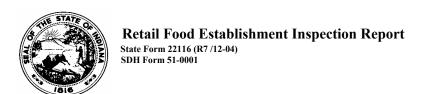
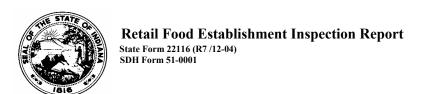


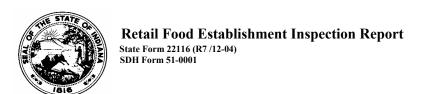
| AFC S | | HI | BAR@ SCHNUCKS 703 | Telephone Number (812-473-0151 | Date of Ins (mm/dd/yr | .) | 10831 |
|-----------------------|-------------|----------|--|---|--------------------------|--------------|---------------|
| | | | mber and street, city, state, zip code) ON AVE., EVANSVILLE, IN, 47714 | (10wner | 10/14 | /2016 | |
| | | RE | SH CONCEPTS FRANCHISE CORP | Purpose: Routine | Follow-uj No | | 24/2016 |
| Owner's Ad 19205 S | | Par | k Rd, RANCHO DOMINQUEZ, CA, 90220 | Follow-up | Summary | of Violation | is: |
| Person in C | harge | | SH CONCEPTS FRANCHISE CORP | Pre-Operational | c_0 | NC_ | $\frac{1}{R}$ |
| Responsible | Person's | E-mai | il | Temporary HACCP | Menu Typ | e (See addi | tional page) |
| Certified Fo | | er | | Other (list) | 102 | <u></u> |)4050 |
| • CRITICAL | ITEMS AR | RE IDF | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN | MMARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative No noted violatio | | | To Be Co | orrected By |
| | | \vdash | No noted violatic | JIIS. | | | |
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| D : 11 | (1 | 424 | T. C. D. | T (11 (16) | · D | | |
| Received by Tuan | g Pi | | | Inspected by (name and title pr Colin Ward | intea): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | ce: | | cc: | | |



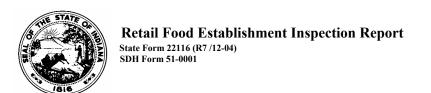
| Establishm | | h (| School | | ephone Number | Date of In (mm/dd/y | | ID# |
|-------------------------|------------|-------------|---|-----------------------------|------------------------|------------------------|--------------------|--------------------|
| | | | School | | 12-474-6935 | 10/12 | 2/2016 | 10875 |
| | | | mber and street, city, state, zip code) on Ave., EVANSVILLE, IN, 47714 | ⁽ 8 ⁾ | 12-435-8453 | | | |
| Owner | ا ماانی | 100 | adarburah Cabaal Cara | _ | pose: | Follow-u | | se Date |
| Owner's Ac | | <i>l</i> ar | nderburgh School Corp. | H | Routine | No | 10/ | 22/2016 |
| | | St | , Evansville, IN, 47713 | = | Follow-up Complaint | Summary | of Violation | ns: |
| Person in C | | , | | = | Pre-Operational | $_{\rm C}$ U | | $\mathcal{I}_{R}U$ |
| | | | nderburgh School Corp. | = | Temporary | | | |
| Responsible | e Person's | E-mai | il | = | НАССР | Menu Ty | pe (See addi | tional page) |
| Certified Fo | ood Handl | nr. | | ♬ | Other (list) | 102 | (•) ₂ (|),(),() |
| Toni G | | 51 | | | | 12 | <u> </u> | <u>/4030</u> |
| • CRITICAL | ITEMS AF | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | 1ARKI | ED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMAI | RY 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. | | | | |
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| Received by Toni | ` | • | * | | elly Holzmo | | | |
| Received by | | | | | cted by (signature): | <u>.</u> | | |
| | | | | | | | | |
| cc: | | | cc: | | | cc: | | |



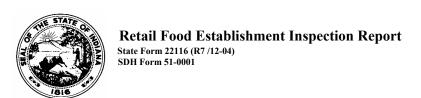
| Establishmo Evans | | C | ountry Club | Telephone Number (812-425-2243) | Date of Ins (mm/dd/yr | | то# 10951 | |
|--|-------------------|--------------|--|---------------------------------|--------------------------|-----------------|--------------------------------|--|
| Establishmo | ent Addres String | s (nu tov | mber and street, city, state, zip code) NN Rd, Evansville, IN, 47711 | ⁽ 812-425-2243 | 10/12 | /2016 | | |
| Owner Evans | ville (| Col | untry Club | Purpose: | Follow-uj | | se Date 22/2016 | |
| Owner's Ac 3810 \$ | | tov | wn Rd, Evansville, IN, 47711 | Follow-up Complaint | - | of Violation | | |
| Person in C Evans | | Coi | untry Club | Pre-Operational | C | NC_6 |) _R 4 | |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | ne (See addii | tional page) | |
| Certified Fo | | | | Other (list) | 1 2 | <u>3</u> | <u>)</u> 4 <u>0</u> 5 <u>0</u> | |
| • CRITICAL | LITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATION | | | | | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| 294 | С | R | Bar dish machine not s | sanitizing. | | 10/1 | 12/2016 | |
| 218 | NC | R | Bar dish machine not properly disper | nsing chemical sar | itizer. | 10/1 | 12/2016 | |
| 291 | NC | | Chemical test strips | needed. | | 10/12/2016 | | |
| 399 | NC | | Cabinet at wait station hand sink ne | eeds repaired/repla | aced. | 10/3 | 31/2016 | |
| 430 | NC | R | Ceiling needs repaired in | prep areas. | | 10/31/2016 | | |
| 342 | NC | | Water pressure & temperature at new prep hand sink new | eeds increase for hot water | oressure. | ıre. 10/13/2016 | | |
| 431 | NC | R | Floors & under equipm | ent soiled. | | 10/1 | 12/2016 | |
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| Received by (name and title printed): Joseph Besse Inspected by (name and title printed): Carol Coudret | | | | | | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |



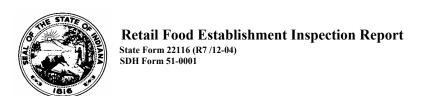
| Establishm | | ,'c | | Telephone Number | Date of In (mm/dd/yr | | ID# |
|---------------------|------------|-------------|---|--|-------------------------|--------------|---------------|
| G.D. | | | | 812-474-6259 | 10/11 | /2016 | 10980 |
| | | | mber and street, city, state, zip code) iver Rd, EVANSVILLE, IN, 47715 | 812-474-6256 | | | |
| Owner | | | | Purpose: | Follow-u | | se Date |
| | | w/ <i>F</i> | Andy Guagenti | ✓ Routine | No | 10/ | 21/2016 |
| Owner's Ac | | lon | Ave, Evansville, IN, 47715 | Follow-up | Summary | of Violation | ns: |
| Person in C | | ICII | Ave, Evalisville, IIV, 477 13 | Complaint | 2 | NC_ | 1 3 |
| | | w/ <i>F</i> | Andy Guagenti | Pre-Operational | C | NC | R_O |
| Responsible | | | | Temporary | Menu Ty | pe (See addi | tional page) |
| | | | | HACCP | | \bigcirc G | |
| Certified For Cindy | | | | Other (list) | 1 2 | \bigcirc_3 | <u>)4</u> 050 |
| • CRITICAL | ITEMS AF | RE IDI | 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 |
| 295 | С | R | Food debris present on dishes that were put | away on the clean dis | sh rack. | 10/1 | 11/2016 |
| 295 | С | R | lce machine's inside gu | ard soiled. | | 10/1 | 12/2016 |
| 218 | NC | R | Shelving is rusting and in poor re | pair in various area | as. | 10/2 | 25/2016 |
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| Received by Cind | | | | Inspected by (name and title processing Ward | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
| 20: | | | 201 | | 22: | | |
| cc: | | | cc: | | cc: | | |



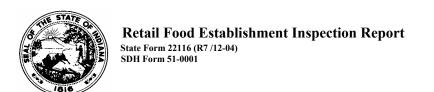
| Establishm 19600 Owner APAR Owner's Ac 19600 Person in C APAR Responsible | Roof ent Addres DEIPE L, LLC ddress DEIPE Charge L, LLC e Person's | rs (nur | n & Suites The substrate of the substra | Telephone Number (812-867-1100 (812-867-1100) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u Yes Summary | P Release 10/ of Violation NC | 11034 11034 121/2016 1s: R 3 |
|---|--|-----------|--|---|----------------------|-------------------------------|--|
| Certified F | ood Handl | er | | | 1 2 | \bigcirc 3 \bigcirc | <u> 4 </u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE N | JARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| 343 | С | R | Hand washing sink need | ed in kitchen | | | 21/2016 |
| 438 | C | R | | | | | rrected |
| 303 | | | | | | Corrected | |
| 291 | NC | | Test strips not available for c | <u> </u> | | | 12/2016 |
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| Received by | (name and | l title r | printed): | Inspected by (name and title p | rinted): | | |
| Andy | Bha | akt | | Carol Coudr | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



