



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCHD 435-5695

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 11th Frame Lounge		Telephone Number () Establishment 812 423 5355 () Owner	Date of Inspection (mm/dd/yr) 1-28-15	ID #
Establishment Address (number and street, city, state, ZIP code) 1801 W. Franklin St. Evansville IN 47712		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up N	Release Date 1-31-15
Owner CaroLyn Brown			Summary of Violations: C — NC — R —	
Owner's Address		Menu Type (See back of page) 1 — 2 — 3 X 4 — 5 —		
Person in Charge CaroLyn Brown				
Responsible Person's E-mail				
Certified Food Handler Colleen Foster				

- 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
			Corrected violation from 1/23/15	

Received by (name and title printed): X CAROLYN BROWN	Inspected by (name and title printed): Katie Greffler
Received by (signature): X CaroLyn Brown	Inspected by (signature): Katie Greffler
cc:	cc:



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Establishment Name <i>MIDWEST SOUTHWESTERN GRILL</i>	Telephone Number () Establishment <i>491-6637</i> <small>(Owner)</small>	Date of Inspection (mm/dd/yr) <i>1-28-15</i>	ID # <i>82</i>
Establishment Address (number and street, city, state, ZIP code) <i>6401 E. LLOYD EXP.</i>			<i>01</i>
Owner <i>omm</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>2-7-15</i>
Owner's Address		Summary of Violations: <i>CO NCOR</i>	
Person in Charge <i>Cynthia Fowler</i>		Menu Type (See back of page) <i>1 2 B 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>HARLEO I ABU-TAGRA</i>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			<i>NO DISCREPANCIES.</i>	

Received by (name and title printed): <i>X Cynthia Fowler</i>	Inspected by (name and title printed): <i>JAMES CLEMENS</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name COLD STONE CREAMERY		Telephone Number () Establishment (438) 2657	Date of Inspection (mm/dd/yr) 1-28-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 6401 E. LLOYD EXP		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up ND	Release Date 2-7-15
Owner JIM JOHNSON			Summary of Violations: C NC DR	
Owner's Address		Menu Type (See back of page) 1 2 <u>3</u> 4 5		
Person in Charge McKenzie Batten				
Responsible Person's E-mail				
Certified Food Handler Jim Johnson				

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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES.	

Received by (name and title printed): McKenzie Batten	Inspected by (name and title printed): JAMES CLUMONIS
Received by (signature): McKenzie Batten	Inspected by (signature): James Clumonis
cc:	cc:



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Establishment Name Fairfield Inn		Telephone Number () Establishment (476) 7000 Owner	Date of Inspection (mm/dd/yr) 1-28-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 779 Eagle Crest Blvd				01
Owner RC Lynd		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 2-7-15
Owner's Address			Summary of Violations: C O N C O R O	
Person in Charge X Ken Rumps			Menu Type (See back of page)	
Responsible Person's E-mail			1 <input checked="" type="checkbox"/> 3 4 5	
Certified Food Handler DANIELLE FAGNAN				

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Section#	C/N/C	R	Narrative	To Be Corrected By
			NO DISCREPANCIES	

Received by (name and title printed): X Ken Rumps	Inspected by (name and title printed): JAMES CLEMORE
Received by (signature): 	Inspected by (signature):
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 <u>DUNCAN TOWN & SWEETS</u>	Telephone Number () Establishment <u>(477) Own 3400</u>	Date of Inspection (mm/dd/yr) <u>1-28-15</u>	ID # <u>88 07</u>
Establishment Address (number and street, city, state, ZIP code) <u>100 CROSS POINT BLVD</u>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <u>ND</u>	Release Date <u>2-7-15</u>
Owner <u>DUNCAN TOWN</u>		Summary of Violations: <u>C 0 NC 0 RD</u>	
Owner's Address	Menu Type (See back of page) <u>1 2 3 4 5</u>		
Person in Charge <u>X Linda Patterson</u>			
Responsible Person's E-mail			
Certified Food Handler <u>X Chris Garey</u>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			<u>NO DISCREPANCIES.</u>	

