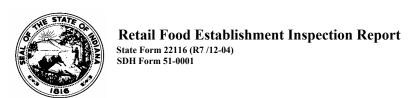
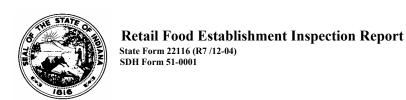


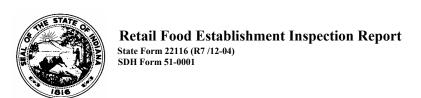
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Burge	er Kir	ng	#1075	812-471-9730	03/26/2	2010	13340
			mber and street, city, state, zip code)	()Owner _	03/26/2	2010	
2501 N	/lenar	ds	Drive, Evansville, Indiana, 47715	<redacted></redacted>			
Owner				Purpose:	Follow-up		e Date
Carrol	s LLC	;		Routine	No	04/	05/2018
Owner's Ac				Follow-up	Summary of	f Violation	ıs:
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Person in C				Pre-Operational	$ _{\mathcal{C}} U$	NC_) _R U
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
					$1 \circ \epsilon$		
Certified Fo		er		Other (list)	1 2		<u> 405</u>
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No violations				
	<u> </u>						
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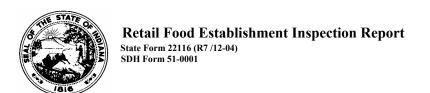
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			mber and street, city, state, zip code)	(812-401-3020	03/27	7/2018	13009		
			Rd unit 106, Evansville, Indiana, 47715	<pre>(<redacted></redacted></pre>					
Owner				Purpose:	Follow-u		se Date		
Sherry		nel		✓ Routine	Yes	04/	06/2018		
Owner's A				Follow-up	Summary	of Violation	ns:		
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Person in C				Pre-Operational	C	NC_	$\frac{2}{R}$		
Responsible			1	Temporary			tional page)		
Kesponsion	e i eison s	E-mai	1	НАССР	wichu i y	ic (See addi	iionai page)		
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$		
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• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
295	NC		Kitchen hand washing sink in	need of cleaning. 03/27/2018					
187	С		Cold food not being maintained at						
295	С		Kitchen hood vents in nee	ed of cleaning.		03/29/2018			
295	NC		Kitchen prep area shelving in	need of cleaning.		03/2	28/2018		
			_						
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Received by				Inspected by (signature):					
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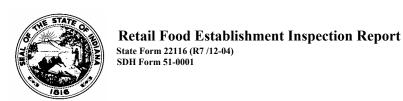
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Los B				3)	12261				
			mber and street, city, state, zip code) d Blvd, Evansville, IN, 47715	(<	redacted>	00/21	7/2018		
Owner		1		_	rpose:	Follow-u			
Los Bı		In	<u>C</u>	<u>~</u>	Routine	No	04/	06/2018	
Owner's Ac	_				Follow-up		of Violation		
Person in C				=	Complaint	2	5	$\frac{2}{R}$	
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Responsible			il	\vdash	Temporary L	Menu Typ	pe (See addit	ional page)	
					HACCP		\bigcirc		
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• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW A								BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	rrected By	
187	С		Potentially hazardous food items in walk-in cooler no	t he	d at 41° F or less. Dis	scarded.	Coi	rrected	
295	С	R	Knives and can opener stored	in s	soiled condition.		Corrected		
232	NC		Improper use of aluminum foil on no	n-fo	ood contact surf	aces.	03/2	28/2018	
218	NC	R	Ice accumulation in wal	k-ir	n freezer		03/2	28/2018	
							·		
							<u> </u>		
Received by	(name and	title j	printed):	Insp	ected by (name and title pr	rinted):			
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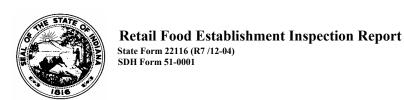
Establishm		_		Telephone Number	Date of In: (mm/dd/yi		ID#	
Crazy	/ Buf	fet		812-437-5050	` .	3/2018	12048	
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	03/20	<i>%</i> 2010		
1	Pearl	Dr	Ste 3D, Evansville, IN, 47712					
Owner	ا میں	:		Purpose:	Follow-u		se Date	
Yong Owner's A		₋ıu		Routine			07/2018	
<pre>conner's Acceptainteer's Acceptainteer's</pre>				Follow-up	ns:			
Person in C				Complaint	2		1_{R}	
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Responsible			il	Temporary	Menu Ty	pe <i>(See addi</i>	tional page)	
				НАССР				
Certified F		er		Other (list)	1 2	<u> </u>	<u>)</u> 4 <u>•</u> 5	
