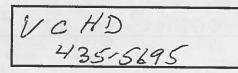


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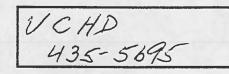
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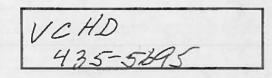
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# VCHD 435-5695

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Establishment Name  XCLSS  Establishment Address (number and street, city, state, ZIP code)  Owner  AVE EVANSVICE  Owner's Address  Owner's Address  Person in Charge  OAWN Golds beny  Responsible Person's E-mail  Certified Food Handler  WA  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM				Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection		
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171	NC		cutting dink gainis without gloves	hments		1-23-15	
232	NC		reach-in refridgerato soiled.	or shelves		1-24-15	
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INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001



## VCHD 435-5296

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Establishm  Establishm  Owner  Owner's Ac	Cent ent Addre Loc	SS (num	old National Event aber and street, city, state, ZIP code) Pl St. St. Cyansville Pl TN 4708	5 030	Purpose:  1. Routine  Telephone Number  (S) Establishment  Owher 5770  Purpose:  1. Routine	Date of Inspection (mm/dd/yr)   -23- 5   Follow-up Release Date   1-23-		
Person in Charge  Kel Scur McCond  Responsible Person's E-mail  Certified Food Handler  Cuttis Victors					3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:           C NC R		
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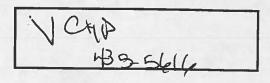
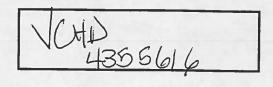


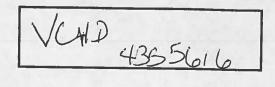
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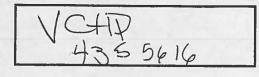




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Person in Charge  Responsible Person's E-mail				3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	c <u>(</u>	ype (See back of page)
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State Form 48669 (R2/2-05) SDH Form 51-0001



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#### RETAIL FOOD ESTABLISHMENT

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

435-5695

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Denniter Vaughin	4. Pre-Operational	0.0	_ NC RO_
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State Form 48669 (R2/2-05) SDH Form 51-0001

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	435-5695	5

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

Stablishment Address (number and street, city, state, ZIP code)  Stablishment Address (number and street, city, state, ZIP code)  When the stablishment Address (number and street, city, state, ZIP code)  When the stablishment Address (number and street, city, state, ZIP code)  Purpose:  Follow-up Release Date  Preson in Charge  Summary of Violations:  Complaint  4. Pre-Operational  5. Temporary  6. HACCP  6. HACCP  7. Other (list)  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"	The time lir	nit for corr	ection	of each violation is specified in the narrative	portion of this re	eport.		the state of the s			
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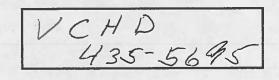
Page 1 of



#### RETAIL FOOD ESTABLISHMENT

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

17-1-14



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.

The time limit for correction of each violation is specified in the narrative portion	n of this report.	
Establishment Name	Telephone Number	Date of Inspection ID #
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	3. Complaint	600
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MSHANE KESSLEDZ	5. Temporary	
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)
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Certified Food 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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VCHD 435.5695

Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr)    Release Date   D   C   C   R
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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHO 435-5695

-	W11954	rection	of each violation	is specified in	the narrative por	rtion of this rep	ort.				
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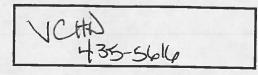
State Form 48669 (R2/2-05) SDH Form 51-0001

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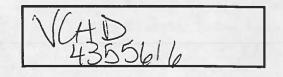
State Form 48669 (R2/2-05) SDH Form 51-0001



		rection of e	each violation is spec	ified in the narra	tive portion of th	is report.			requirements.
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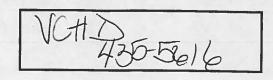


State Form 48669 (R2/2-05) SDH Form 51-0001



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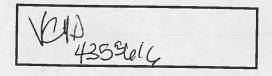




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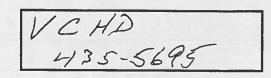




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State Form 48669 (R2/2-05) SDH Form 51-0001



Page 1 of

Establishment Address (number and street, city, state, ZIP code)    424 TNTDD LDDE  Owner  TOE POTCHONON  Owner's Address  Person in Charge  X CHIPADAT POTCHONON  Responsible Person's E-mail  Certified Food Handler  X NICHOLAS  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COM-	Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr)  Follow-up Release Date  Summary of Violations:  CONCARO  Menu Type (See back of page)  1 2 3 4 5
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narra  Narra  Narra		To Be Corrected By
Received by (name and title printed):  X CHIRADAT PACHAMAN	Inspected by (name and title pr	rinted):



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

Establishment Name				1917	Telephone Number	Date of Inspection ID # (mm/dd/yr)			
stablishment Address (number and street, city, state, ZIP code)					( ) Establishment			72	
Establishm	ishment Address (number and street, city, state, ZIP code)  6300 2- MONGRO RO  Thorong MITO WS  r's Address  in Charge					(4)22-4886	80		
6	300	13- M	DROG	AN W	1000	A CONTRACTOR OF THE	1-21	1/5	01
Owner	- ,					Purpose:	Follow-up	Releas	se Date
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Owner's Ac	ner's Address					2. Follow-up	Summary o	f Violatio	ns:
	erson in Charge				3. Complaint				
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Certified Food Handler					7. Other (list)	1 1	3		
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VCHD 435-5695

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

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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.

