Date of Inspection (mm/dd/yr) 02/05/2025	ID # 11356
Establishment Address (number and street, city, state, zip code) 2501 N Stockwell Rd., EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.		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 02/15/2025
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 noted at time of inspection.	

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 Sonic Drive-In #105		Telephone Number (812-421-1700)	Date of Inspection (mm/dd/yr) 02/03/2025	ID # 11329
Establishment Address (number and street, city, state, zip code) 4920 W Lloyd Expressway, Evansville, IN, 47712		() Owner <redacted>		
Owner Sonic Drive-In of Evansville 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 02/13/2025	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>3</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
342	NC		Hand sink in back of store not providing hot water.	02/03/2025
310	NC		Hood vent system soiled over fryer.	02/03/2025
230	NC		Tiles around drain by fountain drinks missing tiles.	02/03/2025

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 Sam's Food Mkt/Smoke Shop DBA Columbia Food Mart	Telephone Number (812-430-7831)	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 11293
Establishment Address (number and street, city, state, zip code) 900 W Columbia St, Evansville, IN, 47710	() Owner <redacted>		
Owner Parmod 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 02/17/2025
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 checked="" 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 to note.	

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 Rosie's Diner		Telephone Number (812-421-1121)	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 11289
Establishment Address (number and street, city, state, zip code) 1423 W Maryland St., Evansville, IN, 47710		() Owner <redacted>		
Owner Basel Gibson	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 02/17/2025	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</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
345	C	R	Hand sink used for other things.	02/07/2025
402	NC		Floor in kitchen missing tiles, not easily cleanable.	02/07/2025

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 Oak Hill School K-6		Telephone Number (812-867-4753)	Date of Inspection (mm/dd/yr) 02/03/2025	ID # 11232
Establishment Address (number and street, city, state, zip code) 7700 Oak Hill Rd, EVANSVILLE, IN, 47712		() Owner <redacted>		
Owner Evansville Vanderburgh School Corp.	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 02/13/2025	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 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 <redacted>	Certified Food Handler <redacted>			

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			No violations noted at time of inspection.	

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Received by (signature):	Inspected by (signature):
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Form containing establishment details: North High School, 15331 N Highway 41, Evansville, IN, 47725. Includes fields for owner, address, telephone number, date of inspection, and purpose of inspection.

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

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

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

cc: cc: cc:



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Establishment Name McDonalds #10878		Telephone Number (812-867-0480	Date of Inspection (mm/dd/yr) 02/05/2025	ID # 11204
Establishment Address (number and street, city, state, zip code) 19700 N Highway 41, Evansville, IN, 47725		() 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 02/15/2025	
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>				

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

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

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



Retail Food Establishment Inspection Report

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

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

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

Establishment Name Bonkers	Telephone Number (812-867-2126)	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 11114
Establishment Address (number and street, city, state, zip code) 11901 Petersburg Rd., Evansville, IN, 47725	() Owner <redacted>		
Owner Vijaykumar K Patel	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/17/2025
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 <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
256	NC		Coolers not provided with temperature measuring device	02/07/2025
177	NC		Food stored incorrectly on floor in freezer.	02/07/2025

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 Circle K #4700091		Telephone Number (812-461-2373 <small>() Owner</small> <redacted>	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 11106
Establishment Address (number and street, city, state, zip code) 7 N Fulton Ave, Evansville, IN, 47710		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 02/17/2025
Owner Mac's Convenience Store LLC			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 <redacted>				
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 violations to note.	

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



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The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Jimmy's Una Pizza
Telephone Number: 812-402-4022
Date of Inspection: 02/05/2025
ID #: 11059
Establishment Address: 4711 Pollack Ave., Evansville, IN, 47715
Owner: Jim & Tonya Huff
Purpose: Follow-up
Follow-up: No
Release Date: 02/15/2025
Summary of Violations: C 0 NC 0 R 0
Menu Type: 1 2 3 4 5

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

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: fields for distribution list



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Establishment Name Hornets Nest		Telephone Number (812-746-7081	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 11042
Establishment Address (number and street, city, state, zip code) 11845 Petersburg Rd., Evansville, IN, 47725		() Owner <redacted>		
Owner Derek Ungethiem		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 02/17/2025
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>				