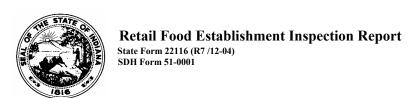
| Establishme | _ | | | Telephone Number | Date of Ins | | ID# |
|-------------------|--------------|------------|--|---|---------------|-----------------------|---------------------------|
| Kanp | | | | ⁽ 812-471-7076 | ` ' | , /2016 | 11052 |
| | | | mber and street, city, state, zip code) On Ave., EVANSVILLE, IN, 47714 | ⁽ 812-504-6512 | | 72010 | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Jayso | | <u>lun</u> | OZ | ✓ Routine | No | 10/ | 20/2016 |
| Owner's Ad | | | and Dr. Nowburgh IN 47020 | Follow-up | Summary | of Violation | 18: |
| | | ;IW | ood Dr, Newburgh, IN, 47630 | Complaint | 1 | (|) 1 |
| Person in Co | | lun | 107 | Pre-Operational | C | NC_ | <u> </u> |
| Responsible | | | | Temporary | Menu Tvr | e (See addi | tional page) |
| P | | | | НАССР | | | |
| Certified Fo | | | | Other (list) | $1\bigcirc 2$ | $\bigcirc_3 \bigcirc$ | $0.4 \bigcirc 5 \bigcirc$ |
| Matthe | <u>:w Mo</u> | rt | | | | | |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| 295 | С | R | Ice guard within the ice dis | penser soiled. | | 10/1 | 10/2016 |
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| Received by Matth | | | | Inspected by (name and title p Colin Ward | rinted): | | |
| Received by | (signature) |): | 1 | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



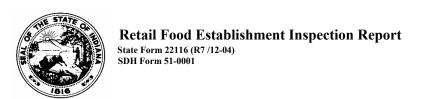
| Establishmo | | mn | nunity School K-8 | Telephone Number | Date of Ins (mm/dd/yr | | 11090 | |
|--------------|-------------|-------|---|---------------------------------|-----------------------------------|--------------------|-----------------------------------|--|
| | | | mber and street, city, state, zip code) | 812-469-5085 | 10/14 | /2016 | 11090 | |
| | | | de Dr, EVANSVILLE, IN, 47714 | ⁽ 812-435-8453 | | | | |
| Owner | ا مااند | lor | adorburah Sahaal Cara | Purpose: | Follow-uj | | se Date | |
| Owner's Ac | | /ai | nderburgh School Corp. | Routine | No | | | |
| | | St | , Evansville, IN, 47713 | Follow-up Complaint | Summary | of Violation | 18: | |
| Person in C | harge | | | Pre-Operational | $\begin{bmatrix} C \end{bmatrix}$ | $_{ m NC}$ (| $\bigcup_{\mathbf{R}} \mathbf{U}$ | |
| | | | nderburgh School Corp. | Temporary | | | _ ^ | |
| Responsible | Person's | E-mai | il | НАССР | Menu Typ | e (See addi | tional page) | |
| Certified Fo | ood Handle | er | | Other (list) | 10, | (•) ₃ (| $)_4\bigcirc_5\bigcirc$ | |
| Vicki L | | | | | | <u></u> | <u> </u> | |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 | |
| | | | No noted violation | ons. | | | | |
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| Received by | ` _ | | | Inspected by (name and title pr | | | | |
| Laura | <u>з Со</u> | X | | Kelly Holzm | eyer | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | |
| | | | | | | | | |
| cc: | | | cc: | | cc: | | | |
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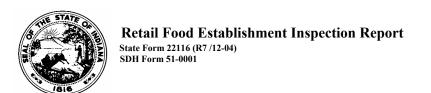
| Establishmed 4625 V Owner SERV Owner's Act 4201 N Person in C SERV Responsible | John ent Addres V Pen US, II dress Mannh harge US, II e Person's | nc. neir nc. | n Rd Suite A, Jasper, IN, 4754 | 2 P | elephone Number 812-422-9824 812-482-3212 Purpose: Courtine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | v.) 2/2016 p Releas | 22/2016 D R O |
|--|--|--------------------|--|------------|--|---------------------------|-----------------------------|------------------|
| Leah N | | E IPT | ENTERIED IN THE CHECKLIST AND MADDATING COLUMN | - CMAP | VED "C" | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN O FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE " | | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By |
| ~ - 5410 IIII | 2.2,0 | | No noted viola | tion | <u>e</u> | | | |
| | | | 140 Hoted viola | lliOH | 3 | | | |
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| Received by | (name and | title r | printed): | Ins | spected by (name and title pr | rinted): | | |
| Leah | | | | | atie Gretle | | | |
| Received by | (signature) |): | | | spected by (signature): | | | |
| | | | | | | | | |
| cc: | | | cc: | | | cc: | | |



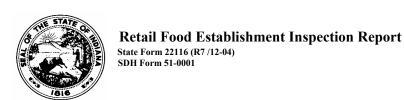
| 4630 V Owner Los Bl | Bravo ent Addres V Lloy ravos ddress Medir Charge ravos | Ind Ind Ind | Dr, NEWBURGH, IN, 47630 | 81 Puri | phone Number 12-464-3163 12-499-8151 pose: Coutine Collow-up Complaint Pre-Operational Cemporary IACCP | Follow-u Yes Summary C_1 | P Release 10/ | 23/2016 |
|---------------------------|--|-------------------|---|--------------|--|--------------------------|---------------|-------------|
| Certified Fo | Busto | S | | | Other (list) | 102 | <u></u> | 04050 |
| • CRITICAL | LITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKE | ED "C" | | | |
| | . , | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMAR | Y OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | ! ! ! | -: | | | orrected By |
| 294 | C | 1 | Dish machine not sa | | | | | 4/2016 |
| 218 | NC | R | Dish machine not operating | | _ | | | 4/2016 |
| 291 | 291 NC R Lacking test strips for sanitizer | | | | | | 10/1 | 4/2016 |
| | | | | | | | | |
| Received by Jaim | | - | | _ | cted by (name and title pratie Gretle) | | | |
| Received by | | | | | cted by (signature): | I | | |
| cc: | | | cc: | | | cc: | | |



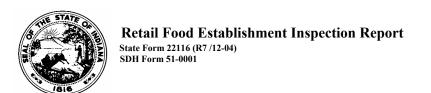
| Establishm | ent Name | | | Telephone Number | Date of Ins | | ID# |
|--------------|-------------|-------|---|--|----------------------|-------------------------|----------------------------|
| Los B | Bravo | S | | (812-464-3163 | (mm/dd/yr) | | 11103 |
| | | | mber and street, city, state, zip code) | (a,b)Owner a,b | 10/14 | /2016 | |
| 4630 V | V Lloy | d E | Expressway, Evansville, IN, 47712 | 812-499-8151 | | | |
| Owner | | | | Purpose: | Follow-up | | e Date |
| Los B | ravos | In | C | Routine | No | 10/ | 24/2016 |
| Owner's Ac | | | D. NEWPUROU IN 47000 | ✓ Follow-up | Summary | of Violation | ns: |
| | | nan | Dr, NEWBURGH, IN, 47630 | Complaint | \cap | (| \cap |
| Person in C | | In | 6 | Pre-Operational | $_{\rm C}$ | NC_(| $\frac{1}{R}$ |
| Responsible | | | | Temporary | Menu Tyn | e (Soo addi | tional page) |
| Responsible | c i cison s | L-ma | | НАССР | - wienu Typ | c (See aaa) | nonui puge) |
| Certified Fo | ood Handle | er | | Other (list) | $ _{1}\bigcirc_{2}($ | \bigcirc_3 \bigcirc | $_{4}\bigcirc_{5}\bigcirc$ |
| Jaime | Busto | S | | | 1 | <u> </u> | <u> </u> |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | N(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 |
| | | | Corrected dish machine now sanitizing | and working as des | signed | | |
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| Nerg | | | | Inspected by (name and title properties Katie Gretle | | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | сс: | | cc: | | |
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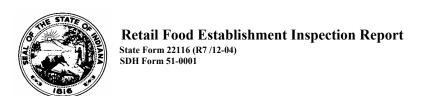
| Establishmo 523 N Owner Ronni Owner's Ad | Ladent Address Main He Baaddress Vianed Charge He Baade Person's | ars cki ars | Playgirl Inc The mber and street, city, state, zip code) T, EVANSVILLE, IN, 47711 Rd, Mosinee, WI, 54455 | Pu | 11105 e Date 23/2016 as: R dional page) | | | |
|--|--|-------------------|---|----------|---|------------|----------|-------------|
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | | | | | | | | |
| | . , | | | MMA | RY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By |
| | | | No noted violati | ons | • | | | |
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| Received by | · - | - | | | ected by (name and title prarol Coudr | | | |
| Received by | | _ | | Insp | ected by (signature): | | | |
| cc: | | | сс: | <u> </u> | | cc: | | |