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• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
204	С	R	Improper use of 3 compa	artment sink.		03/2	28/2018	
193	С	R	Improper use of time as a pub					
218	NC	R	Ice accumulation in walk			03/2	29/2018	
Received by	(name and	l title p	printed):	Inspected by (name and title pr	rinted):			
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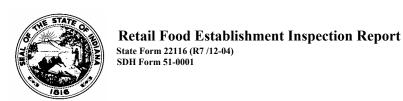
Establishmo 4660 I	GBS ent Addres N Firs Subb ddress cted>	st A biah	S LLC mber and street, city, state, zip code) Ave, Evansville, IN, 47710 n/Subbu Subbiah	(8) (V) Puii	rephone Number 12-423-1800 Credacted> rpose: Routine Follow-up Complaint Pre-Operational	Follow-u No	r) 7/2018 p Releas		
Responsible			il	=	Temporary HACCP	Menu Ty	pe (See addi	tional page)	
Certified Fo		er			Other (list)	102	<u>3</u>	0_4 0_5 0	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	JARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	orrected By	
234	NC		Lacking proper scoop on soup) ba	ar for toppings.		Corrected		
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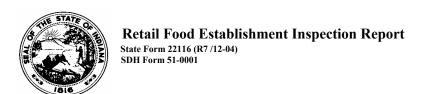
4706 Owner	I Suit ent Addres Morga Park ddress cted> Charge	an Cir	mber and street, city, state, zip code) Ave, Evansville, IN, 47715 nemas Inc	(8 (V Pu V	ephone Number 12-479-9732 (redacted> rpose: Routine Follow-up Complaint Pre-Operational	Follow-u NO Summary	7/2018 Releas	
Responsible Certified Foundation	ood Handl		il		Temporary HACCP Other (list)	Menu Typ	ne (See addi	tional page)
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,			
295	C	K	Guard in ice bin s	oile	ed.			rrected By
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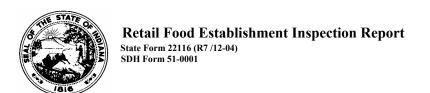
2119 I	reak	s (nu	mber and street, city, state, zip code) n Ave, Evansville, IN, 47714	4	relephone Number 618-437-9799 (<redacted></redacted>	Date of Inst (mm/dd/yr) 03/27/	2018	11830
Owner Andre	ws O	il			Purpose: Routine	Follow-up NO		se Date 06/2018
Owner's Ac		-			Follow-up	Summary of		
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Person in C					Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	$_{\rm NC}$	$\bigcup_{\mathbf{R}} \mathbf{U}$
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Responsible	e Person's	E-ma	il		НАССР	Menu Type	e (See addi	tional page)
					Other (list)	-		$\bigcirc\bigcirc$
Certified Fo		er				1 2	<u> </u>	<u> 1405</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	MNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrativ					orrected By
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	dy's #	s (nu	mber and street, city, state, zip code)	(8	elephone Number 812-471-4395 <redacted></redacted>	2018	то# 11791	
	Burk	haı	rdt Rd, Evansville, IN, 47715		<redacted></redacted>			
Owner SERV	US, I	nc.		I	urpose: Routine	Follow-up No		te Date 05/2018
Owner's Ac					Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td></td><td>= Complaint</td><td>\cap</td><td>(</td><td>) (</td></reda<>					= Complaint	\cap	() (
Person in C					Pre-Operational	$_{\mathrm{C}}$ U	NC_(J _R U
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• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MAR	KED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMM	ARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative				To Be Co	orrected By
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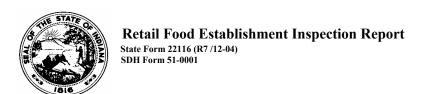
The F		hol	e Bar & Grill	Telephone Number (812-423-5171	Date of Ins (mm/dd/yr	j	ъ# 11659
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) Evansville, IN, 47708	<pre><redacted></redacted></pre>	03/27	/2018	
Owner STEV			· · · · · · · · · · · · · · · · · · ·	Purpose:	Follow-uj		se Date 06/2018
Owner's Ac			-	 			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>_</td><td>of Violation</td><td></td></reda<>				Follow-up	_	of Violation	
Person in C				Complaint		(0_{R}
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>$C_{\underline{}}$</td><td>NC_</td><td>$\frac{1}{R}$</td></reda<>				Pre-Operational	$C_{\underline{}}$	NC_	$\frac{1}{R}$