Received by (name and title printed): <u>X Linda Patterson</u>	Inspected by (name and title printed): <u>JAMES CUMMINS</u>
Received by (signature): <u>X Linda Patterson</u>	Inspected by (signature): <u>James Cummins</u>
cc:	cc:



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Establishment Name STARBUCKS	Telephone Number () Establishment (476-7) 385	Date of Inspection (mm/dd/yr) 1-27-15	ID # 82 01
Establishment Address (number and street, city, state, ZIP code) 512 N. GREEN RIVER RD.	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)		Follow-up NO
Owner STARBUCKS			Release Date 2-6-15
Owner's Address	Summary of Violations: C D NC O R O		
Person in Charge Trace Griggs	Menu Type (See back of page) 1 <u>(2)</u> 3 4 5		
Responsible Person's E-mail			
Certified Food Handler TRACE GRIGGS			

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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES.	

Received by (name and title printed): TRACE GRIGGS	Inspected by (name and title printed): JAMES CLEMENS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment Name <u>WALGREENS</u>	Telephone Number () Establishment <u>477-1257</u> () Owner	Date of Inspection (mm/dd/yr) <u>1-27-15</u>	ID # <u>82</u> <u>01</u>
Establishment Address (number and street, city, state, ZIP code) <u>925 S. GREEN RIVER RD.</u>		Follow-up <u>NO</u>	Release Date <u>2-6-15</u>
Owner <u>WALGREENS CORP.</u>	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <u>C2 NC2 R0</u>	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge <u>Nolan Harmon</u>	3. Complaint	<input checked="" type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>4</u> <input type="checkbox"/> <u>5</u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <u>N/A</u>	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
			<u>NO DISCREPANCIES.</u>	

Received by (name and title printed): <u>T Nolan Harmon ASMT</u>	Inspected by (name and title printed): <u>JAMES CLEMONS</u>
Received by (signature): <u>T Nolan Harmon</u>	Inspected by (signature): <u>James Clemons</u>
cc:	cc:



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Establishment Name CIRCLE K		Telephone Number () Establishment (477.74332) Owner		Date of Inspection (mm/dd/yr) 1-27-15	ID # 8201
Establishment Address (number and street, city, state, ZIP code) 300 S. GREEN RIVER RD.		Owner CIRCLE K		Follow-up NO	Release Date 2-6-15
Owner's Address		Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Summary of Violations: C 0 NC 0 RO	
Person in Charge Andrea Murphy		Responsible Person's E-mail		Menu Type (See back of page)	
Certified Food Handler				1 <u> </u> ② <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES	

Received by (name and title printed): Andrea Murphy	Inspected by (name and title printed): JAMES CLEMENS
Received by (signature): Andrea Murphy	Inspected by (signature): James Clemens
cc:	cc:



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Establishment Name DOLLAR GENERAL		Telephone Number () Establishment 477-1947		Date of Inspection (mm/dd/yr) 1-27-15		ID # 82	
Establishment Address (number and street, city, state, ZIP code) 5033 THEATER DR.		() Owner				01	
Owner DOLLAR GENERAL		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up NO		Release Date 2-6-15	
Owner's Address		2. Follow-up		Summary of Violations: C O NC O R O			
Person in Charge Kristi M. Cirincione		3. Complaint					
Responsible Person's E-mail		4. Pre-Operational		Menu Type (See back of page) A 2 3 4 5			
Certified Food Handler N/A		5. Temporary					
		6. HACCP					
		7. Other (list)					

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

Received by (name and title printed): Kristi M. Cirincione		Inspected by (name and title printed): JAMES CLEMONS	
Received by (signature): <i>Kristi M. Cirincione</i>		Inspected by (signature): <i>James Clemons</i>	
cc:		cc:	