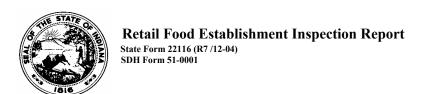
| 7 N Fu Owner Mac's Owner's Ad PO Bo Person in C | e K #9 ent Addres ulton A Conv deress ox 347 charge | Ave Ave ver | mber and street, city, state, zip code) e, Evansville, IN, 47710 nience Store LLC Columbus, IN, 47202 | (8) (8) Pu | lephone Number 312-461-2373 312-379-9227 rpose: Routine Follow-up Complaint Pre-Operational | Follow-u No | r) 8/2016 P Releas 10/ | 11106 11106 23/2016 |
|--|---|-------------------|---|------------------|---|----------------|-------------------------|---------------------------|
| Responsible | | | nience Store LLC | ┢ | Temporary HACCP | Menu Ty | pe <i>(See addi</i> | tional page) |
| Certified Fo | | | | — | Other (list) | 102 | <u></u> |)4050 |
| • CRITICAL | ITEMS AR | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | ŒD "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | ММА | RY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC NC | R | Narrative Hand sink leaking unde | | counter | | 10 Be Co | orrected By |
| 431 | NC | R | Shelving under soda mad | | | | | |
| 701 | 110 | 1 | Cherving ander soud made | / | 100 001100 | | | |
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| Received by | (name and | title r | orinted): | Incr | ected by (name and title pr | inted): | | |
| Kelly | Jon | es | · | Κί | atie Gretle | | | |
| Received by | (signature) |): | | Insp | ected by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



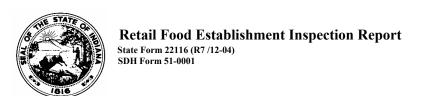
| 900 N Owner Carrol Owner's Ac | er Kir ent Addres Main S, LLO ddress ames charge S, LLO e Person's | St, C E-mai | s, Evansville, IN, 47711 Syracuse, NY, 13212 | (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | lephone Number 12-421-1060 15-424-0513 rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary | 2/2016 P Releas 10/ of Violation | 22/2016 R_1 | |
|--|--|-------------|---|--|---|--|-----------------------------------|------------------|--|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA | RY OF VIOLATIONS" AN | D IN THE N | | | |
| Section# | C/NC | R | Narrative | | paratod par SO | <u> </u> | | rrected By | |
| | NC | R | Expired hold time on items not re | | | <u>. </u> | | 31/2016 | |
| 430 | INC | K | Repair/replace broken floor | α | ceiling tiles. | | 10/01/2010 | | |
| | | | | | | | | | |
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| Received by Clark | | _ | • | | ected by (name and title prarol Coudr | | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | | |
| cc: | | | cc: | | | cc: | | | |



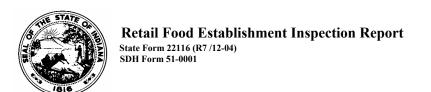
| Establishm | _ | | | Telephone Number Date of Inspection (mm/dd/yr) | | | | |
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| Canto | on Ini | N | | (812-428-6611 | ` | ·) 1/2016 | 11127 | |
| | | | mber and street, city, state, zip code) | (812-428-6611 | 10/14 | /2016 | | |
| | ortn F | 'ar | k Dr, Evansville, IN, 47710 | | | | | |
| Wai Y | im Se | eto | | Purpose: Routine | Follow-uj | | Se Date 24/2016 | |
| Owner's Ad | | $\overline{}$ | | Follow-up | Summary | of Violation | ns: | |
| | | ² ar | k Dr, Evansville, IN, 47710 | Complaint | \cap | |) 1 | |
| Person in C Wai Y | | eto | | Pre-Operational | c_U | NC | $\frac{2}{R}$ | |
| Responsible | | | il | Temporary | Menu Tyj | pe <i>(See addii</i> | tional page) | |
| | | | | HACCP | | $\bigcirc G$ | | |
| Certified For Mary A | | | | Other (list) | 1 <u>0</u> 2 | <u></u> | <u>/405</u> | |
| • CRITICAL | ITEMS 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 N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| 310 | NC | | Ventilation system need | ds cleaning | | 10/1 | 14/2016 | |
| 234 | NC | R | Scoop stored in water be | | | | | |
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| Received by Yim S | ` | | | Inspected by (name and title p | | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | |
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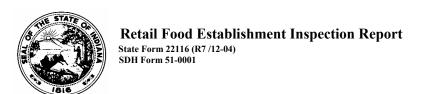
| Establishme | | | ul. a.t | Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr) | | | | |
|---|-------------|-------|--|--|-----------------------------|-----------------|-------------------------|-----------------------------------|
| China | | | | 8 [| 12-471-9999 | | /2016 | 11148 |
| 4604 \ | | | mber and street, city, state, zip code) d., Evansville, IN, 47715 | 8 | 12-471-9999 | 10,10 | 720.0 | |
| Yue Y | | an | g | | rpose: Routine | Follow-uj No | | 23/2016 |
| Owner's Ad 4604 \ | | R | d, Evansville, IN, 47715 | | Follow-up Complaint | Summary | of Violation | is: |
| Person in C | harge | | | | Pre-Operational | $_{\rm C}$ U | | $\bigcup_{\mathbf{R}} \mathbf{U}$ |
| Yue Y | | | | = | Temporary | | | |
| Responsible | Person's | E-mai | il | = | НАССР | Menu Typ | e (See addii | tional page) |
| Certified Fo | ood Handle | er | | ┫ | Other (list) | $1\bigcirc 2$ | \bigcirc_3 \bigcirc | $O_4 O_5 O_5$ |
| Amy Y | ang | | | _ | | | | <u></u> |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M. | | | | | ED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA | RY 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 7/26/16. | . Al | I violations corre | ected. | | |
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| Received by Amy | | | | | ected by (name and title pr | rinted): | | |
| Received by | (signature) |): | | Inspe | ected by (signature): | | | |
| cc: | | | ce: | | | cc: | | |



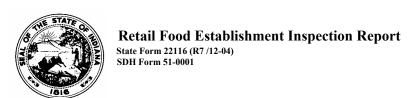
| Establishm | | n l | Mahaday | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
|--------------------------|------------|-------|---|--------------------------------|--------------------------|--------------|--------------|
| | | | Mahadev | 812-867-1600 | 10/11 | /2016 | 11166 |
| | | | mber and street, city, state, zip code) Rd., Evansville, IN, 47725 | ⁽ 812-867-1600 | | | |
| Owner | - d C - | 10.10 | Dotal | Purpose: | Follow-up | | se Date |
| | | mn | y Patel | Routine | No | | 21/2016 |
| Owner's Ac | | rs l | Rd, Evansville, IN, 47725 | Follow-up | - | of Violation | |
| Person in C | | 10 | Ta, Evanovino, 114, 47720 | Complaint | l " () | | I_{R} |
| | | nn | y Patel | Pre-Operational | | NC | R |
| Responsible | | | | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | \sim | |
| Certified Fo | ood Handle | er | | Other (list) | 1 2 | <u> </u> | <u>)4050</u> |
| • CRITICAL | LITEMS AR | E 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 |
| 324 | NC | | Grease trap maintenance I | og not current. | | Co | rrected |
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| Received by Priti | | _ | | Inspected by (name and title p | | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | сс: | | cc: | | |



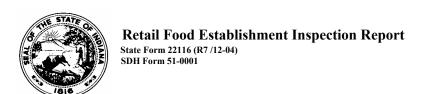
| | | | <u> </u> | | | | |
|---------------------|------------|-------|--|--|----------------------------|--------------|-------------------------------|
| Establishm Cynth | | eig | hts School K-5 | Telephone Number (812-435-8748 | Date of Insp (mm/dd/yr) | | то# 11189 |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) na Rd, EVANSVILLE, IN, 47720 | (10wner | 10/14/ | 2016 | |
| Owner Evans | sville \ | √ar | nderburgh School Corp. | Purpose: | Follow-up | | se Date /24/2016 |
| Owner's Ac 951 W | | St | , Evansville, IN, 47713 | Follow-up Complaint | Summary | of Violation | ns: |
| | ville \ | | nderburgh School Corp. | Pre-Operational Temporary | <u>c_U</u> | NC_ | J _R U |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | ₹ (See addi | itional page) |
| Certified For Dana | | er | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | $)_4$ \bigcirc_5 \bigcirc |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | D IN THE N | ARRATIVE | C BELOW AS "R" |
| Section# | C/NC | R | Narrative | The state of the s | | | orrected By |
| | | | No noted violation | ons | | | <u> </u> |
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| Received by Kath | | _ | | Inspected by (name and title properties Katie Gretle | | | |
| Received by | , | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | ; <u> </u> | |