				Temporary) / T	/C 11:	7
Responsible	e Person's	L-ma	Ш	НАССР	Menu Typ	e (see aaai	tional page)
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Certified Fo		er			$1 \underline{\bigcirc 2}$	\bigcirc 3 \bigcirc	<u> </u>
Cieuac	ileu>						
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
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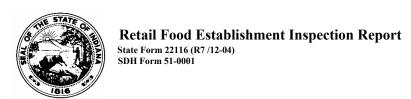
Establishm			antinantal Propletant	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			ontinental Breakfast	() Establishment	03/28/	2018	11592
			mber and street, city, state, zip code) side, Evansville, IN, 47708	<pre>(<redacted></redacted></pre>			
Owner Aztar In	diana (Gam	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-up No		se Date 707/2018
Owner's Ac	ddress			Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$\bigcup_{C} \mathbf{U}$	NC_	$\mathcal{F}_{\mathbf{R}}$
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	: (See addi	tional page)
Certified F	ood Handl	ar		Other (list)	102),(•),(),()
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• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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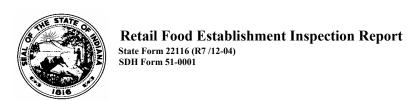
			•				
Starb		C	offee Co #8955	Telephone Number (812-401-1771	Date of Insp (mm/dd/yr)		то# 11501
			mber and street, city, state, zip code) xpressway, Evansville, IN, 47715	() Owner	03/28/	2018	
Owner	-		fee Co	Purpose:	Follow-up NO		se Date //07/2018
Owner's Ac	ldress			Follow-up	Summary	of Violatio	ns.
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Person in C				✓ Pre-Operational		NC_(0
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Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo				Other (list)	\int_{1}^{2}		\bigcirc
<redac< td=""><td></td><td>er</td><td></td><td></td><td></td><td><u> </u></td><td><u>/405</u></td></redac<>		er				<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Approved for reop	enina.			
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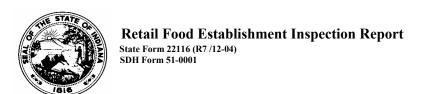
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Chuc	kles	Fo	od Mart #26	812-475-0493	03/26/2	2010	11470
			mber and street, city, state, zip code)	() Owner	03/26/2	2010	
1601 3	S Wei	nba	ach Ave., Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner	^ / / / _			Purpose:	Follow-up		se Date
)K	OIL INC	Routine	No	04/	05/2018
Owner's Ac				Follow-up	Summary of	f Violatio	ns:
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Person in C				Pre-Operational	C	NC_	R_{R}
Responsible				Temporary	Menu Type	(See addi	tional nage)
responsible	c i cison s			НАССР	Mena Type	(See uuui	nonui puge)
Certified F	ood Handle	er		Other (list)	10_2	$)_3$ (\bullet	$_{4}\bigcirc_{5}\bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
	0,11.0		No violations	<u> </u>			
			TTO VIOLATION	,, 			
Received by			printed):	Inspected by (name and title p	rinted):		
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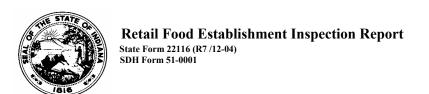
					1		_	
Establishmo Wenc		±33	27	Telephone Number (812-474-1184	Date of Ins (mm/dd/yr		то# 11438	
			mber and street, city, state, zip code)		03/27	/2018	11430	
			River Rd, Évansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-u		se Date	
SERV		nc.		Routine	Yes	04/	06/2018	
Owner's Ac				Follow-up	Summary	of Violation	as:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>$\frac{2}{R}$</td></reda<>				Complaint	1		$\frac{2}{R}$	
Person in C				Pre-Operational	C	NC_	- R_O	
Responsible				Temporary	Menu Tyr	ne (See addi	tional page)	
responsible	er croon s			НАССР		o (See dada)	nonai pago,	
Certified Fo	od Handl	er		Other (list)	$1\bigcirc_2$	\bigcirc_3 \bigcirc	$_{4}O_{5}O$	
<redac< td=""><td>ted></td><td></td><td></td><td></td><td>)</td><td><u> </u></td><td></td></redac<>	ted>)	<u> </u>		
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
347	NC		Hand washing sinks lacking					
342	NC		Kitchen hand washing sink not reachi	ng required tempe	rature.	04/17/2018		