- 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
295	NC		Non food contact surfaces in kitchen soiled.	02/07/2025
438	C		Spray bottle with chemicals not labeled with contents.	Corrected

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



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

Establishment Name Holy Redeemer School		Telephone Number (812-422-3688)	Date of Inspection (mm/dd/yr) 02/07/2025	ID # 11037
Establishment Address (number and street, city, state, zip code) 918 W Mill Rd., EVANSVILLE, IN, 47710		() Owner <redacted>		
Owner Holy Redeemer Parish		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 02/17/2025
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 noted at time of inspection.	

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



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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 Good Shepherd School		Telephone Number (812-476-4477	Date of Inspection (mm/dd/yr) 02/05/2025	ID # 10990
Establishment Address (number and street, city, state, zip code) 2301 N Stockwell Rd., EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Good Shepherd Parish		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 02/15/2025
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 noted at time of inspection.	

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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cc:	cc:	cc:
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Establishment Name NIYAM PETROLEUM LLC		Telephone Number (812-426-1796 () Owner <redacted>	Date of Inspection (mm/dd/yr) 02/06/2025	ID # 10940		
Establishment Address (number and street, city, state, zip code) 2505 Stringtown Rd, Evansville, IN, 47711		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 SUMIT PATEL					Follow-up No	Release Date 02/16/2025
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 (<i>See additional page</i>) 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 noted at time of inspection.	

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



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Establishment Name Dollar General #1620		Telephone Number (812-463-3560)	Date of Inspection (mm/dd/yr) 02/05/2025	ID # 10913
Establishment Address (number and street, city, state, zip code) 4829 Pollack Ave., Evansville, IN, 47715		() 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 02/15/2025
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 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"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

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



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Establishment Name Arby's #6004	Telephone Number (812-867-2030)	Date of Inspection (mm/dd/yr) 02/03/2025	ID # 10849
Establishment Address (number and street, city, state, zip code) 19620 Highway 41, Evansville, IN, 47725	() Owner <redacted>		
Owner RTM Operating 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 02/13/2025
Owner's Address <redacted>	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>		
Person in Charge <redacted>			
Responsible Person's E-mail 	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"/>		
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
324	NC		Grease trap log not maintained.	02/03/2025

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. #29444		Telephone Number (812-549-4053)	Date of Inspection (mm/dd/yr) 02/03/2025	ID # 13755
Establishment Address (number and street, city, state, zip code) 4700 W Lloyd Expressway, Evansville, IN, 47712		() 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 02/09/2025
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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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations to note.	

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



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Establishment Name Hacienda #12		Telephone Number (812-401-2180)	Date of Inspection (mm/dd/yr) 02/06/2025	ID # 13828
Establishment Address (number and street, city, state, zip code) 600 E Bnvl-NH Rd Ste F, Evansville, IN, 47725		() Owner <redacted>		
Owner HMR Acquisition Co. 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 02/16/2025
Owner's Address <redacted>			Summary of Violations: C 1 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
218	NC		Hot water heater in need of repair. Not providing hot water to hand washing sinks.	02/06/2025
345	C		Hand sinks in server station used of other things.	02/06/2025
218	NC		Back door not sealed from outside elements.	02/06/2025

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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cc:	cc:	cc:
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Establishment Name RAMP		Telephone Number (812-435-8842)	Date of Inspection (mm/dd/yr) 02/06/2025	ID # 14142
Establishment Address (number and street, city, state, zip code) 18200 US 41, Evansville, IN, 47725		() Owner <redacted>		
Owner EVSC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/16/2025	
Owner's Address	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>	<input type="checkbox"/> Complaint			
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational			
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)			

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

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



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Establishment Name Denny's #6738	Telephone Number (812-550-1188)	Date of Inspection (mm/dd/yr) 02/05/2025	ID # 14233
Establishment Address (number and street, city, state, zip code) 3901 Hwy 41 N, Evansville, IN, 47711	() Owner <redacted>		
Owner TLIN LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/15/2025
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 <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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

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