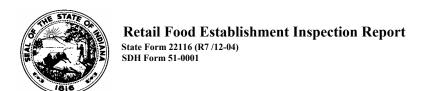
| Owner D NIX Owner's Ad 1401 I Person in C | ENT ddress N BO Charge ENT e Person's | ER ER E-mai | | Telephone Number (812-424-7976) (812-473-1744) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | r) 1/2016 p Releas | 24/2016 S: P R O |
|---|---------------------------------------|-------------------|---|--|---------------------------|----------------------------|------------------------|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | To Be Co | rrected By |
| | | | No noted violation | ons | | | |
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| Received by | (name and | titla + | printed). | Inspected by (name and title pr | rinted): | | |
| Britta | , | | | Katie Gretle | | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | сс: | | cc: | | |



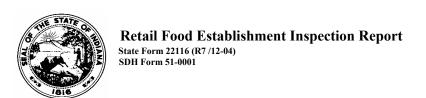
| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
|----------------------|------------|------|--|--|-----------------------------------|------------|-------------------|
| Schn | ucks | #7 | 703 | 812-473-0151 | 10/14/ | | 11304 |
| | | | mber and street, city, state, zip code) ON AVE., EVANSVILLE, IN, 47714 | (04)Owner 4 4-40 | 10/14/ | 2010 | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| | | /lar | kets Inc | Routine | 24/2016 | | |
| Owner's Ac | | dar | nd Rd, St Louis, MO, 63146 | Follow-up | Summary | | |
| Person in C | harge | | | Complaint Pre-Operational | $\begin{bmatrix} 0 \end{bmatrix}$ | NC_ | I _B () |
| Schnu | ıcks N | /lar | kets Inc | Temporary | <u> </u> | NC | _ K |
| Responsible | e Person's | E-ma | il | HACCP | Menu Type | (See addi | tional page) |
| C (C IE | 177 11 | | | Other (list) | .0.0 | \bigcirc | \bigcirc . |
| Certified For Debbie | | | | | 102 | | <u>/405</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | - | | |
| • VIOLATIO | N(S) REPE | ATEL | 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 |
| 348 | NC | | Hand sink in meat area not provided with soal | p and disposable hand | towels. | 10/1 | 14/2016 |
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| Received by Chris | , | | | Inspected by (name and title processing Ward | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



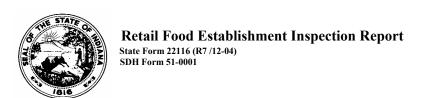
| Establishm | | | | Telephone Number Date of Inspection (mm/dd/yr) | | | | |
|----------------------|--------------|--------------|---|---|---------------------------------|--------------|--------------|--|
| | | | ntary School | 812-867-4765 | 10/11/ | | 11310 | |
| | | | mber and street, city, state, zip code) | ⁽ 812-435-8453 | | 2010 | | |
| Owner | Old S | ગાં | te Rd., EVANSVILLE, IN, 47725 | Purpose: | Follow-up | Dalage | se Date | |
| | ville \ | √ar | nderburgh School Corp. | Routine | No | | 21/2016 | |
| Owner's A | ddress | | | Follow-up | Summary o | of Violation | ns: | |
| | | : <u>S</u> t | r, Evansville, IN, 47713 | Complaint | | NC_(| | |
| Person in C | | √ar | nderburgh School Corp. | Pre-Operational | $\frac{\mathbf{J}}{\mathbf{R}}$ | | | |
| Responsible | | | | Temporary | Мепи Турс | (See addi | tional page) | |
| | | | | НАССР | | | | |
| Certified For Lisa B | | | | Other (list) | 1 2 | <u> </u> | <u>)4050</u> | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE NA | RRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| | | | No noted violation | ons. | | | | |
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| Received by Lisa | Bran | | | Inspected by (name and title processed in Coudr | | | | |
| Received by | / (signature |): | | Inspected by (signature): | | | | |
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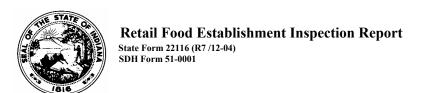
| Establishme | | ۔ کے ج | School | Telephone Number Od DESARGOMANO 1 A Date of Inspection (mm/dd/yr) 11 | | | | |
|--|-------------|----------------------|---|---|------------------------------|-----------------------|-----------------------|------------------------------------|
| | | | mber and street, city, state, zip code) |] `C | 312-422-1014 | 10/13 | 3/2016 | 11335 |
| 2031 V | | | an St., EVANSVILLE, IN, 47712 | (|) Owner | | | |
| Owner ST BC |)NIFA | \CE | E SCHOOL | _ | rpose: Routine | Follow-u No | | 23/2016 |
| Owner's Ad | | | | ╙ | Follow-up | | of Violation | |
| | | | | | Complaint | | _ | |
| Person in C | | ACF | E SCHOOL | = | Pre-Operational | $_{\rm c}$ $_{\rm U}$ | (| $\bigcup_{R} \bigcup_{R}$ |
| Responsible | | | | ╚ | Temporary | Menu Ty | pe <i>(See addi</i> i | tional page) |
| • | | | | L | НАССР | | | |
| Certified For Mary J | | | end | ╚ | Other (list) | 1 2 | <u></u> |) ₄ <u>0</u> 5 <u>0</u> |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | | KED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA | ARY 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 | 6 | | | |
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| Received by | (name and | title p | | _ | pected by (name and title pr | | | |
| Leea | nne | Ha | appe | K | atie Gretle | r | | |
| Received by | (signature) |): | | Insp | pected by (signature): | | | |
| | | | | | | | | |
| cc: | | | cc: | | | cc: | | |