191	С		Items in walk in cooler lacking	proper date label.		Co	rrected	
Received by				Inspected by (name and title p	rinted):			
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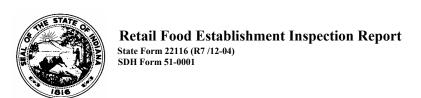
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
St Jo	e Inn			(812-963-9310	03/28/	2010	11337
			mber and street, city, state, zip code)	() Owner	03/26/	2016	
9515	St. We	end	el Rd., EVANSVILLE, IN, 47720	<re><redacted></redacted></re>			
Owner				Purpose:	se Date		
St Joe		nc		✓ Routine		04/	07/2018
Owner's A				Follow-up	Summary o	f Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
Responsible			9	Temporary	Manu Trina	(Coo addi	tional page)
Kesponsibio	e rerson s	c-ma	ш	НАССР	Menu Type	(see aaai	iionai page)
Certified F	ood Handl	er		Other (list)	1(),($)_3$ (\bullet	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>-</td><td></td><td></td><td></td><td><u></u></td><td><u>- 1 </u></td></redag<>		-				<u></u>	<u>- 1 </u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
					D IN THE N	DD + 7711/15	DELOW AS (DE
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
					+		
Received by	*	_ *		Inspected by (name and title p	rinted):		
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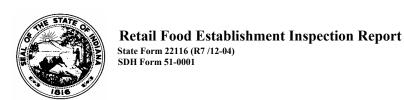
			<u> </u>	-			
	thon		Soup Kitchen	Telephone Number () Establishment	Date of Ins (mm/dd/yr)	11334
713 S			we., EVANSVILLE, IN, 47710	() Owner	00/20	72010	
Owner ST AN	OHTI	NY	S SOUP KITCHEN	Purpose: Routine	Follow-uj		ne Date 07/2018
Owner's Ac	ddress			Follow-up Complaint	Summary	of Violation	
Person in C				Pre-Operational	c 0	NC_($\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{U}}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>)4050
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	ND IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
Received by		_	printed):	Inspected by (name and title p	orinted):		
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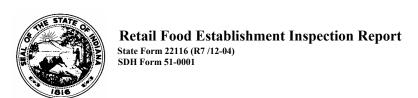
Establishme	ersity	ss (nu	ood Mart mber and street, city, state, zip code) Ave, Evansville, IN, 47714	Telephone Number (812-473-3567 (<redacted></redacted>	Date of Insp (mm/dd/yr) 03/27/	2018	то# 11311
Owner	r Inc	۸/	b/a University Food Mart	Purpose:	Follow-up NO		se Date 06/2018
Owner's Ac		u/	bra Offiversity i ood Mart	Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary o</td><td>_</td><td>_</td></reda<>				Follow-up	Summary o	_	_
Person in C				Complaint	l (()	$_{\rm NC}$)
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC</td><td>_ R</td></reda<>	cted>			Pre-Operational		NC	_ R
Responsible	e Person's	E-ma	il	Temporary	Menu Type	e (See addi	tional page)
				НАССР	$1 \sim 6$		
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 14050</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations	S.			
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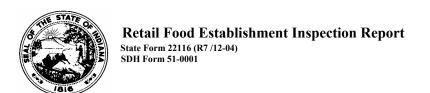
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Sam´	s Clu	ıb :	#8123	812-473-2518	03/29/	2010	11294
			mber and street, city, state, zip code)	<pre></pre>	03/29/	2010	
	E Virg	jini	a St., Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner	_ ,			Purpose:	Follow-up		se Date
Sam's		In	C.	Routine	No	04/	08/2018
Owner's A				Follow-up	Summary o	f Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	\mathcal{L}_{R}
Responsible			:1	Temporary	Manu Trma	(Coo addi	tional page)
Kesponsibio	e rerson s	c-ilia	II	НАССР	Menu Type	(see aaai	nonai page)
Certified F	ood Handle	er		Other (list)	1(),(),(•	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>-</td><td></td><td></td><td>1</td><td><u></u></td><td><u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u></td></redag<>		-			1	<u></u>	<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
					D IN THE NA	DD ATIVE	DELOWAS 6D2
	C/NC		PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MIMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			го ве С	orrected By
			No noted violati	ons.			
