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

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

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

Establishment Name Steve's Una Pizza		Telephone Number (812) 477-5411		Date of Inspection (mm/dd/yr) 04/02/2025	ID # 11354
Establishment Address (number and street, city, state, zip code) 1005 S St James Blvd, Evansville, IN, 47714		() Owner: <redacted>			
Owner Joshua Adkins		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 04/12/2025
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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input 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 noted violations.		
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Establishment Name Haynies Corner Mart		Telephone Number (812) 401-3838		Date of Inspection (mm/dd/yr) 04/02/2025	ID # 13848
Establishment Address (number and street, city, state, zip code) 37 Adams Ave, Evansville, IN, 47713		() Owner: <redacted>			
Owner Awesh Karki		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 04/12/2025
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 checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
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