

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

VCHD
435-5695

Establishment Name	Telephone Number	Date of Ins	spection ID#		
		(mm/dd/yr)			
Fstablishment Address (number and street, city, state, ZIP code)	- 4 Faviner 272		02		
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1/0/21015 - 15/180.4	1. Routine	10 2-22-			
Owner's Address	2. Follow-up	Summary of Violations:			
	3. Complaint				
Person in Charge	4. Pre-Operational	c C	NC O RO		
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Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)			
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Certified Food Handler	7. Other (list)	12	(3) 4_5_		
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE BELOW AS "R"		
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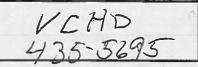
State Form 48669 (R2/2-05) SDH Form 51-0001



VCHP 435.5695

The time li	mit for cor	rection of each v	iolation is specified in the narrative por	rtion of this report.			
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Responsible Person's E-mail  Certified Food Handler  Brenda Render				5. Temporary	Menu Type (	See back of page)		
				6. НАССР				
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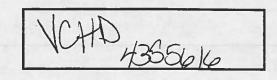


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The time lin	nit for corre	ction of each violation is specified in the narrati	ve portion of this report.	
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Certified Fo	od Handler		7. Other (list)	1 2 3 4 5
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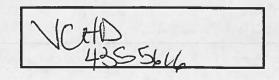
State Form 48669 (R2/2-05) SDH Form 51-0001



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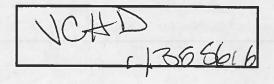


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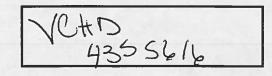
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		on of each violation	n is specified in	the narrative p	ortion of this	report.			
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Owner's A  Person in C  Responsible	tablishment Name  **XINNY KENT TOYOTA  **TOYOTA Address (number and street, city, state, ZIP code)  **SG DO DIVISION)  **TOYOTA Address (number and street, city, state, ZIP code)  **TOYOTA Address (number and street, city, state, zip, state,		Purpose:  Complaint  Pre-Operational  Telephone Number  Purpose:  Routine  Complaint  Pre-Operational  Temporary  HACCP  Other (list)	Date of Inspection (mm/dd/yr)    Date of Inspection (mm/dd/yr)   ID #			
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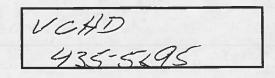
State Form 48669 (R2/2-05) SDH Form 51-0001

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Owner				Purpose:	Follow-up Release Date
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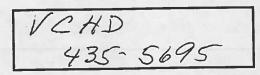


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The time lin	mit for cor	rection	n of each violation is specified in the narrative portion of thi	is report.			
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Owner	V 10-						Purpose:	Follow-up		se Date
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Person in C	harge			7-111-1			4. Pre-Operational	c D	NC_2	2 R Q
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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

Establishmer	at Name			Telephone Number	Date of Insp	ection ID#
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Establishme	at Address	(number and stree	CRSSKNO/ES t, city, state, ZIP code)	- 475-8830	THE PARTY OF	
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Owner	70	209 14	N DR- SUITER	Purpose:	Follow-up	Release Date
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Owner's Ad	dress	17/200	1	2. Follow-up	Summary	of Violations:
		1		3. Complaint		
Person in Ch	arge	. '~	<b>—</b> .1	4. Pre-Operational	c C	NC OR
XI	7 00/1	lited	torbes	5. Temporary		
Responsible	Person's E	-mail	Annual Section of the	6. HACCP	Menu Typ	e (See back of page)
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Certified Fo	ed Handler	NER	Follos	7. Other (list)	12_	<u></u>
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			OUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS A	AD IN THE IV	To Be Corrected By
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State Form 48669 (R2/2-05) SDH Form 51-0001