D: 11	. (4:41		Towns and the Control	-it 1)		
Received by	*	_ *	printea):	Inspected by (name and title properties)	rinted):		
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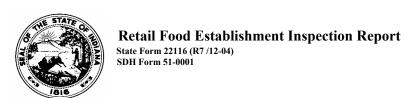
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Olive	Gard	der	1022 א #1	812-473-2903	03/29/	2018	11235
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	03/29/	2010	
Owner GMRI	Inc			Purpose:	Follow-up NO	se Date 08/2018	
Owner's Ac				Follow-up	Summary o	f Violatio	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td></td></reda<>	cted>			Complaint	1		
Person in C				Pre-Operational	\mathbf{C}	NC	I_RU
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
				Other (list)	-	7.6	\bigcirc
Certified Fo		er			$1 \bigcirc 2$	<u>3</u> C	<u>/405</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADVED "C"			
					ID IN THE NA	DD A TIME	DELOWAS "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative	MIMARY OF VIOLATIONS" AN			orrected By
342	NC	K		a warm water			30/2018
			Hand washing sinks lackin				
344	С		Hand sink in prep area no	ot accessible.		Co	rrected
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
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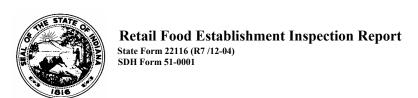
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
McDo	onald	s ŧ	<i>‡</i> 20552	812-867-9003	03/29/2	0010	11201
			mber and street, city, state, zip code)	() Owner	03/29/2	2010	
999 E	Mt. P	lea	sant Rd, Evansville, IN, 47725	<re><redacted></redacted></re>			
Owner	\ ·	_ 1		Purpose:	Follow-up		se Date
Ivan C		aı		✓ Routine	No	04/	08/2018
Owner's Ac				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	$R_{\rm R}$
Responsible			:i	Temporary	Menu Type	(Saa addi	tional naga)
Kesponsible	e i cison s	L-ma	ш	HACCP	Wichu Type	(see aaai	nonui puge)
Certified Fo	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	D) ₃ ($)_4\bigcirc_5\bigcirc$
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		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		IN IN THE NAI	OD ATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	WIWART OF VIOLATIONS AN			orrected By
Section#	C/IC	K		onc		U DE C	nrected by
			No noted violation	0115.			
							_
Received by	(nome or 1	titla -	printed):	Inspected by (name and title	rintad):		
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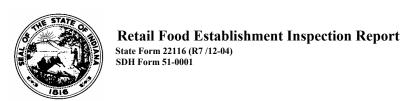
Establishmo		⊏ √	vansville Casino	Telephone Number Date of Inspection (mm/dd/yr) 11 1 1 2 2					
			mber and street, city, state, zip code)	812-433-4000	03/28	/2018	11133		
			side Dr, Evansville, IN, 47708	<pre><redacted></redacted></pre>					
Owner				Purpose:	Follow-u		se Date		
		Gan	ning Co LLC / dba Tropicana Evansville	✓ Routine	No	04/	07/2018		
Owner's Ac				Follow-up	Summary	of Violation	ns:		
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>\cap</td><td></td><td>2 1</td></reda<>		•		Complaint	\cap		2 1		
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{3}{1}$		
Responsible			ii	Temporary	Menu Tvi	ne (See addi	tional page)		
responsible	c i cison s			НАССР	-	or (See add)			
Certified Fo	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$)_{4}\bigcirc_{5}\bigcirc$		
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• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"					
• VIOLATIC	ON(S) REPE	CATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
			High Limits Bar- no note	d violations.					