Establishme				Telephone Number	Date of In (mm/dd/yr	
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Establishme	ent Addres	s (num	ber and street, city, state, ZIP code)	435-1054		, ,
62	4	5.	GREEN RIVER	Rel	1-2	1-15 01
Owner			S & NOGLE	Purpose:	Follow-u	200
15	NRC	16	S & NOGLE	1. Routine	NO	12-1-15
Owner's Ac	ddress			2. Follow-up	Summar	y of Violations:
				3. Complaint		2 / 2
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	Person's l	- L	ynar	5. Temporary	Manu To	pe (See back of page)
cesponsible	e rerson s i	c-/man		6. HACCP	Wienu Ty	pe (see back of page)
Certified Fo	ood Handle	r		7. Other (list)	1 2	3 4 5
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		ND IN THE I	
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ent Addre	ss (num	ther and street, city, state, ZIP code)  Franklin St. Evans V  T. N. 47	(2) Establishment (2) 423-5353 (1) Owner (7/2) Purpose:	-   ,	2] - [5] -up_Release Date		
ddress			1. Routine	Yado	11 01 10		
Charge Person's	FC E-mail	ster	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	C_	Summary of Violations:  C NC R Menu Type (See back of page)		
een		Foster	7. Other (list)	1	2 3 1 4 5		
ON(S) REPE	CATED I			' AND IN THE	NARRATIVE BELOW AS "R"		
C/NC	R	Na	rrative		To Be Corrected By		
		Have unit ser	e not sanitiz	ing.	1-22-15		
	/ (	grease trap c	taned 8-11-1 5gal	4			
o llee	n	Foster	Inspected by (name and tite Inspected by (signature):	le printed):	Her		
	ddress Charge Penson's Charge Penson's COMMENTER COMMENT	ddress  Charge  Charge	Charge  Ch Foster  Person's E-mail  Dood Handler  Cln Foster  TEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE  DN(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED  C/NC R Na  C bac dish machin  Have unit sens  Jack year of  Quantity years  (name and title printed):  Do Na  Charge  (name and title printed):  Do Na  Charge  (name and title printed):	didress  IN 4776  IN 4776  Purpose: I. Routine  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  CINC R  Narrative  C bay dish machine not sanitize Have unit serviced  Aprended the sanitize  C bay dish machine not sanitize  C bay dish machine  C bay	There are the printed in the checklist and narrative columns marked "C"  Nos repeated from previous inspections are denoted in the "Summary of Violations" and in the Cinc I fave		



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

# VCHD 435-5695

Establishme	ent Name		Telephone Number	Date of Inspection ID #
Kon".	s Ca	tering	(S) Establishment	(mm/dd/yr)
Establishme	ent Address (	(number and street, city, state, ZIP code)  3 rd AVE. EVANS VILLE  EN 47708	Old 306-5726	1-21-15
Owner		IN 47708	Purpose:	Follow-up Release Date    -3 - 5
Owner's Ac	idress		2. Follow-up	Summary of Violations:
Person in C	harge		3. Complaint 4. Pre-Operational	C NC 2 RO
KON Responsible	Person's E-	mail	5. Temporary 6. HACCP	Menu Type (See back of page)
n	ood Handler		7. Other (list)	12345
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VIOLATIO		TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		
section#	C/NC		rative	To Be Corrected By
324	NC	area.	nk in Kitchen	2-21-15
130	NC	ceiling has old in Joneas and	water damage needs repair	3-21-15
		grease trap cle	raned 1-3-15 Ugal	
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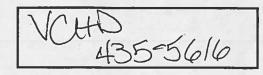


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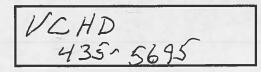


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Other A 11 A	Purpose:	Follow-u	P Release Date
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Responsible Person's E-mail	5. Temporary	Menu Tv	pe (See back of page)
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Section# C/NC R Narrative			To Be Corrected By
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57. 1/2		0 1.	1 00-1-
	N .	SINK	Corrected
177 C Frond Containers stored	on Hoor	77 - 5	1-20-15
	0 . 1	0.00	
1 10 Clare marking to	tood hald a	nore	1-20-15
Than of his			
DAD ( 1 Handwashing sink obs	structed		Corrected
	e Soiled		1-20 15
203 NC 1 Food one 1100 of the top			1-00-13
and a look deep nubrotectes;	LON COOSS		1-20-15
Contamination.			
231 NC CONTODENT DITTED E	y aclasias b	56	1-20-15
and the state of t	- Marian Co	10/	1-20-15
245 NC 1 Improper Storage of	f Wiping Cli	5745	Corrected
304 NC 1 Equipment & retensils not	heirs and dois	ed.	1-20-15
324 C Breeze From Maintence	li a I	100	12015
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443 C 1 Sonificer about reg	urred tevel		Corrected
19 Mr. Personial charge not	Line Tedapatra	_	1-20-15
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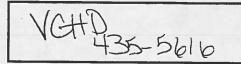
State Form 48669 (R2/2-05) SDH Form 51-0001





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Owner's Agartiss  2. Follow-up 3. Complaint 4. Pre-Operational C. C. N.C. R  Responsible Perfol's E-mail  4. Pre-Operational 5. Temporary 6. HACCP 7. Quiter (fint) 1	Owner	T	1	(11 02) 02			Purpose:	Follow-up	Relea	se Date
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Person in Charge  A Complaint  A Pre-Operational  S. Temporary  Menu Type (See Back of page)  1	Owner's A	ddress					2. Follow-up			
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Dran	05	Conven	ience		(8/2) Establishment		
Establishme	ent Addres	(number and si	reet, city, state,	ZIP code) ansville I	( ) Owner /13 /	1-20-	15
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Owner				911	1. Routine	IN	1-30-15
Owner's Ac	ddress				2. Follow-up	of Violations:	
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Person in C	Charge	, , ,			4. Pre-Operational	c -	NC_R_
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