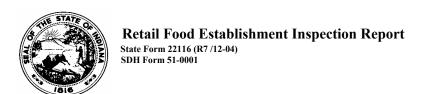
| Establishm | | | _ | Telephone Number Date of Inspection (mm/dd/yr) | | | | | |
|--------------|-------------|---------|---|--|-----------------|------------------|----------------------------|--|--|
| St Jo | e Mir | ni N | <i>M</i> art | 812-963-5761 | | 2016 | 11338 | | |
| | | | mber and street, city, state, zip code) | | 10/10/2 | 2016 | | | |
| 6000 \ | W St. | Jo | e Rd., Evansville, IN, 47720 | ⁶ 812-963-5761 | | | | | |
| Owner | | | | Purpose: | Follow-up NO | | e Date | | |
| Lyle G | | er | | ✓ Routine | 20/2016 | | | | |
| Owner's Ac | | 1 | D.J. F | Follow-up | Summary of | Violation | ns: | | |
| | | JOE | e Rd, Evansville, IN, 47720 | Complaint | \cap | (| \cap | | |
| Person in C | | ۵r | | Pre-Operational | c_ U | NC_ | $\frac{1}{R}$ | | |
| Responsible | | | | Temporary | Menu Type | (See addi | tional nage) | | |
| Responsible | c i cison s | L-1114 | | НАССР | wienu Type | (See dadi | nonui puge) | | |
| Certified Fo | ood Handle | er | | Other (list) | 10° | \mathbf{D}_{3} | $_{4}\bigcirc_{5}\bigcirc$ | | |
| n/a | | | | | | <u></u> | <u></u> | | |
| • CRITICAL | ITEMS AR | 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 NA | RRATIVE | BELOW AS "R" | | |
| Section# | C/NC | R | Narrative | | - | Го Ве Со | orrected By | | |
| | | | No noted violation | ons | | | | | |
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| Received by | (name and | title p | printed): | Inspected by (name and title pr | | | | | |
| Lyle | Grar | nge | er | Katie Gretler | | | | | |
| Received by | | | | Inspected by (signature): | | | | | |
| | | | | | | | | | |
| cc: | | | cc: | | cc: | | | | |
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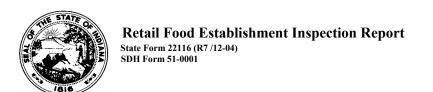
| Establishm | _ | | | Telephone Number | Date of Inspe (mm/dd/yr) | ction | ID# |
|--------------|-------------|-------|---|--|-----------------------------|---------------|---------------------------|
| Stock | yard | In | n | 812-402-9273 | 10/12/2 | 2016 | 11357 |
| | | | mber and street, city, state, zip code) | (812-480-8792 | 1 10/12/2 | 2010 | |
| | Baker | St | t., Evansville, IN, 47710 | | | | |
| Owner | - F-4 | | owie ee III C | Purpose: | Follow-up NO | | se Date |
| | | erp. | orises LLC | Routine | 22/2016 | | |
| Owner's Ac | | Λn | Ridge Ct, Evansville, IN, 47711 | Follow-up | Violation | is: | |
| Person in C | | OH | Triage Ot, Evansville, IIV, 477 11 | —————————————————————————————————————— | | $\frac{2}{R}$ | |
| | | err | orises LLC | Pre-Operational | C | NC_ | R |
| Responsible | | | | Temporary | Menu Type | (See addi | tional page) |
| • | | | | НАССР | | | |
| Certified Fo | | er | | Other (list) | $1 \bigcirc 2$ | <u>)</u> 3(_ | $0_4 \bigcirc 5 \bigcirc$ |
| TF Tar | าดดร | | | | | | |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 |
| 430 | NC | R | Floors need repair/re | eplaced. | | | 31/2016 |
| 431 | NC | | Outside back area need | • | | | |
| - 10 1 | 110 | | Catolas Basit area 11888 | .o oroannig. | | | |
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| Received by | ` | | | Inspected by (name and title property) | | | |
| TJ ta | | | | Carol Coudr | et | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
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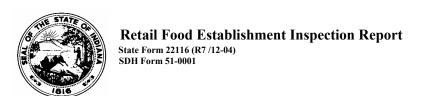
| Establishm | | <u> </u> | Sahaal 6 9 | | lephone Number | Date of In (mm/dd/y | | ID# |
|---------------------|----------------------|----------|---|----------|---|--|--------------|--------------|
| | | | School 6-8 | J '8 | 12-469-5090 | 10/14 | /2016 | 11432 |
| Establishmo | ent Addres Vashir | ngto | nber and street, city, state, zip code) On Ave., EVANSVILLE, IN, 47714 | 8 | 12-435-8453 | | | |
| Owner | , | , | | | rpose: | Follow-u | | se Date |
| | | /ar | nderburgh School Corp. | ~ | Routine | No | 10/ | 24/2016 |
| Owner's Ad 951 W | | St | , Evansville, IN, 47713 | | Follow-up | Summary | of Violation | 18: |
| Person in C | | | , | = | Complaint | $\begin{bmatrix} 2 \\ 1 \end{bmatrix}$ | NG (|) "() |
| Evans | ville \ | /ar | nderburgh School Corp. | = | Pre-Operational | <u> </u> | NC | R |
| Responsible | | | | = | Temporary | Menu Ty | pe (See addi | tional page) |
| | | | | \vdash | HACCP | | | |
| Certified Fo | | | | | Other (list) | 1 <u>0</u> 2 | <u>3</u> | <u>1405</u> |
| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | ED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | ММА | RY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By |
| | | | No noted violation | วทร | | | | |
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| Patrio | * | - | | • | ected by (name and title preacted by Holzme | | | |
| Received by | (signature) |): | | Insp | ected by (signature): | _ | | |
| cc: | | | ce: | — | | cc: | | |
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| | dy's # ent Addres First # | VE | e, Evansville, IN, 47710 | (8) (8) Pur | phone Number 12-425-2359 12-482-3212 pose: | Date of Inc (mm/dd/yr 10/14 Follow-u | r) h/2016 p Releas | 11435 ie Date 24/2016 |
|--------------------------|---------------------------------|------------|---|-------------------|--|---|--------------------------|-----------------------------|
| Owner's Ac | ddress Mannt Charge | neir | m Rd Suite A, Jasper, IN, 47546 | | Collow-up Complaint Pre-Operational | Summary C | of Violation | ns: |
| Responsible Certified Fo | e Person's | E-mai | il | | Cemporary IACCP Other (list) | Menu Typ | pe (See addin | ional page) |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM Narrative | | | D IN THE N | | BELOW AS "R" orrected By |
| 347 | NC | R | Paper towels needed at | t har | nd sink | | | rrected |
| 341 | INC | 11 | i apei toweis fieeded at | Lilai | iu sirik. | | | rected |
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| Received by | ette | <u>Hil</u> | llard | Ca | arol Coudr | | | |
| Received by | (signature) |): | | Inspe | cted by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



| Establishmondon 5033 Owner DOLG Owner's Additional Marketing Ma | r Ger ent Addres Theat SENC ddress ission | er OR | ral #6626 mber and street, city, state, zip code) Drive, Evansville, IN, 47715 RP LLC idge, Goodlettsville, TN, 37072 | Telephone Number (812-477-1947) 615-855-4000 Purpose: Routine Follow-up Complaint Pre-Operational | Follow-u | o)/2016 Releas | |
|--|--|-----------|--|--|-------------------------|-----------------|------------|
| Responsible | | | P LLC | Temporary | Menu Tvi | oe (See addi | |
| Certified Fo | | | | HACCP Other (list) | 102 | <u>4</u> 050 | |
| • CRITICAL | LITEMS AF | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | To Be Co | rrected By |
| | | | No noted violation | ons. | | | |
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| Received by | (name and | l title r | printed): | Inspected by (name and title pr | rinted): | | |
| Bart | * | • | * | Colin Ward | · · · · · /· | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



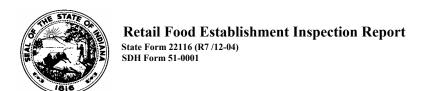
| Establishme | | | | Telephone Number | Date of Ins | | ID# |
|--------------|-------------|--|---|--------------------------------|-----------------|--------------------|-----------------------------|
| | | | Creamery | 812-454-0156 | ` | 3/2016 | 11475 |
| | | | mber and street, city, state, zip code) | 812-454-0156 | | <i>"</i> 2010 | |
| | : LIOY | <u> </u> | xpressway, Evansville, IN, 47715 | | | <u> </u> | |
| Owner Wayne | e Kinr | าey | <i>!</i> | Purpose: Routine | Follow-u | | e Date 23/2016 |
| Owner's Ad | | | | Follow-up | Summary | of Violation | is: |
| | | <u>/d l</u> | Expry, EVANSVILLE, IN, 47715 | Complaint | | 1 | 1 |
| Person in C | | | | Pre-Operational | $C_{\rm C}$ | NC_1 | $R_{\underline{I}}$ |
| Wayne | | | | Temporary |) / T | | |
| Responsible | Person's | E-mai | d I | НАССР | Menu Ty | pe (See addit | ional page) |
| Certified Fo | ood Handle | or . | | Other (list) | $1_{1}\bigcirc$ | (•) ₂ (| $)_{4}\bigcirc_{5}\bigcirc$ |
| Jennife | | | | | | <u></u> | <u> 4030</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM | | ID IN THE N | JARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | THE ST VIOLATIONS IN | DIVINE | | orrected By |
| 218 | NC | R | Accumulation of ice in | freezer | | | 20/2016 |
| 210 | 110 | 1 | /\ccamalation or icc ii | 11100201. | | 10/2 | .0/2010 |
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| Received by | (name and | title 1 | printed): | Inspected by (name and title p | rinted): | | |
| Gran | ` _ | | · | Colin Ward | Timed). | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| 3105 I Owner Mac's Owner's Ac | e K #2 ent Addres N Firs Conv | st A ver | nience Store LLC | (8) (8) Pu | lephone Number 12-424-7517 12-379-9227 rpose: Routine Follow-up | Follow-u No | v) 2/2016 p Releas | 11479 11479 se Date 22/2016 |
|--|-------------------------------|-------------|---|------------------|---|----------------|----------------------------|--------------------------------------|
| Person in C | harge | | Columbus, IN, 47202 | = | Complaint Pre-Operational | 0 | $_{\rm NC}$ (|) , 0 |
| Mac's | Conv | ver | nience Store LLC | = | Temporary | | . 110 | |
| Responsible | e Person's | E-ma | il | | HACCP | Menu Ty | oe (See addi | tional page) |
| | | | | | { | | | |
| Certified Fo | ood Handl | er | | <u> </u> | Other (list) | 1 <u></u> 2 | <u>3</u> | <u>/4</u> <u>5</u> |
| • CRITICAL | LITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | ED "C" | | | |
| • VIOLATIO | | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA | RY 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 | 3 | | | |
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| Received by Josh | | | | _ | ected by (name and title pratie Gretle | | | |
| Received by | | | - | Insp | ected by (signature): | | | |
| cc: | | | сс: | | | cc: | | |



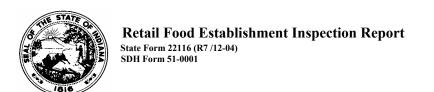
| Owner Walter | ville 7 ont Addres N Bas C & De | sel sel | vern mber and street, city, state, zip code) ine Rd, Evansville, IN, 47720 pie Schneider mier Rd, Evansville, IN, 47725 | (81 (81 Purpo | | Follow-uj | Release 10/ | _ |
|----------------------|------------------------------------|------------|--|---------------------|--------------------------|-------------|--------------|------------------------|
| Person in C Walte | | ebk | oie Schneider | | e-Operational | c_ U | NC_ | R |
| Responsible | | | | | emporary ACCP | Мепи Тур | oe (See addi | tional page) |
| Certified Fo | | | der | Ot | ther (list) | 1 2 | <u>3</u> | <u>4</u> 050 |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED |) "C" | | | |
| | . , | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY | OF VIOLATIONS" AND | D IN THE N | | |
| Section# | C/NC NC | R R | Narrative Walk-in shelving is ruste | ed or | soiled | | | orrected By 14/2016 |
| 701 | 110 | 11 | waik-in shelving is rust | cu oi | 301100 | | 10/ | 14/2010 |
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| Received by | (name and | title r | printed): | Inspect | ed by (name and title pr | inted): | | |
| Debb | | | | - | tie Gretlei | | | |
| Received by | (signature) |): | | Inspect | ed by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