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Establishment Name <u>Mc DONALDS</u>		Telephone Number () Establishment <u>(577) 7041</u>	Date of Inspection (mm/dd/yr) <u>1-27-15</u>	ID # <u>82</u>
Establishment Address (number and street, city, state, ZIP code) <u>4701 LINCOLN AVE</u>		Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <u>NO</u>	Release Date <u>2-6-15</u>
Owner <u>DBK VISIION INC.</u>	Owner's Address		Summary of Violations: <u>C0 N0 R0</u>	
Person in Charge <u>LISA QUARLES</u>	Responsible Person's E-mail	Menu Type (See back of page) <u>1 2 <u>B</u> 4 5</u>		
Certified Food Handler <u>LISA QUARLES</u>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			<u>NO DISCREPANCIES.</u>	

Received by (name and title printed): <u>LISA QUARLES</u>	Inspected by (name and title printed): <u>TAMAR CLEMON</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:



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Establishment Name COVERT LUNA PIZZA	Telephone Number () Establishment 473-1122 <small>Owner</small>	Date of Inspection (mm/dd/yr) 1-27-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 2950 COVERT AVE			01
Owner MIKE + STEVE STOCKINGER	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up ND	Release Date 2-6-15
Owner's Address		Summary of Violations: C 0 NC 1 R 0	
Person in Charge X MIKE STOCKINGER		Menu Type (See back of page)	
Responsible Person's E-mail		1 2 (3) 4 5	
Certified Food Handler X MIKE STOCKINGER			

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Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		shelves in reach-ins soiled	1-29-15

Received by (name and title printed): X MIKE STOCKINGER	Inspected by (name and title printed): JAMES CLEMANS
Received by (signature): X Mike Stockinger	Inspected by (signature): James Clemans
cc:	cc:



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Establishment Name Flames Grill	Telephone Number () Establishment 812-760-5138 () Owner	Date of Inspection (mm/dd/yr) 1-27-15	ID #
Establishment Address (number and street, city, state, ZIP code) 1013 S. Weinbach Ave. Bransville, IN 47714	Owner	Follow-up Y Week 2-6-15	Release Date
Owner's Address	Purpose: <u>1. Routine</u>	Summary of Violations: C 1 NC 3 R -	
Person in Charge John Johnson	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail	3. Complaint	1 2 3 <u>X</u> 4 5	
Certified Food Handler John Johnson	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
191	C		items in refrigerator lack date marking	1-28-15
305	NC		hood vent lacking some covers.	2-3-15
324	NC		3 compartment sink leaking. repair.	2-3-15
245	NC		wet wiping cloths not stored in sanitizing solution.	1-28-15
			grease trap cleaned 7-14-14 1x a year 4gal	

Received by (name and title printed): X JOHN JOHNSON	Inspected by (name and title printed): Katie Greller
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name No Ruz Grotto	Telephone Number (812) Establishment 422-8758 () Owner	Date of Inspection (mm/dd/yr) 1-27-15	ID #
Establishment Address (number and street, city, state, ZIP code) 911 SE 2nd St. Evansville, IN 47713	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up N	Release Date 2-6-15
Owner's Address		Summary of Violations: C - NC 1 R 2	
Person in Charge Bill Lockyard	Menu Type (See back of page) 1 2 3 4 5		
Responsible Person's E-mail			
Certified Food Handler			

- 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
290	NC		sides of dish machine soiled. Clean.	1-30-15
<p>✓ grease trap cleaned 1-15-14 quarterly less than 1 gal</p>				

Received by (name and title printed): William C. Lockard	Inspected by (name and title printed): Katie Gretters
Received by (signature): <i>William C. Lockard</i>	Inspected by (signature): <i>Katie Gretters</i>
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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VCHD
435-5616