291	NC	R	Bar 421- iodine test strips not available	r 421- iodine test strips not available for warewashing machine.					
146	NC		The Deli- ingredient labeling needs	The Deli- ingredient labeling needed for grab & go foods.					
234	NC		Tap House- ice scoops not stor	red properly in bar		Co	rrected		
Received by	,			Inspected by (name and title p < redacted>	rinted):				
Received by				Inspected by (signature):					
	()	,		inspected by (signature).					
cc:			cc:		cc:				



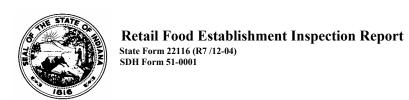
Establishm		۰	0.100	Telephone Number	Date of Ins (mm/dd/yr		ID#
Lic's				812-422-2618	03/26	5/2018	11087
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	00,20	,_0.0	
Owner	v Filti	13	t, Evansville, IN, 47708		E 11	In i	<u> </u>
Don S	mith			Purpose:	Follow-uj		se Date //05/2018
Owner's A				 			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>_</td><td>of Violation</td><td></td></reda<>				Follow-up	_	of Violation	
Person in C				Complaint	()	NG	$\frac{1}{R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC</td><td> K</td></reda<>				Pre-Operational		NC	K
Responsibl	e Person's	E-ma	il	Temporary	Menu Typ	se (See addi	tional page)
				НАССР			
Certified F		er		Other (list)	$1 \bigcirc 2$	<u></u> 3 <u></u>	<u>)4U5U</u>
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• CRITICAI	L ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
234	NC	R	Ice cream scoops being stored	d in standing water		Co	rrected
	110			an otanang water			
			_				
Received by	(name and	l title p		Inspected by (name and title p	rinted):		
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Received by	(signature):		Inspected by (signature):			
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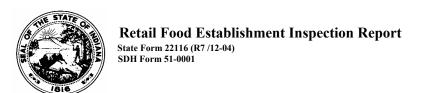
Jimtown Bar Establishment Address (number and street, city, state, zip code) 502 N Garvin St., Evansville, IN, 47711 Owner Marlon Moore Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI</redacted></redacted></redacted>						lephone Number 12-422-0803 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	P Releas 04/ of Violation NC_	06/2018 D R O
							D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	rrected By
Section	2,2,10		N	No noted violation	าทอ			102000	cocca Dj
			<u> </u>	NO HOLEG VIOIALIC	ЛΙЗ	•			
Received by	*		orinted):		_	ected by (name and title predacted>	rinted):		
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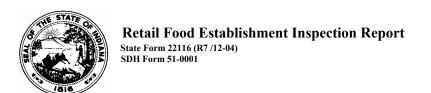
Establishm				Telephone Number Date of Inspection ID #				
Huck	s # 3	37		812-477-5232	(mm/dd/yr) 03/26		11047	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	() Owner	03/20/	2010		
Owner MART	IN &	ВА	YLEY INC	Purpose:	Follow-up Yes		se Date 05/2018	
Owner's A				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>) (</td></reda<>		1		Complaint) (
Person in C	_			Pre-Operational	C	NC_		
Responsible				Temporary	Menu Tvn	e (See addi	tional page)	
responsion	c i cison s		•	НАССР	- Nicha Typ		nonai page)	
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>	
• CRITICAI	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
415	С		Pest activity in kitche	en area.		03/2	27/2018	
			,					
Received by		_		Inspected by (name and title properties)	rinted):			
Received by	(signature)):		Inspected by (signature):				
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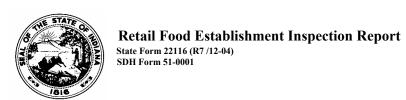
Establishm Huck		27		Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-477-5232	03/27	/2018	11047
			River Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner MART	IN &	BA	YLEY INC	Purpose:	Follow-up NO		se Date 06/2018
Owner's A				✓ Follow-up		of Violation	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_
Person in C				Pre-Operational		NC ($\frac{0}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td>_ K</td></reda<>				Temporary			_ K
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified F		er			1 2	<u>3</u>	<u>/4_5_</u>
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Violation from 3/26/2018	3 corrected.			
