

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



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 Grocery Outlet- Royal		Telephone Number (812) 424-8289		Date of Inspection (mm/dd/yr) 03/17/2025	ID # 11446
Establishment Address (number and street, city, state, zip code) 1200 N Fulton Ave, Evansville, IN, 47710		() Owner: <redacted>			
Owner Winkler 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 03/27/2025
Owner's Address <redacted>				Summary of Violations:	
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail				Menu Type (See additional page)	
Certified Food Handler <redacted>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>					
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:	

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

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

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

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

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

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 Burger King #120	Telephone Number (812) 426-0303	Date of Inspection (mm/dd/yr) 03/18/2025	ID # 11116
Establishment Address (number and street, city, state, zip code) 4400 First Ave, Evansville, IN, 47710	() Owner <redacted>		
Owner Carrols, LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/28/2025
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	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>	<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”
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE “SUMMARY OF VIOLATIONS” AND IN THE NARRATIVE BELOW AS “R”

[illegible]

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

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

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

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

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

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

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

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

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

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

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 Noche	Telephone Number (812) 227-3514	Date of Inspection (mm/dd/yr) 03/18/2025	ID # 15170
Establishment Address (number and street, city, state, zip code) 2215 W. Franklin, Evansville, IN, 47712	() Owner <redacted>		
Owner Richie Patel	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/20/2025
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>2</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	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>	<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”
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE “SUMMARY OF VIOLATIONS” AND IN THE NARRATIVE BELOW AS “R”

[illegible]

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

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

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

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

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