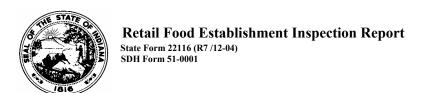
| Establishmed 1040 I Owner SALVA Owner's Ad 1040 I Person in C SALVA Responsible Certified For Gwen | ent Address ATIOI didress Fultor harge ATIOI e Person's | is (nu ton N A N A EE-ma | ve, Evansville, IN, 47711 ARMY | Telephone Number (812-425-1375) (812-422-4673) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary | 10/14/2016 | | | |
|--|---|--------------------------------------|---|--|---------------------------|------------|--------------|--|--|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE N | JARRATIVE | BELOW AS "R" | | |
| Section# | C/NC | R | Narrative | | | | | | |
| 191 | С | | Items in walk-in lacking o | date marking | | | | | |
| 101 | | | nems in walk in lacking c | ace marking | | 10/ | 17/2010 | | |
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| Received by Jeffre | | | | Inspected by (name and title p Katie Gretle | | | | | |
| Received by | | | | Inspected by (signature): | | | | | |
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| cc: | | | cc: | | cc: | | | | |



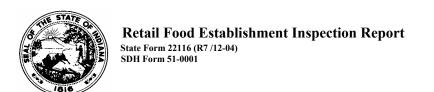
| Establishme | | | | Telephone Number | Date of Ins | | ID# |
|-----------------------|-------------|---------------|---|--|-------------|----------------------|-----------------------------|
| Short | ys | | | (812-401-1560 | (mm/dd/yr | ·) 2/2016 | 11595 |
| | | | mber and street, city, state, zip code) Ve, Evansville, IN, 47710 | ⁽ 812 ⁻ 483-9053 | 10/12 | ./2010 | |
| Owner | Jakei | , , , | 70, Evanovino, 114, 477 10 | Purpose: | Follow-u | p Releas | se Date |
| Gary [| | ez | Jr. | Routine | No | | 22/2016 |
| Owner's Ad | | NI 1 1 | TD DD Everseville IN 17700 | Follow-up | Summary | of Violation | 18: |
| | | וחי | ER RD, Evansville, IN, 47720 | Complaint | \cap | (|) () |
| Person in C Gary [| | ez | Jr. | Pre-Operational | c_O | NC_ | r R U |
| Responsible | Person's | E-mai | ii | Temporary | Menu Typ | pe <i>(See addii</i> | tional page) |
| | | | | HACCP | | | |
| Certified Fo | | | | Other (list) | 1 <u></u> 2 | <u>U</u> 3 <u>U</u> | <u>/4</u> <u>5</u> <u>5</u> |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 |
| | | | No noted violation | ons. | | | |
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| Received by | (name and | title r | printed): | Inspected by (name and title pr | rinted): | | |
| Rona | * | - | | Carol Coudr | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



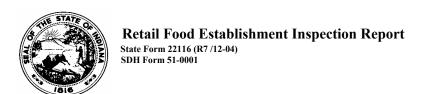
| Establishm | ary's | s (nu | ft Shoppe mber and street, city, state, zip code) ton Ave, Evansville, IN, 47750 | Telephone Number (812-485-4269 () Owner Purpose: | Date of Instance (mm/dd/yr 10/12 | :) 2/2016 | 11700 e Date |
|------------------|------------|-------|---|--|----------------------------------|--------------|-------------------------|
| St Ma | ry´s A | ιux | iliary | Routine | No | | 22/2016 |
| Owner's Ac | | INIC | STON AVE, Evansville, IN, 47750 | Follow-up | Summary | of Violation | ns: |
| Person in C | | 1110 | 51-5147(VE, Evalisville, 114, 477-50 | Complaint | 0 | NC_ | 0 , 0 |
| St Ma | ry s A | ux | iliary | Pre-Operational Temporary | | NC_ | _ R |
| Responsible | e Person's | E-mai | 1 | НАССР | Menu Typ | oe (See addi | tional page) |
| Certified Fo | ood Handle | ar. | | Other (list) | 1 2 | \bigcirc_3 | $)_4\bigcirc_5\bigcirc$ |
| n/a | Jou Handi | .1 | | | 1 | <u> </u> | <u> 4030</u> |
| • CRITICAL | ITEMS AF | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 |
| | | | No noted violation | ons. | | | |
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| Received by Rhor | | _ | | Inspected by (name and title properties of the last of | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



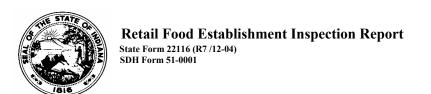
| Establishm | ent Name | | | Telephone Number | Date of Insp | ection | ID# |
|---------------------|-------------|------------|---|---------------------------------|-----------------------------------|-------------|--------------|
| Vege | table | La | and LLC - Zion UCC | 812-425-7029 | (mm/dd/yr) | 2040 | 11743 |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | 812-205-0616 | 10/11/ | 2016 | |
| | W 5th | <u>า S</u> | t, EVANSVILLE, IN, 47711 | | | | |
| Owner | \ \ /:1- | | | Purpose: | Follow-up | | se Date |
| Wend | | son | | ✓ Routine | No | | 21/2016 |
| Owner's Ac 3470 | | R | d, Mt Vernon, IN, 47620 | Follow-up | Summary o | _ | _ |
| Person in C | | | 2, | Complaint | $\begin{bmatrix} 0 \end{bmatrix}$ | $_{\rm NC}$ |) |
| Wend | y Wils | son | 1 | Pre-Operational | <u> </u> | NC | K |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Type | (See addi | tional page) |
| | | | | Other (list) | \bigcirc (| | |
| Certified For Wendy | | | | | 1 <u>U</u> 2 <u>U</u> | <u>3</u> C | <u> 1405</u> |
| _ | | | 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 NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | , | Го Ве Со | orrected By |
| | | | No discrepanci | es. | | | |
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| Received by | | | | Inspected by (name and title pr | | | |
| Wen | | | son | David Hornii | ng | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
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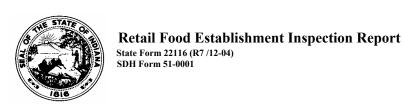
| Establishmo | | Т 3 | #316308 | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
|------------------|-------------|---------|--|--|-----------------------------------|--------------|-------------------------|
| | | | mber and street, city, state, zip code) | (812-476-1666 | 10/12 | /2016 | 11839 |
| | | | River Rd, Evansville, IN, 47715 | (31 7 -596-3260 | | | |
| Owner | LIT OF A | 7 I/ IE | RICA LLC c/o Ducharm, McMiller & Assoc. | Purpose: | Follow-u | | e Date 22/2016 |
| Owner's Ac | | \IVIL | INICA LEG C/O Duchami, McMiller & Assoc. | routine . | | | |
| | | 30C |), Indianapolis, IN, 46280 | Follow-up Complaint | Summary | of Violation | _ |
| Person in C | harge | | - | Pre-Operational | $\begin{bmatrix} C \end{bmatrix}$ | NC | _R 1 |
| | | | RICA LLC c/o Ducharm, McMiller & Assoc. | Temporary | | | |
| Responsible | Person's | E-mai | il | НАССР | Menu Ty | e (See addii | tional page) |
| Certified Fo | od Handle | r | | Other (list) | 1()2 | \bigcirc_3 | $)_4\bigcirc_5\bigcirc$ |
| Robin | | | | | 1 | <u></u> | <u> </u> |
| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 |
| 295 | NC | R | Shelving in the walk-in co | ooler soiled. | | 10/1 | 13/2016 |
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| Received by Ambe | | _ | | Inspected by (name and title process) Colin Ward | rinted): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | ce: | | cc: | | |