Received by		_		Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishment Name Holiday Retirement Village				(mm/dd/vr)			тр# 11035	
Establishment Address (combined at the state of and a			812-429-0701	03/21/2010				
1200 \	N Bue	ena	Vista, EVANSVILLE, IN, 47710	<pre>(<redacted></redacted></pre>				
Owner	D:			Purpose:	Follow-up		se Date	
Derek		gai	<u>1</u>	Routine	No		06/2018	
Owner's A				Follow-up	Summary	of Violation	ns:	
Person in C				Complaint	\cap		$\frac{1}{R}$	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td> R</td></reda<>				Pre-Operational	C	NC	R	
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)	
•				НАССР				
Certified F		er		Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>	
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
430	NC	R	Wall behind grill in need	d of repair.		04/3	30/2018	
			<u> </u>					
			<u> </u>					
Received by		_		Inspected by (name and title p < redacted>	rinted):			
				Inspected by (signature):				
		_						
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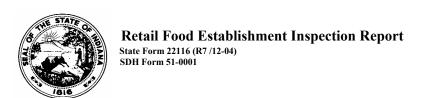
Establishm	_			Telephone Number	Date of Insp	ection	ID#	
Ricks Sport Bar & Family Room			812-477-4088	03/28/2018 10998				
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	00/20/			
	-	Ba	ar & Family Room Inc	Purpose: Routine	Follow-up No		se Date 07/2018	
Owner's Ac				Follow-up	Summary o	f Violatio	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>NC_(</td><td>)</td></reda<>				Complaint	\cap	NC_()	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u>R</u></td></reda<>				Pre-Operational	C	NC_	<u>R</u>	
Responsible			il	Temporary	Menu Type	(See addi	tional page)	
				HACCP	\bigcirc (
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u> 05	
• CRITICAL	LITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			Го Ве Со	orrected By	
			No noted violation	ons.				
Received by	*	_ *	*	Inspected by (name and title precised>	rinted):			
Received by				Inspected by (signature):				
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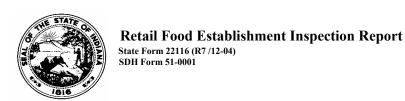
Establishm	ent Name			Telephone Number	Date of Inspec	ction	ID#		
Dairy	Que	en		812-477-0034	03/26/2018 10895				
Establishment Address (number and street, city, state, zip code) 5200 Division St, Evansville, IN, 47715				<pre><redacted></redacted></pre>	. 03/20/2018				
Owner	_			Purpose:	Follow-up		e Date		
Barry	Nass	<u>eri</u>		✓ Routine	No	04/	05/2018		
Owner's Ac				Follow-up	Summary of	Violation	ns:		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>1</td><td>\cap</td></reda<>				Complaint	1	1	\cap		
Person in C				Pre-Operational	C	_{NC_} 1	$R \cup R$		
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Responsible	e Person's	E-ma	il	НАССР	Menu Type (See addii	tional page)		
Certified F	ood Handle	D. M.		Other (list)	10,0),(),(),()		
<redag< td=""><td></td><td>CI.</td><td></td><td></td><td>1020</td><td><u></u></td><td>4030</td></redag<>		CI.			1020	<u></u>	4030		
		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"					
									
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN					
Section#	C/NC	R	Narrative		1		orrected By		
324	С		Hand sink on front line in			03/28/2018			
216	NC		Duct tape being used as repair for	or topping containe	rs.	03/26/2018			
	<u> </u>								
Received by	*	_ *	printed):	Inspected by (name and title properties)	rınted):				
Received by	(signature)):		Inspected by (signature):					
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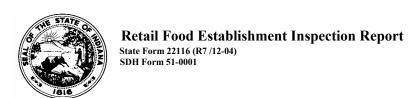
Establishment Name					Telephone Number	Date of Inspection (mm/dd/yr)			
Buehlers IGA #452				(812-475-6730	03/26	/2018	10882	
Establishment Address (number and street, city, state, zip code) 2220 E Morgan Ave., Evansville, IN, 47711				(<redacted></redacted>		,		
Owner HOUC	HEN	S I	NORTH FOODS LLC	I—	Purpose: Routine	Follow-u No		Date 05/2018	
Owner's Ac	ldress			— -	Follow-up	Summary	of Violation	ıs:	
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>` ~</td></reda<>	cted>				Complaint	1		` ~	
Person in C					Pre-Operational	\mathbf{c}^{-1}	NC (, RO Ι	
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Responsible	e Person's	E-ma	il	F	HACCP	Menu Ty	se (See addii	tional page)	
C CC IE	177 11			_	Other (list)	100		\bigcirc	
Certified Fo		er		_		1	<u> </u>	<u>′4050</u>	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MAF	RKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	'SUMN	MARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative					orrected By	