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 <u>Graces</u>	Telephone Number (<u>868-8889</u>)	Date of Inspection (mm/dd/yr) <u>12715</u>	ID # <u>8202</u>
Establishment Address (number and street, city, state, ZIP code) <u>12500 Hwy 4 N</u>		Follow-up <u>NO</u>	Release Date <u>2-6-15</u>
Owner <u>Grace Sang & Kent Dan</u>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) _____	Summary of Violations: <u>C 0 NC 1 R</u>	
Owner's Address		Menu Type (See back of page) <u>1 2 3 4 5</u>	
Person in Charge <u>Kent Dan</u>			
Responsible Person's E-mail			
Certified Food Handler <u>Grace Sang</u>			

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Section#	C/NC	R	Narrative	To Be Corrected By
<u>245</u>	<u>NC</u>		<u>Wet wiping cloths improperly stored</u>	<u>corrected</u>

Received by (name and title printed): <u>[Signature]</u>	Inspected by (name and title printed): <u>Carol J. Cochran</u>
Received by (signature):	Inspected by (signature):
cc:	cc: <u>12-20-14</u>
cc:	cc:



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VC # 4355/16

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 <i>Papa John's # 3681</i>	Telephone Number <i>727-7272</i>	Date of Inspection (mm/dd/yr) <i>12/7/15</i>	ID # <i>8202</i>
Establishment Address (number and street, city, state, ZIP code) <i>12414 Hwy 41 N</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>2615</i>
Owner <i>KBK Int.</i>	Summary of Violations: <i>C 0 NCD R</i>	Menu Type (See back of page) <i>1 2 / 3 4 5</i>	
Owner's Address			
Person in Charge <i>Joe Sutton</i>			
Responsible Person's E-mail			
Certified Food Handler			

- 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
			<i>No Noted Violations</i>	

Received by (name and title printed): <i>Joe Sutton</i>	Inspected by (name and title printed): <i>Carol Ann</i>
Received by (signature): <i>Joe Sutton</i>	Inspected by (signature): <i>Carol Ann</i>
cc: <i>12-14-14</i>	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD 4355616

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: Turonis Forget Me Not Inn
Telephone Number: (477) 7500
Date of Inspection: 12715
ID #: 82
Establishment Address: 4 N. Weinbach
Owner: Jerry Turner
Owner's Address:
Person in Charge: Brad Mueller
Responsible Person's E-mail:
Certified Food Handler: James Greenwell
Purpose: 1. Routine
Follow-up: No
Release Date: 2-6-15
Summary of Violations: C O N C 1 R
Menu Type: 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 214, NC, Cutting boards need replacing, 2 28 15

Received by (name and title printed): Brad Mueller Manager
Inspected by (name and title printed): Carol Landst
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: [Blank]



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD 4355616

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 #2228, Telephone Number: (471) 9130, Date of Inspection: 1/27/15, ID #: 8200, Owner: Casey's Mkt, Person in Charge: Tony Biggs, Certified Food Handler: Shannon Rogers, Purpose: Routine, Follow-up: NO, Release Date: 2.6.15, Summary of Violations: C 0 NC 0 R, Menu Type: 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'No Noted Violations'.

Received by (name and title printed): Tony Biggs, Inspected by (name and title printed): Carol J. Fouchert, Received by (signature): Tony Biggs, Inspected by (signature): Carol J. Fouchert, cc: 7-18-14



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

VCAD 4.35.56/14

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: Subway 23043, Telephone Number: (867-055), Date of Inspection: 12/15, ID #: 8202, Owner: Jeff Troxell, Person in Charge: Cristy Childs, Certified Food Handler: Cristy Childs, Purpose: 1. Routine, Follow-up: No, Release Date: 2-6-14, Summary of Violations: C 0 NC 0 R 0, Menu Type: 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"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Narrative contains 'No Noted Violations'.