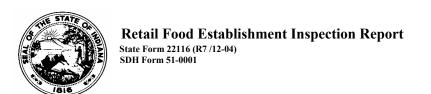
| Owner MARY Owner's Ac 8845 | Café ent Addres t Mary JO E ddress Vienn Charge JO E e Person's | s (nui y S BRI a F BRI E-mai | Dr, Evansville, IN, 47714 JGMANN Rd, Evansville, IN, 47720 JGMANN | Telephone Number (812-402-6313) (812-459-4517) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | 119 | | | |
|----------------------------|---|---|---|--|---------------------------|----------|--------------|--|--|
| | | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 | | |
| | | | No noted violation | ons. | | | | | |
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| Received by | (name and | title r | printed). | Inspected by (name and title pr | rinted): | | | | |
| Erin | | | | Kelly Holzme | | | | | |
| Received by | (signature) |): | | Inspected by (signature): | - | | | | |
| cc: | | | cc: | | cc: | | | | |



| Establishment Name | Telephone Number | Date of Ins | | ID# | | | |
|--|---|------------------------------|--------------|-------------------------------|--|--|--|
| Chick-fil-A At Cross Pointe | ⁽ 812-471-9203 |) i | /2016 | 11935 | | | |
| Establishment Address (number and street, city, state, zip code) 7101 E Indiana St, Evansville, IN | , 47715 ⁽⁸¹²⁻³⁰⁵⁻¹³⁵⁵⁾ | | , 20 . 0 | | | | |
| Owner | Purpose: | Follow-uj | | se Date | | | |
| Jack R Stierwalt II | Routine | No | 10/ | 21/2016 | | | |
| Owner's Address 4233 Stonegarden Ln, Newburgh | INI 47630 Follow-up | Summary | of Violatio | | | | |
| Person in Charge | Complaint | | | 1 0 | | | |
| Jack R Stierwalt II | Pre-Operational | C | NC_ | R C | | | |
| Responsible Person's E-mail | Temporary | Menu Type (See additional po | | | | | |
| | НАССР | | \bigcirc 6 | | | | |
| Certified Food Handler Rich Stierwalt | Other (list) | $1 \bigcirc 2$ | <u> </u> | <u>)4</u> <u>0</u> 5 <u>0</u> | | | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N. | RRATIVE COLUMNS MARKED "C" | | | | | | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARI | | ND IN THE N | ARRATIVE | BELOW AS "R" | | | |
| Section# C/NC R | Narrative | | | orrected By | | | |
| | a not properly maintained. | | | 12/2016 | | | |
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| Received by (name and title printed): Jeff Johnson | Inspected by (name and title Colin Ward | printed): | | | | | |
| Received by (signature): | Inspected by (signature): | | | | | | |
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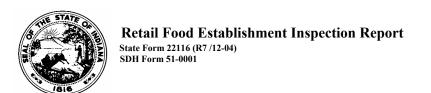
| | | | • • • | | | | |
|----------------------|-----------|-------|---|--|--------------------------|---------------------|----------------|
| Establishme | | | Magazina Magazina | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | | | ool - McCutchanville Community Church | 812-867-5735 | 10/14 | /2016 | 12012 |
| | | | mber and street, city, state, zip code) urg Rd, Evansville, IN, 47725 | ⁽ 812-867-5735 | . 0, | | |
| | tchan | vill | e Community Church | Purpose: | Follow-u | | e Date 24/2016 |
| Owner's Ac | | VIII | C Community Charen | | | of Violation | |
| | | sbu | ırg Rd, Evansville, IN, 47725 | Follow-up Complaint | Summary | | |
| Person in C | | vill | e Community Church | Pre-Operational | $_{\rm C}$ | NC_ | <u> </u> |
| Responsible | | | 3 | Temporary HACCP | Menu Tyj | pe <i>(See addi</i> | tional page) |
| G 10 15 | | | | Other (list) | \Box | |).() |
| Certified For Rhia H | | er | | | 1 <u></u> 2 | <u> </u> | <u> 7405</u> |
| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 |
| 256 | NC | | Reach in cooler lacking the | hermometer. | | 10/2 | 21/2016 |
| 285 | NC | | Warewashing machine not reaching | g required tempera | ture. | 10/2 | 21/2016 |
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| Received by Rhia | ` | | , | Inspected by (name and title properties) Kelly Holzme | | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



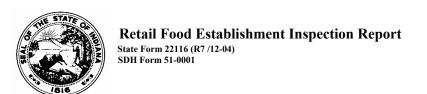
| Establishme | | | | Te | lephone Number | Date of In (mm/dd/y | | ID# |
|---------------------|-------------------|----------|---|------------|---|------------------------|--|-------------------------|
| The F | erfe [,] | ct I | Plan To Go | (8 | 12-471-9599 | ` . | ., l/2016 | 12087 |
| | | | mber and street, city, state, zip code) | | 312-598-5222 | 10/12 | //2016 | |
| 3101 N | Green | ١Ri١ | ver Rd Ste 310, Evansville, IN, 47715 | L^{o} | 12-390-3222 | | | |
| Owner | | | | | rpose: | Follow-u | | se Date |
| Sean | | <u>n</u> | | ~ | Routine | No | 10/ | 24/2016 |
| Owner's Ad | | مام | v Ct Evenoville IN 47705 | L | Follow-up | Summary | of Violation | 18: |
| | | Sie | y Ct, Evansville, IN, 47725 | Ł | Complaint | \cap | (|) () |
| Person in C Sean | | n | | | Pre-Operational | $_{\rm C}$ | NC_ |) R_O |
| Responsible | | | :1 | ╢ | Temporary | Monu Ty | pe (See addii | tional naga) |
| Responsible | ; i ci sun s | L-ma | | | НАССР | Wichu Ty | c (see aaan | ionai page) |
| Certified Fo | ood Handle | er | | | Other (list) | $_{1}\bigcirc_{2}$ | \bigcirc_3 (\bullet | $)_4\bigcirc_5\bigcirc$ |
| Sean N | | | | _ | | 1 | <u></u> | <u>-†3</u> |
| • CRITICAL | ITEMS AF | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | ÆD "C" | | | |
| | | | | | | D IN THE N | IADDATIVE | DELOW AC "D" |
| | | | P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN | MMA | ARY OF VIOLATIONS" AN | DINTHE | | |
| Section# | C/NC | R | Narrative | — | | | To Be Co | orrected By |
| | | | No noted violation | <u>ons</u> | | | | |
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| Received by Sean | | | | | ected by (name and title precised by Holzme | | | |
| Received by | (signature) |): | | | ected by (signature): | | | |
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| cc: | | | cc: | | | cc: | | |
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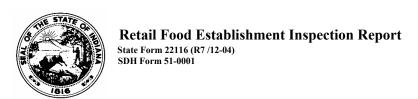
| Establishm | | _ | | Telephone Number | Date of Ins (mm/dd/yr | | ID# | |
|--------------|------------|--------------|--|---------------------------------|--------------------------|--------------|----------------|--|
| Fireh | | | | 812-401-0670 | | , 3/2016 | 12148 | |
| | | | nber and street, city, state, zip code) | 904-894-4925 | 10/13 | /2010 | | |
| | Red | Bar | nk Rd, Evansville, IN, 47712 | | | | | |
| Owner Dan Ir | mech | or | | Purpose: | Follow-uj | | se Date | |
| Owner's A | | le i | | Routine | | | | |
| | | roo | ke Dr, Evansville, IN, 47711 | Follow-up | Summary | of Violation | | |
| Person in C | | | 10 D1, Evanovino, 111, 17711 | Complaint | _ 1 | NC_ | l "O | |
| Dan Ir | | er | | Pre-Operational | C | . NC | K | |
| Responsible | e Person's | E-mail | l | Temporary | Menu Typ | e (See addi | tional page) | |
| | | | | HACCP | | \bigcirc 6 | | |
| Certified F | | | | Other (list) | 1 <u></u> 2 | \bigcirc_3 | <u> 1405</u> 0 | |
| Dan II | HISCHE |) | | | | | | |
| • CRITICAI | L ITEMS AF | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | MARKED "C" | | | | |
| • VIOLATIO | . , | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN | D IN THE N | | | |
| Section# | C/NC | R | Narrative | | | | orrected By | |
| 187 | С | | Meat balls and chili not holdir | | | | rrected | |
| 218 | NC | | Warmer not working as | s designed | | 10/2 | 20/2016 | |
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| Received by | | _ | rinted): | Inspected by (name and title pr | | | | |
| Bren | t Dav | ۷İS | | Katie Gretle | r | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
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| cc: | | | cc: | | cc: | | | |
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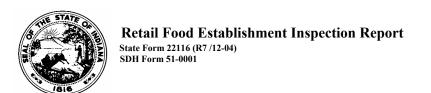
| Establishmo | | T a | #317147 | Telephone Number (812-426-1166 Date of Inspection (mm/dd/yr) 10/14/2016 | | | 1D# 12210 |
|-------------------|-------------|------------|---|---|-------------|--------------------|-------------------------|
| Establishme | ent Addres | s (nu | mber and street, city, state, zip code) | | | /2016 | 12210 |
| 4508 l | First / | ١ve | e, Evansville, IN, 47710 | (317-596-3260 | | | |
| Owner PIZZA H | UT OF A | ΑМЕ | RICA LLC c/o Ducharm, McMiller & Assoc. | Purpose: Routine | Follow-u | | 24/2016 |
| Owner's Ad | | 200 |) | Follow-up | Summary | of Violation | 1S: |
| | | <u>300</u> |), Indianapolis, IN, 46280 | Complaint | | (|) (|
| Person in C | _ | ΑME | RICA LLC c/o Ducharm, McMiller & Assoc. | Pre-Operational Temporary | c_ U | NC_ | <u> </u> |
| Responsible | e Person's | E-mai | il | НАССР | Menu Typ | e (See addi | tional page) |
| Certified Fo | ood Handle | a r | | Other (list) | 10, | (•) ₃ (| $)_4\bigcirc_5\bigcirc$ |
| Chris N | | | | | | <u> </u> | <u> </u> |
| • CRITICAL | ITEMS AR | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | N(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 |
| | | | No noted violation | ons. | | | |
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| Received by Chris | | | | Inspected by (name and title processed Coudr | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | ce: | | cc: | | |