# VCHO 435-5695

P		rection	or each violation is sp	ecined in the narrative portio				
Establishm Establishm	ent Addre	St.	James iber and street, city, sta	te, ZIP code)	Telephone Number  (Stablishment Owner)  Owner Owner	Date of Ins (mm/dd/yr)		ID#
484	5.6	DV6	MOR EM	ansville IN		210	13	
Owner				47713	Purpose:	Follow-u		se Date
Owner's Ac	idress		we are the second	11.10	Routine	1/	-	2015
					2. Follow-up 3. Complaint	Summary	of Violatio	ons:
Person in C	harge	4			4. Pre-Operational	c -	NC_	$\overline{R}$
KOSE	ta.	tr	MY		5. Temporary			
Responsible	Person's	E-mail	8		6. HACCP	Menu Ty	pe <i>(See baci</i>	k of page)
Certified Fo	od Handle	er			7. Other (list)	12	_3 X	45_
• CRITICAL	ITEMS AR	E IDEN	TIFIED IN THE CHEC	KLIST AND NARRATIVE COL	UMNS MARKED "C"			
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Section#	C/NC	R		Narrati				rrected By
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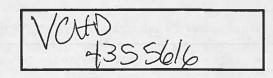
State Form 48669 (R2/2-05) SDH Form 51-0001



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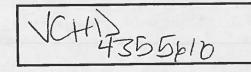
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Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
Establishm	ont Addres	c (mun	Theran (Murch  will New Harmonik Rd.	(812) Establishment (812) Swher - 5279	2-10	7-15	
Owner	ANT	/CIF	Evansville Tov 47725	Purpose:	Follow-u		se Date
			Die (18 of 18 of 1	1. Routine	1/		-20-15
Owner's A	ddress			2. Follow-up	Summary	y of Violation	ons:
Person in C	Charge	1	alla Cha o in	3. Complaint 4. Pre-Operational	C_	_ NC_	_ R
Responsible	e Person's		efferman	5. Temporary	Menu Ty	pe (See bac	k of page)
Responsible	e i cison s	J		6. HACCP			
Certified F	ood Handle	r		7. Other (list)	12	3	45
• CRITICAL	L ITEMS AF		NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N				
		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE N		orrected By
Section#	C/NC	R	Narrative			ТОВСС	orrected by
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	by (name an			Inspected by (name and title	- 11	V	
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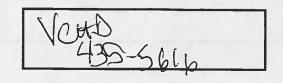
Owner's Ad Person in C Responsible Certified F	ant Address of Address Charge Person's E-n		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr)  2 10 5  Follow-up  Release Date  DO  Summary of Violations:  C_O NC_R  Menu Type (See back of page)  1_2_3_4_5_
• VIOLATIO		ED FROM PREVIOUS INSPECTIONS ARE DEN	OTED IN THE "SUMMARY OF VIOLATIONS"	
Section#	C/NC F	Walls & Floors need	Narrative	To Be Corrected By
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The time limit for correction of each violation is specified in the		
Establishment Name  Establishment Address (number and street, city, stitle, ZIP code)	Telephone Number  ( H) Establishment  ( Owner	Date of Inspection (mm/dd/yr)  2   D / 5   D &
Owner's Address	Purpose:  1. Routine  2. Follow-up	Follow-up Release Date  D Summary of Violations:
Person in Charge  Responsible Person's E-mail  Certified Food Handler	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC R  Menu Type (See back of page)  12345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS AR	E DENOTED IN THE "SUMMARY OF VIOLATIONS" A	
Section# C/NC R	Narrative	To Be Corrected By
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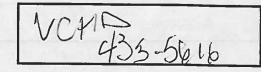




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Establishn	nent Name	rered 1160	î7	Telephone Number	Date of Inspection (mm/dd/yr)	ID# S2
Establishn 328	nent Address (	number and street, city, sta	tte, ZIP code)	( )Owner	210-5	92
Owner	0			Purpose:	Follow-up Rele	ase Date
blee	Men	0		(I. Routine	NP	1-20-15
Owner's	yldress	Q		2. Follow-up	Summary of Violat	ions:
Person in C	Charge			3. Complaint	CL NC	9 5
Cur	a Leo			4. Pre-Operational	CI NC	<u></u>
Responsibl	le Person's E-	nail	Maria de la Cilia	5. Temporary	Menu Type (See ba	ck of page)
				6. HACCP		
Certified F	Food Handler			7. Other (list)	123	_45
			KLIST AND NARRATIVE COL			
• VIOLATION Section#	The second second	ED FROM PREVIOUS INSE	PECTIONS ARE DENOTED IN 1  Narrat	THE "SUMMARY OF VIOLATIONS" AN		E BELOW AS "R" Corrected By
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State Form 48669 (R2/2-05) SDH Form 51-0001