Received by (name and title printed): Cristy Childs, Inspected by (name and title printed): Carol Jones, Received by (signature): Cristy Childs, Inspected by (signature): Carol Jones, cc: 10-17-4



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCHD
4355616

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 <i>Mano Poma's Pizza & Wings Express</i>	Telephone Number (<i>420 701 212</i>) <small>() Owner</small>	Date of Inspection (mm/dd/yr) <i>1 26 15</i>	ID # <i>02</i> <i>02</i>
Establishment Address (number and street, city, state, ZIP code) <i>5008 Morgan Ave</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input checked="" type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) _____	Follow-up <i>NO</i>	Release Date <i>2-5-15</i>
Owner <i>Baker & Baker LLC</i>		Summary of Violations: <i>C 1 NC 0 R</i>	
Owner's Address	Person in Charge <i>Ervin Baker</i>	Menu Type (See back of page)	
Responsible Person's E-mail		<i>1 2 3 4 5</i>	
Certified Food Handler			

• 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
<i>915</i>	<i>C</i>		<i>Food contact surface of slicer soiled</i>	<i>corrected</i>

Received by (name and title printed): <i>Ervin J. Baker #</i>	Inspected by (name and title printed): <i>Cathy Conrad</i>
Received by (signature): <i>Ervin J. Baker #</i>	Inspected by (signature): <i>Cathy Conrad</i>

cc: *12-10-14*



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCHD
4355666

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 The Bar BQ Bar	Telephone Number (491-9868)	Date of Inspection (mm/dd/yr) 12/6/15	ID# 8202
Establishment Address (number and street, city, state, ZIP code) 1003 E. Diamond	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 2-5-15
Owner Casco Sales LLC, Marina Calderon	Owner's Address	Summary of Violations: C 0 NC 0 R	
Person in Charge Marina Calderon	Responsible Person's E-mail	Menu Type (See back of page) 1 2 3 4 5	
Certified Food Handler Randy			

• 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 Noted Violations	

Received by (name and title printed): MARINA CALDERON	Inspected by (name and title printed): Carol Calderon
Received by (signature): <i>(Signature)</i>	Inspected by (signature): <i>(Signature)</i>
cc: 1-14-15	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCHD
435-5616

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 Vogel School	Telephone Number 469-5089	Date of Inspection (mm/dd/yr) 12/15	ID # 8202
Establishment Address (number and street, city, state, ZIP code) 1500 Oak Hill	() Owner	Follow-up No	Release Date 2-5-15
Owner EWSC	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner's Address		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge Mary Glaser			
Responsible Person's E-mail			
Certified Food Handler Mary Glaser			

• 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 Noted Violations	

Received by (name and title printed): K. McCoy	Inspected by (name and title printed): Carol J. Conrad
Received by (signature):	Inspected by (signature):
cc:	cc:
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

VCAD 4355616

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: Little Caesar's Pizza; Telephone Number: (401) 8555; Date of Inspection: 1/26/15; ID #: 8202; Owner: Collective Efforts Inv.; Purpose: Routine; Follow-up: NO; Release Date: 2-5-14; Person in Charge: Wesley Mercer; Certified Food Handler: John Dunner

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text: No Noted Violations

Received by: Wesley Mercer; Inspected by: Carol Condit; cc: 11-25-14



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD 435-5695

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.

Form with fields: Establishment Name (Old Mill), Telephone Number (812 963-6000), Date of Inspection (1-26-15), ID #, Establishment Address (5031 New Harmony Rd. Evansville IN 47720), Owner, Purpose (Routine), Follow-up (2 weeks), Release Date (2-5-15), Person in Charge (Sandy Mazzier), Responsible Person's E-mail, Certified Food Handler (Sandy Mazzier), Summary of Violations (2 NC 5 R 0), Menu Type (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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Rows include: 415 C gnats present in kitchen 2-12-15; 191 C items in refrigerator lack date marking 1-27-15; 242 NC reusing bread bags to store food in freezer 1-28-15; 346 NC lacking hand soap at handsink corrected; 347 NC lacking disposable towels at handsink corrected; 218 NC beer reach-in coolers have ice accumulation 2-5-15; 431 NC shelving units soiled or dusty. Floor by soft drinks soiled. 2-5-15