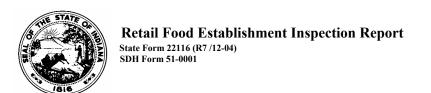
| Owner Randa | all's I ent Addres Futor all Hac Idress Raver harge all Hac Person's | dle Serve | wood Dr, Evansville, IN, 47714 | Purpose: Routine Follow-up | Follow-u No Summary | r) 8/2016 p Releas | 23/2016 D R O |
|-------------|--|--------------|--|---------------------------------|---------------------------|----------------------------|------------------|
| Randa | II Had | lley | | | 1 | | <u></u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE N | JARRATIVE | RELOW AS "R" |
| Section# | C/NC | R | Narrative | OI (IOMITIONS AI) | | | orrected By |
| Section# | CINC | К | No noted violation | | | товесс | nrected by |
| | | | No noted violatio | JIIS. | | | |
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| Received by | (name and | title p | printed): | Inspected by (name and title pr | rinted): | | |
| Ranc | Iall F | lad | dley | Colin Ward | | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



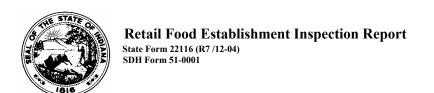
| Owner MNA 2 | dals ent Addres E Divi | sio Inc | | (8) (8) Pu | lephone Number 312-423-2121 312-423-2121 rpose: Routine Follow-up | Follow-u No | 6/2016 Releas | 12278 12278 ee Date 23/2016 |
|-------------------------------------|------------------------|------------|--|------------------|---|----------------|----------------|--------------------------------------|
| Person in C MNA 2 Responsible | harge 2001 | Inc | | | Complaint Pre-Operational Temporary | C | NC | D R O |
| Certified Fo | ood Handle | er | | | HACCP Other (list) | | <u></u> |)4050 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By |
| | 0,11,0 | | No noted violation | onc | | | | |
| | | | ino noted violatio | פווכ | • | | | |
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| Received by Micha | ael S | Sto | | C | ected by (name and title practice) arol Coudr | | | |
| Received by | (signature) |): | | Insp | ected by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



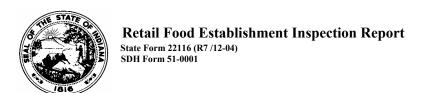
| Establishm | | ~ ^ | ical United Church of Christ | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
|-----------------|------------|--------|--|---|--------------------------|---------------------|---------------|
| | | | lical United Church of Christ mber and street, city, state, zip code) | 1 | 10/11 | /2016 | 12289 |
| | | | t, Evansville, IN, 47708 | 812-425-7029 | | | |
| Owner | | | | Purpose: | Follow-u | | se Date |
| | | elio | cal UCC | ✓ Routine | No | 10/ | 20/2016 |
| Owner's A | | | t Evenoville IN 47700 | Follow-up | Summary | of Violation | ns: |
| Person in C | | 13 | t, Evansville, IN, 47708 | Complaint | 1 | (| 0_{R} |
| | | elio | cal UCC | Pre-Operational | C | NC_ | - R |
| Responsible | | | | Temporary | Menu Typ | pe <i>(See addi</i> | tional page) |
| | | | | НАССР | | $\bigcirc G$ | |
| Certified F | ood Handl | er | | Other (list) | 1 <u>0</u> 2 | <u>3</u> | <u>)4</u> 050 |
| • CRITICAI | L ITEMS AF | 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 |
| 324 | С | | Manifest of grease trap cleaning | could not be show | n. | 10/1 | 12/2016 |
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| Received by Kim | | | | Inspected by (name and title p David Horni | | | |
| Received by | | | , | Inspected by (signature): | <u> </u> | | |
| | | | , | | | | |
| cc: | | | cc: | | cc: | | |



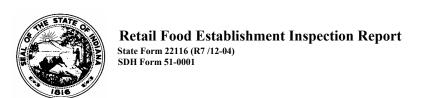
| Establishmo 1641 S Owner Gulsha Owner's Ad | Side ent Addres S Ker an Go | os (nui ntuc ora | | (8) (8) Pu | Rephone Number 312-431-5373 312-431-5373 urpose: Routine Follow-up | Follow-u | 77) 2/2016 1p Releas | 12366 12366 Se Date (22/2016 |
|--|--------------------------------------|------------------------|---|------------------|--|--------------|-----------------------|---------------------------------------|
| Person in C | harge | | e, Evansville, IN, 47711 | L | Complaint Pre-Operational | $_{\rm c}$ 1 | _ NC | $I_{R}0$ |
| Gulsh | | | | — | Temporary | Monu Tr | pe (See addi | |
| Kesponsible | ereison s | E-IIIAI | ш | | НАССР | Menu Ty | | |
| Certified Fo | | | arting will have. | | Other (list) | 1 <u>0</u> 2 | 2 <u>0</u> 3 <u>©</u> | <u>)4</u> 050 |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | KED "C" | | | |
| | | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA | ARY OF VIOLATIONS" AN | D IN THE | | |
| Section# | C/NC | R | Narrative | | | | | orrected By |
| 324 | С | | Grease trap log needs r | | | | 1 | 13/2016 |
| 346 | NC | | Customer hand sink ne | ed | s soap. | | 10/ | 13/2016 |
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| Di 4 h | . (| 4:41 | | Ţ., | | -:t d). | | |
| Received by Bobb | * | uue p | | D | avid Hornii | | | |
| Received by | (signature) |): | | Insp | ected by (signature): | | | |
| cc: | | | ce: | | | cc: | | |



| Establishm 500 N Owner FKG (| nardt ent Addres Burk Dil Co ddress / Mair Charge Dil Co e Person's | mp m, E | Belleville, IL, 62220 Dany | (6) Pur VF | ephone Number 18-233-6754 18-233-6754 pose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | P Release 10/ | 24/2016 R_O |
|---------------------------------------|---|------------|---|--------------|---|---------------------------|---------------|------------------|
| • CRITICAL | LITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKE | E D "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | IMMAF | RY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | | | rrected By |
| 342 | NC | | Hand sink in back not provide | <u>ed w</u> | ith hot water. | | 10/1 | 7/2016 |
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| Received by | (name and | titla r | printed): | Inche | ected by (name and title pr | inted): | | |
| Pam | | _ | | | olin Ward | muuj. | | |
| Received by | | | | | ected by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



| 751 Li Owner FOUZIA Owner's Ac 751 Li Person in C FOUZIA Responsible Certified Fo | In Maent Address ncoln A Khaeldress ncoln Charge A Khaele Person's | n A\ Contact C | we, Evansville, Indiana, 47713 ve, Evansville, Indiana, 47713 | Telephone Number (812-746-1170 812-746-1170 Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u Yes Summary | /2016 P Releas 10/ | 21/2016 R_O |
|---|--|--|--|--|----------------------------|---------------------|------------------|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE N | JARRATIVE. | BELOW AS "R" |
| Section# | C/NC | R | Narrative | The state of the s | | | rrected By |
| 257 | NC | 1/ | Temperture food probe | a needed | | | 2/2016 |
| 201 | INC | | remperture rood proble | e needed. | | 10/1 | 2/2010 |
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| Received by | (name and | title r | printed): | Inspected by (name and title pr | inted): | | |
| - | | _ | | David Hornii | | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| 5301 F Owner Kent J Owner's Ac | ster's ent Addres Pearl Johns Idress Pearl harge | on Dr | Deli mber and street, city, state, zip code) , Evansville, Indiana, 47712 , Evansville, Indiana, 47712 | Telephone Number (812-228-4222) (812-228-4222) Purpose: Routine Follow-up Complaint Pre-Operational | Follow-uj | 8/2016 Releas | 23/2016 ns: |
|---|--|-----------|---|--|------------|----------------|---------------------------|
| Responsible | | | il | Temporary HACCP | Menu Tyj | pe (See addii | tional page) |
| Certified Fo | | 102 | <u></u> |)4050 | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | |
| • VIOLATIO Section# | ON(S) REPE | ATED R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative | MMARY OF VIOLATIONS" AN | D IN THE N | | DELOW AS "R" Orrected By |
| Section# | CINC | K | Approved to op | nen | | 10 Be Co | Trected by |
| | | | 7,667.00 10 06 | 7011 | | | |
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| | He | <u>nd</u> | | Inspected by (name and title p Katie Gretle | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | сс: | | cc: | | |