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 River City Coffee and Goods	**Telephone Number** ( ) Establishment 812-550-1695 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 12922
Establishment Address (number and street, city, state, zip code) 223 Main St, Vanderburgh, Indiana, 47708			
Owner Heather Vaught	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/05/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		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"**

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Twice the Ice	**Telephone Number** ( ) Establishment 812-582-1473 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/28/2023	**ID #** 12204
Establishment Address (number and street, city, state, zip code) 401 S Kentucky Ave, Evansville, IN, 47714			
Owner Miller Ice LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/07/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ◉ 2 ○ 3 ○ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Virginia Food Market	**Telephone Number** ( ) Establishment 812-425-7441 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 12060
Establishment Address (number and street, city, state, zip code) 628 E Virginia St, Evansville, IN, 47711			
Owner Jagtar Singh	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 1 NC 0 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list) _____	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler			

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Section#	C/NC	R	Narrative	To Be Corrected By
438	C		Chemical spray bottle 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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Establishment Name The Ford Center	**Telephone Number** ( ) Establishment 812-422-8000 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 11986
Establishment Address (number and street, city, state, zip code) 1 SE Martin Luther King Blvd, Evansville, IN, 47708			
Owner City of Evansville	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 1 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
438	C		Chemical bottles 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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Establishment Name St Pauls Episcopal	**Telephone Number** ( ) Establishment 812-422-9009 ( ) Owner	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 11524
Establishment Address (number and street, city, state, zip code) 301 SE First St, Evansville, IN, 47713			
Owner St Pauls Episcopal	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/05/2024
Owner's Address		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

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

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 Madeleines	**Telephone Number** (812) Establishment 812-491-8611 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 11500
Establishment Address (number and street, city, state, zip code) 423 SE Second Street, Evansville, IN, 47713			
Owner Tyra Sikkink	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	☐ Other (list) _____	1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Wendy´s #39920	**Telephone Number** ( ) Estab'Manager 812-424-8737 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 11436
Establishment Address (number and street, city, state, zip code) 410 N St.Joseph Ave, Evansville, IN, 47712			
Owner W.K.S. Frosty Corportation	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

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** ( ) Establishment 812-422-2153 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 11384
Establishment Address (number and street, city, state, zip code) 4422 W Lloyd Expressway, Evansville, IN, 47712			
Owner Bell Indiana LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary		
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		Facility not maintaining grease trap log	01/05/2024

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 PIZZA HUT #41502	**Telephone Number** ( ) Establishment 812-424-4433 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 11262
Establishment Address (number and street, city, state, zip code) 310 N St.Joseph Ave, Evansville, IN, 47712			
Owner GOAT Pizza LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

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 Papa John's Pizza #52	**Telephone Number** ( ) Establishment 812-477-7700 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 11250
Establishment Address (number and street, city, state, zip code) 303 N Weinbach Ave., Evansville, IN, 47711			
Owner Scott Alpers	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

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-Covert Ave	**Telephone Number** ( ) Establishment 812-477-0279 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 11203
Establishment Address (number and street, city, state, zip code) 2960 Covert Ave, Evansville, IN, 47714			
Owner Mann Enterprises LLC/ Susan Mann	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/05/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 1 NC 1 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list) _____	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

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Section#	C/NC	R	Narrative	To Be Corrected By
295	C		Ice cream machine in need of cleaning.	12/26/2023
218	NC		Dish machine not dispensing sanitizer at required level.	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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Establishment Name McDonalds #20552	**Telephone Number** ( ) Establishment 812-867-9003 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 11201
Establishment Address (number and street, city, state, zip code) 999 E Mt. Pleasant Rd, Evansville, IN, 47725			
Owner Ivan Carvajal	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/05/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

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 Cool Breeze B & B	**Telephone Number** ( ) Establishment 812-422-9635 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/28/2023	**ID #** 11169
Establishment Address (number and street, city, state, zip code) 1240 SE Second St., Evansville, IN, 47713			
Owner Katherine L Hills	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/07/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler <redacted>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Charles Denby Post #2953	**Telephone Number** ( ) Establishment 812-477-3141 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 11138
Establishment Address (number and street, city, state, zip code) 1800 Pollack Ave., Evansville, IN, 47714			
Owner Charles Denby Post #2953	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Certified Food Handler			

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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 Evansville Athletic Club	**Telephone Number** ( ) Establishment 812-422-1819 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 10949
Establishment Address (number and street, city, state, zip code) 321 W Oregon St, EVANSVILLE, IN, 47710			
Owner Daniel Schuler	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 2 3 4 5	
Certified Food Handler <redacted>			

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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 Dip N Dots Concessions	**Telephone Number** ( ) Establishment 812-499-3687 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 10911
Establishment Address (number and street, city, state, zip code) 1 SE Martin Luther King Jr Blvd, Evansville, IN, 47708			
Owner John Spies	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		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"**