Received by (name and title printed): x Sandra Mazzier; Inspected by (name and title printed): Katie Bretter; Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [Blank]

no grease trap on septic system



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCHD 435-5695

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 Clubhouse Café		Telephone Number (812) Establishment 425-5550 () Owner	Date of Inspection (mm/dd/yr) 1-26-15	ID #
Establishment Address (number and street, city, state, ZIP code) 2518 Leisure Lane Evansville		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up N	Release Date 2-5-15
Owner IN 47720	Summary of Violations: C 0 NC 1 R 0			
Owner's Address	Person in Charge Dean Houseman		Menu Type (See back of page)	
Responsible Person's E-mail	Certified Food Handler Dean Housman		1 ___ 2 ___ 3 <u>X</u> 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
431	NC		under sink bottle leaking and needs cleaning.	1-26-15

Received by (name and title printed): X Dean Housman manager	Inspected by (name and title printed): Katie Gretter
Received by (signature): X Dean Housman	Inspected by (signature): Katie G
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCND
435-5695

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 <i>Mc DONALDS</i>	Telephone Number () Establishment <i>477-0279</i> () Owner	Date of Inspection (mm/dd/yr) <i>1-26-15</i>	ID # <i>82</i>
Establishment Address (number and street, city, state, ZIP code) <i>2960 COLLEGE HUB</i>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>NO</i>	Release Date <i>2-5-15</i>
Owner <i>DBK VISIONS INC</i>		Summary of Violations: <i>C 1 NC 0 R 0</i>	
Owner's Address	Person in Charge <i>Rebecca Sutton</i>	Menu Type (See back of page)	
Responsible Person's E-mail		<i>1 2 3 4 5</i>	
Certified Food Handler <i>Rebecca Sutton</i>			

• 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
<i>294</i>	<i>C</i>		<i>CHEMICAL SANITIZER FOR WIPES CLOTHS BELOW REQUIRED LEVEL</i>	<i>CORRECTED</i>

Received by (name and title printed): <i>Rebecca Sutton</i>	Inspected by (name and title printed): <i>JAMES CUSTON</i>
Received by (signature): <i>Rebecca Sutton</i>	Inspected by (signature): <i>James Coston</i>
cc:	cc:



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

VCHD
435-5695

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 STEVES UNA PIZZA	Telephone Number () Establishment () Owner 437-5411	Date of Inspection (mm/dd/yr) 1-26-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 1005 ST. THOMAS BLVD	Owner KELLY PANIKOWSKI	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO Release Date 2-5-15
Owner's Address	Person in Charge F Josh Adkins	Summary of Violations: C <u>2</u> NC <u>1</u> R <u>0</u>	
Responsible Person's E-mail	Certified Food Handler X CHRISTOPHER PRYNE	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

- 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
324	NC		GREASE TRAP LOG NOT CURRENT	1-27

Received by (name and title printed): Josh Adkins	Inspected by (name and title printed): JAMES CLEMANS
Received by (signature): <i>Josh Adkins</i>	Inspected by (signature): <i>James Clemans</i>
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD 435-5695

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: THORNTONS, Telephone Number: (472) 0669, Date of Inspection: 1-26-15, ID #: 82 01, Owner: THORNTONS, Purpose: Routine, Follow-up: NO, Release Date: 2-4-15, Person in Charge: ALEJANDRO J. TRIVINO, Certified Food Handler: ALEJANDRO J. TRIVINO

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'NO DISCREPANCIES.'

Received by (name and title printed): ALEJANDRO J. TRIVINO, Inspected by (name and title printed): JAMES CLEMONS, Received by (signature): [Signature], Inspected by (signature): [Signature]