324	С		Employee restroom sink in need to repair	to ma	aintain proper tempe	rature.	04/1	17/2018	
				spected by (name and title precised)	rinted):				
Received by	(signature)):			spected by (signature):				
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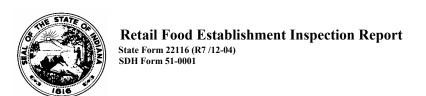
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Bauer's Grove Bauerhaus				812-867-3169	03/28/		10858
Establishment Address (number and street, city, state, zip code)				() Owner	03/20/	2010	
	Darm	sta	dt Rd., EVANSVILLE, IN, 47725				
Owner	. A D		\	Purpose:	Follow-up		se Date
James		aue	<u> </u>	Routine	No	04/	07/2018
Owner's Ad				Follow-up	Summary of	of Violation	ns:
Person in C				Complaint		(\cap
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R = R</td></reda<>				Pre-Operational	C	NC_	R = R
Responsible			il	Temporary	Menu Type	: (See addi	tional page)
				НАССР			
Certified F		er		Other (list)	$ _{1}\bigcirc_{2}($	\bigcirc_3 \bigcirc	$)_4\bigcirc_5\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	(nome or	titla -	arintad):	Inspected by (name and title p	rintad):		
< red				<pre><red (name="" <redacted="" and="" by="" p="" title=""></red></pre>	imteu):		
Received by				Inspected by (signature):			
	. =						
cc:			cc:		cc:		



6770 E	an ent Addres E. Vir	gin	mber and street, city, state, zip code) ia St., Evansville, IN, 47715	elephone Number 214-406-4486 <redacted> urpose:</redacted>	Date of In (mm/dd/y) 03/29 Follow-u	13784 13784		
		ncr	nising Corp	<u> </u>	Routine	No	04/	08/2018
Owner's Ad				L	Follow-up	Summary	of Violation	IS:
Person in C				┺	Complaint	\cap	NC_) ()
<reda< td=""><td></td><td></td><td></td><td>L</td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R -</td></reda<>				L	Pre-Operational	C	NC_	- R -
Responsible			il	┺	Temporary	Menu Ty	pe (See addi	tional page)
				\vdash	HACCP		\bigcirc \subseteq	
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u>	<u>1405</u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARI	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	J MM 2	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violati	ons	S			
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							<u>. </u>	
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		$\vdash\vdash$					<u> </u>	
Received by	(name and	title 1	arinted):	Incr	pected by (name and title pr	inted):		
					redacted>	inica).		
				Insp	pected by (signature):			
cc:			ce:	<u> </u>		cc:		



Establishm				Telephone Number	Date of Inspe	ection	ID#
Xpres	ss Ma	art		812-401-2331	(mm/dd/yr)	2040	13776
Establishment Address (number and street, city, state, zip code)					03/26/2	2018	
1921	E. Fra	ank	lin, Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Amrin		Ka	aur	✓ Routine	No	04/	05/2018
Owner's A				Follow-up	Summary of	f Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>2</td><td>(</td><td>) (</td></reda<>		1		Complaint	2	() (
Person in C				Pre-Operational	$_{\rm C}$	NC (0_{R}
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
Certified F				Other (list)	1.0.0		\bigcirc
Certified F	ood Handi	er				<u> </u>	<u> </u>
				I . DAVID // CM	<u> </u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN				
• VIOLATIO	. ,	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		-	To Be Co	orrected By
118	С		Facility lacking certified food	safety employee.		04/3	30/2018
344	С		Hand sink inacces	ssible.		Co	rrected
Received by		•	printed):	Inspected by (name and title p	rinted):		
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Received by	(signature):		Inspected by (signature):			
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							T	
Common Ground Community Kitchen			Telephone Number	7020 (mm/dd/yr)				
Establishment Address (number and street sity state sin add)			(812-425-7029	03/20/2010				
			t, Evansville, IN, 47708	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Peggy	/ Pirro)		✓ Routine	No	04/	07/2018	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\mathbf{O}</td><td>(</td><td>) (</td></reda<>				Complaint	\mathbf{O}	() (
Person in C				Pre-Operational	$_{\rm C}$ U	NC ($0_{\rm R}$	
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addi	tional page)	
Certified Fo	ood Hondl	210		Other (list)	100	\bigcirc),(),()	
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		E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
			No noted violation	ons.				
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