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

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 American Legion Post #354	**Telephone Number** ( ) Establishment 812-423-0962 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/28/2023	**ID #** 10839
Establishment Address (number and street, city, state, zip code) 1127 Chestnut St., EVANSVILLE, IN, 47713			
Owner American Legion Post354	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/07/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
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
297	NC		Drink nozzles in bar in need of cleaning.	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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Establishment Name Mo's House	**Telephone Number** ( ) Establishment 812-455-2400 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 13725
Establishment Address (number and street, city, state, zip code) 1114 Parrett St, Evansville, IN, 47713			
Owner Slopbucket, LLC	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		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"**

Section#	C/NC	R	Narrative	To Be Corrected By
			No 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 Myriad Brewing	**Telephone Number** ( ) Establishment 812-499-8880 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/28/2023	**ID #** 13996
Establishment Address (number and street, city, state, zip code) 101 SE 1st St Ste 1, Evansville, IN, 47708			
Owner Jamie A Elliott	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/07/2024
Owner's Address <redacted>	☐ Follow-up	Summary of Violations:	
Person in Charge <redacted>	☐ Complaint ☐ Pre-Operational	C 0 NC 1 R 0	
Responsible Person's E-mail	☐ Temporary ☐ HACCP	Menu Type *(See additional page)*	
Certified Food Handler	☐ Other (list) _____	1 ◉ 2 ○ 3 ○ 4 ○ 5 ○	

- **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		Cooler not keeping foods at 41 or below. Affected items relocated.	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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Establishment Name Swonder Ice Rink	**Telephone Number** ( ) Establishment 812-479-0989 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 14048
Establishment Address (number and street, city, state, zip code) 209 N Boeke Rd, Evansville, IN, 47711			
Owner Robert Russell	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>	_____	1 ○ 2 ● 3 ○ 4 ○ 5 ○	

- **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 violations noted	

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 Twice the Ice	**Telephone Number** ( ) Establishment 812-582-1473 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/28/2023	**ID #** 14053
Establishment Address (number and street, city, state, zip code) 501 N Tekoppel Ave, Evansville, IN, 47712			
Owner Miller Ice LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/07/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
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 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 APE Aquaponics	**Telephone Number** ( ) Establishment 812-455-6114 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 14109
Establishment Address (number and street, city, state, zip code) 111 SE Third St, Evansville, IN, 47708			
Owner Scott Anderson	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/05/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

- **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 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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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 Casey's General Store #3877	**Telephone Number** ( ) Establishment 812-475-8634 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 14235
Establishment Address (number and street, city, state, zip code) 2031 N Cross Point Blvd, Evansville, IN, 47715			
Owner Casey's Marketing Company	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/05/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
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 violations noted	

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 Twice the Ice	**Telephone Number** ( ) Establishment 812-582-1473 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/28/2023	**ID #** 14352
Establishment Address (number and street, city, state, zip code) 4915 Bellemeade Ave, Evansville, IN, 47715			
Owner Miller Ice LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/07/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ● 2 ○ 3 ○ 4 ○ 5 ○	
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 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 El Mariachi Mexican Restaurant	**Telephone Number** ( ) Establishment 812-550-7142 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 14746
Establishment Address (number and street, city, state, zip code) 1919 N Green River Rd, Evansville, IN, 47715			
Owner Juan Martinez	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/05/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler <redacted>		1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	

- **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 violations noted	

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 Dollar General Store #24978	**Telephone Number** ( ) Establishment 615-855-4000 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/27/2023	**ID #** 15037
Establishment Address (number and street, city, state, zip code) 6418 N First Avenue, Evansville, IN, 47710			
Owner Dolgencorp LLC	**Purpose:** ✔ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) _____	**Follow-up** No	Release Date 01/06/2024
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			
Responsible Person's E-mail		Menu Type *(See additional page)* 1 ○ 2 ● 3 ○ 4 ○ 5 ○	
Certified Food Handler			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

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

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Establishment Name Tanuki Mart LLC	**Telephone Number** ( ) Establishment 407-780-6458 ( ) Owner <redacted>	**Date of Inspection (mm/dd/yr)** 12/26/2023	**ID #** 15128
Establishment Address (number and street, city, state, zip code) 5614 E. Virginia St., Evansville, IN, 47715			
Owner Kayleigh Grubb	**Purpose:** ✔ Routine	**Follow-up** No	Release Date 01/05/2024
Owner's Address <redacted>	☐ Follow-up ☐ Complaint	Summary of Violations:	
Person in Charge <redacted>	☐ Pre-Operational ☐ Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	☐ HACCP ☐ Other (list)	Menu Type *(See additional page)*	
Certified Food Handler		1 ○ 2 ● 3 ○ 4 ○ 5 ○	

- **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: