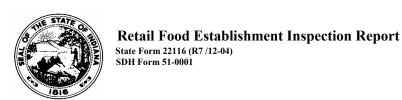


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	laın S	t, E	Evansville, IN, 47708					
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173	С		Raw chicken stored above cook	ed foods in kitcher	٦.	Со	rrected	
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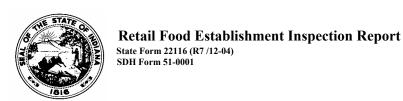
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			mber and street, city, state, zip code)	812-473-7008	01/23	/2019	11945	
			Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>				
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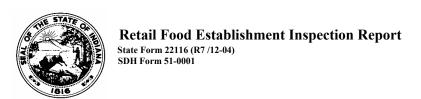
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				812-401-1771	01/23	/2019	11501
6401 E	E Lloy	d E	mber and street, city, state, zip code) xpressway, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner Starbu	icks (ີດf	fee Co	Purpose:	Follow-up		se Date /02/2019
Owner's A		الاح	166 00	Routine			
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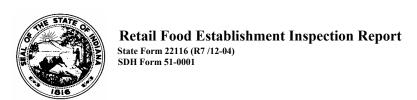
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Moe´:	s Soı	uth	west Grill	812-491-6637	` '		11499
			mber and street, city, state, zip code)	() Owner	01/23/	2019	
6401 E	ELloy	d E	xpressway, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
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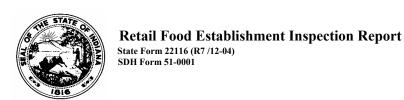
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	Burk	naı	rdt Rd, Evansville, IN, 47715		<re></re>			
		tor	es East, LP	I-	Purpose: Routine	Follow-up No		Se Date 01/2019
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			mber and street, city, state, zip code)	<pre></pre>	01/23/	2019			
	Fran	klır	n St, Evansville, IN, 47711						
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		OI .	America	✓ Routine	No		02/2019		
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The C		^		Telephone Number	Date of Ins (mm/dd/yr		ID#
				<u> </u> (812-435-5770	01/25	/2019	11397
			mber and street, city, state, zip code) ., Evansville, IN, 47708	() Owner			
Owner	Jousi	Οl.	., Lvansville, IIV, 47700	Purpose:	Follow-uj	Palan	se Date
	rhurc	nh (County	Routine	No		04/2019
Owner's Ac		<u>, , , , , , , , , , , , , , , , , , , </u>	Source	 			
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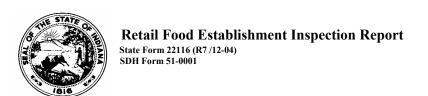
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			mber and street, city, state, zip code) , Evansville, IN, 47708	' <redacted></redacted>		,_0.0	
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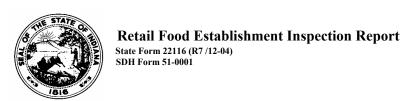
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Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	() Owner	01/23	3/2019	
6225 \	√ogel	R	d., EVANSVILLE, IN, 47715					
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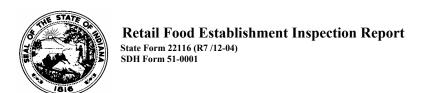
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			mber and street, city, state, zip code)		01/23	/2019	11230
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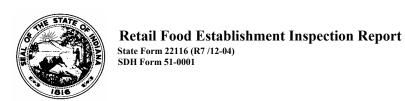
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1148 \	<u> Wash</u>	ing	ton Ave., Evansville, IN, 47714	' <redacted></redacted>				
Owner			110	Purpose:	Follow-u		se Date	
		pri	ses LLC	Routine	No	02/	04/2019	
Owner's Ad				Follow-up	-	of Violation		
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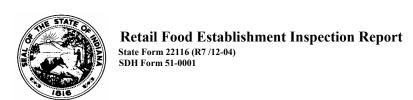
Establishm				Telephone Number	Date of Insp		ID#		
Circle	e K #	470	00084	812-425-1634	$34 \begin{vmatrix} \frac{\text{(mm/dd/yr)}}{\text{01/22/2019}} & 111 \end{vmatrix}$				
			mber and street, city, state, zip code)	<redacted></redacted>	01/22/2019				
	First A	\ ve	e, Evansville, IN, 47710						
Owner	Con	, o r	sianaa Stara II C	Purpose:	Follow-up		se Date		
		ver	nience Store LLC	✓ Routine	No		01/2019		
Owner's Ad				Follow-up	Summary	of Violation	ns:		
Person in C				Complaint		$_{\rm NC}$	\cap		
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R-O</td></reda<>				Pre-Operational	C	NC_	- R-O		
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)		
				НАССР	_ `				
Certified F		er	_	Other (list)	10^{2}	\bigcirc_3 \bullet	$)_{4}\bigcirc_{5}\bigcirc$		
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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	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
			No noted violation	ons.					
Received by	(name and	l title p	printed):	Inspected by (name and title pr	rinted):				
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Received by				Inspected by (signature):					
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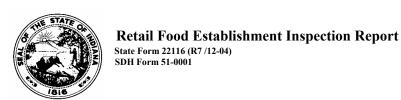
Establishm		22	dhouse #316	Telephone Number	Date of Inspection (mm/dd/yr) ID#			
				812-471-8403	01/25	/2019	11092	
			mber and street, city, state, zip code) Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>				
Owner LOGA	NS R	RO/	ADHOUSE INC	Purpose:	Follow-uj		se Date // 04/2019	
Owner's A				✓ Follow-up	Summary	of Violation		
<reda< td=""><td>cted></td><td>,</td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td></td></reda<>	cted>	,		Complaint	Summary	_		
Person in C				Pre-Operational	CU	NC_	JRU	
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	se (See addi	tional page)	
						\bigcirc		
Certified F		er		Other (list)	1 <u>U</u> 2	\bigcirc 3 \bigcirc	<u> 1405</u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATEI	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	
			Follow-up from inspection on 1/4/19.	All violations corr	ected.	1		
			,			·		
								
						<u> </u>		
						<u> </u>		
Received by	,			Inspected by (name and title p <redacted></redacted>	rinted):			
				Inspected by (signature):				
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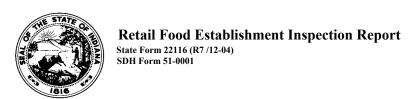
502 N Owner	wn B ent Addres Garv	s (nu 'in	nber and street, city, state, zip code) St, Evansville, IN, 4	Telephone Number (812-422-0803 (<redacted> Purpose:</redacted>	01/20	7) 5/2019 p Releas	11060 11060	
John E	3acke	S		Routine	No	02/	04/2019	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>					Complaint		() ()
Person in C					Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
<reda< td=""><td></td><td></td><td>1</td><td></td><td>Temporary</td><td>Monu Tv</td><td>na (Saa addi</td><td>tional page)</td></reda<>			1		Temporary	Monu Tv	na (Saa addi	tional page)
Kesponsible	e rerson's	c-ma	l e		HACCP	Menu Ty	pe (see aaai	iionai page)
Certified Fo		er			Other (list)	$1 \bigcirc 2$	<u></u>	<u>_4</u> _5
• CRITICAI	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE	E DENOTED IN THE "SU	JMMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
			N	o noted violation	ons.			v
				Inspected by (name and title < redacted>	-			
Received by	(signature):			Inspected by (signature):			
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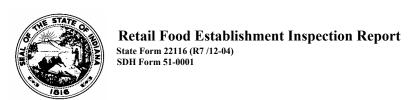
Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#
		e #	[‡] 2482	812-422-2384	(mm/dd/yr)	10920	
			mber and street, city, state, zip code)	() Owner	01/23/	2019	
4855 V	V Lloy	d E	xpressway, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner	_			Purpose:	Follow-up		se Date
		St	ores Inc	Routine	No	02/	02/2019
Owner's Ac				Follow-up	Summary o	f Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>\cap</td></reda<>				Complaint	\cap	(\cap
Person in C				Pre-Operational	$_{\rm C}$	NC_	$I_{R}U$
Responsible			9	Temporary	Menu Type		
Kesponsible	e Person's	L-ma	Ш	НАССР	Menu Type	(See aaai	nonai page)
Certified F	ood Handle	er		Other (list)	1(),(),(•	$)_{4}\bigcirc_{5}\bigcirc$
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		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(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		,	Го Ве Со	orrected By
			No noted violati	ons.			
Received by			printed):	Inspected by (name and title p	rinted):		
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Received by	(signature):		Inspected by (signature):			
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Establishm	_			Telephone Number	Date of Inspection ID # (mm/dd/yr)					
Dairy	Que	en		812-477-0034	. 01/22/2019 1089					
			mber and street, city, state, zip code)	<redacted></redacted>	01/22	./2019				
1	Divisi	on	St, Evansville, IN, 47715							
Owner	Nacc	_ u:		Purpose:	Follow-u		se Date			
Barry		en		✓ Routine		02/01/2019				
Owner's A				Follow-up	Summary	mary of Violations:				
Person in C				Complaint	3	1	1 _R 1			
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C_C</td><td>_ NC</td><td> R</td></reda<>				Pre-Operational	C_C	_ NC	R			
Responsible			1	Temporary	Menu Ty	pe (See addi	tional page)			
				НАССР						
Certified F		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	<u>)4U5U</u>			
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• CRITICAI	L ITEMS AF	E 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			
324	С	R	Grease trap logs not υ	01/22/2019						
303	С		Sanitizer bucket not provided	Corrected						
205	С		Food preparation board in need of r	01/22/2019						
297	NC		Soda dispenser in lobby	01/22/2019						
			-							
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):					
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Received by				Inspected by (signature):						
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330 M Owner Ken S	y Joh ent Addres lain S tinler	s (nu	S mber and street, city, state, zip code) Jnit A, Evansville, IN, 47708	Telephone Number (812-402-5653 (redacted> Purpose: Routine	Date of Inspe (mm/dd/yr) O1/24/2 Follow-up	2019 Releas	13619 13619 se Date 03/2019	
Owner's Ac				Follow-up	Summary of	Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>_c_1</td><td>$_{\rm NC}$</td><td></td></reda<>				Complaint	_c _1	$_{\rm NC}$		
<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 Type	(See addi	tional page)	
				НАССР				
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u> </u>	<u>)4U5U</u>	
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"				
• VIOLATIO	ON(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	
118	С		No employee with food safety n	nanager certificate.	ı	02/2	24/2019	
				Inspected by (name and title printed): <redacted></redacted>				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm				Telephone Number	Date of Inspe	ction	ID#
Xpres	ssma	rt		812-492-3200	(mm/dd/yr)	2040	14008
			mber and street, city, state, zip code)		01/23/2	2019	
1601 l	N Firs	st A	ve, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Amrin	derjit	Ka	ur	Routine	No	02/	02/2019
Owner's A				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\mathbf{O}</td><td>(</td><td>) (</td></reda<>		1		Complaint	\mathbf{O}	() (
Person in C				✓ Pre-Operational	$_{\rm C}$ U	NC_	J _R U
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Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
				Other (list)	\bigcirc (
Certified F	ood Handl	er			1 <u>U</u> 2 <u>U</u>		<u> 405</u>
• CRITICAL	LITEMS AF	RE 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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
			Approved for oper	ration.			
			11				
Received by	*	•	printed):	Inspected by (name and title pr	rinted):		
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Received by	(signature):		Inspected by (signature):			
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