	of each violation is specified in the narrative portion of			
Establishment Address (numi	ber and street, city, state, ZIP code)	Telephone Number  (	Date of In (mm/dd/yr	
Owner's Address	HPA.	Purpose: 1 Routine 2. Follow-up	Follow-u	P Release Date
Person in Charge Responsible Person's E-mail Certified Food Handler		3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		NC R
• VIOLATION(S) REPEATED FI	FIFIED IN THE CHECKLIST AND NARRATIVE COLUMN ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE N	ARRATIVE BELOW AS "R"
Section# C/NC R	10 current grease Trap	105 available	2	J 10-15
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on he	s Loth Wilde		cc:	



State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

Owner's Ac	ent Address  128  101 A  Idress  harge Person's I  Ood Handle	E-mail	SPECINS  Ser and street, city, state, ZIP code)  AULS LRNIE DR.  SPECIAL  TIFIED IN THE CHECKLIST AND NARRATIVE COLUMN		Summar  C_C  Menu Ty  1_C	P Releasely of Violation NC (See back)	se Date - 19-15 ons:    R   D
• VIOLATIC	N(S) REPE	ATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE	-	
Section#	C/NC	R	No DISCREPEN	-,		To Be C	orrected By
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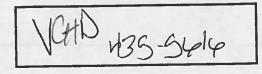


INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

Establishme		1	n Expores	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr) ID #			
Establishm	ent Addre	ss (nun	DEX RESS  nber and street, city, state, ZIP code)	- 471-8340			000	
6	500	)	N. Buckhon-IT	( ) Owner	2-9	-15	01	
Owner			N. BURKhAndT	Purpose:	Follow-up Release Date			
	50	mi	-H mobission	7. Routine	NO 2-19-15			
Owner's Ac	ddress		77707.2007.	2. Follow-up				
				3. Complaint	Summary	Summary of Violations:		
Person in C	harge		Olad Louis	5. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC R			
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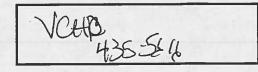
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Establishme	nt Name		*	Telephone Number	Date of Ins (mm/dd/yr)	pection ID#			
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Owner Owner's Ad	J C	ות		Purpose: . Routine 2. Follow-up	Follow-up ND Summary				
Penson in C		-		3. Complaint 4. Pre-Operational	c_0 NC_1 R				
Responsible	e Person's E		orich	5. Temporary 6. HACCP	Menu Ty	lenu Type (See back of page)			
Certified Fo	ood Handle	r		7. Other (list)	12	1/2345			
• CRITICAL	ITEMS AR	E IDE	INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	MARKED "C" UMMARY OF VIOLATIONS"	AND IN THE	NARRATIVE BELOW AS "R"			
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Section#	C/NC	R	<b>*</b>	Clasush	100	2-9-15			
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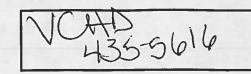
State Form 48669 (R2/2-05) SDH Form 51-0001



The time lin	mit for corr	ection of each	violation is speci	illed in the narra	ative portion of thi	s герогі.				
Establishment Name  Chackles Food Mart  Establishment Address (number and street, city, state, ZIP code)						Telephone Number  (1-2) Establishment  Owner		Date of Inspection $(mm/dd/yr)$ $A - A - A - A - A - A - A - A - A - A $		
Owner's Address  Person in Charge  Choir & Wasson  Responsible Person's E-mail  Certified Food Handler						Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date 2-19-15  Summary of Violations:			
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Section#						ative			To Be Corrected By	
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State Form 48669 (R2/2-05) SDH Form 51-0001



Telephone Number  ( ) Owner  Purpose:  1. Routine	Date of Inspection (mm/dd/yr)  295  Follow-up Release Date NO Release Date		
2. Follow-up	Summary of Violations:		
4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C_O NC_O R		
COLUMNS MARKED "C"	ID IN THE MADDATIVE BELOW AS "D"		
arrative	To Be Corrected By		
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	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  COLUMNS MARKED "C"		