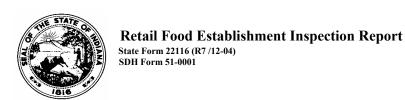
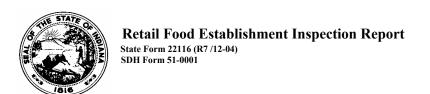


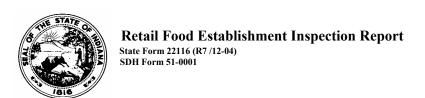
| | | | <u> </u> | | | | |
|-------------------|--------------|------|---|---|----------------------------|--------------|------------------------------------|
| Establishm AFC | | i @ | 2 Schnucks 728 | Telephone Number (812-473-4510 | Date of Insp (mm/dd/yr) | | 10# 10832 |
| | | | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | (a.)Owner | 12/01/ | 2016 | |
| Owner ADVAN | ICED F | RE | SH CONCEPTS FRANCHISE CORP | Purpose: | Follow-up NO | | se Date /11/2016 |
| <u> </u> | Laurel | Par | k Rd, RANCHO DOMINQUEZ, CA, 90220 | Follow-up Complaint | Summary | of Violation | ns: |
| | ICED F | | SH CONCEPTS FRANCHISE CORP | Pre-Operational Temporary | c_U | NC_ | J _R U |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | ≥ (See addi | tional page) |
| Certified For | | | | Other (list) | 1 <u>0</u> 2 | <u>3</u> |) ₄ <u>0</u> 5 <u>0</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | . DD . THE | |
| Section# | C/NC | R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative | MMARY OF VIOLATIONS" AN | D IN THE NA | | |
| Section# | C/NC | K | No discrepancio | 00 | | 10 ве С | orrected By |
| | | | 140 discrepanci | | | | |
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| Received by Marti | | | | Inspected by (name and title property Holzm | | | |
| Received by | y (signature |): | | Inspected by (signature): | | | |
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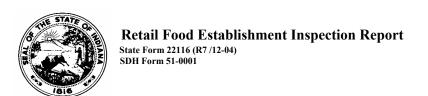
| Establishm | | | | Telephone Number | Date of Inspe (mm/dd/yr) | ection | ID# |
|----------------------|------------|-------------|---|--------------------------------|-----------------------------|---------------|---------------------------------|
| Circle | e K # | 104 | 4 | 812-425-1686 | | 2046 | 10865 |
| | | | mber and street, city, state, zip code) | (812-379-9227 | 12/01/2 | 2016 | |
| 6801 | Highv | <i>l</i> ay | 41, Evansville, IN, 47711 | 812-379-9227 | | | |
| Owner | _ | | | Purpose: | Follow-up | | se Date |
| | | /er | nience Store LLC | ✓ Routine | No | 12/ | 11/2016 |
| Owner's A | | - / | 2 | Follow-up | Summary of | Violation | 1S: |
| | | 7, (| Columbus, IN, 47202 | Complaint | \cap | (|) (|
| Person in C Mac's | | /er | nience Store LLC | Pre-Operational | c_ U | NC_(| $\frac{1}{R}$ |
| Responsible | | | | Temporary | Menu Type | (See addi | tional page) |
| | | | | НАССР | | | |
| Certified F | ood Handl | er | | Other (list) | $_{1}\bigcirc_{2}($ | 9)3(_ |) ₄ O ₅ O |
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| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | 7 | Го Ве Со | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by | (name and | title 1 | printed): | Inspected by (name and title p | rinted): | | |
| | , | | | Carol Coudr | | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |
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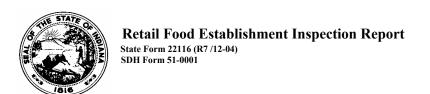
| Establishm Bits 8 | | 25 | | Telephone Number (812-423-5113 Date of Inspection (mm/dd/yr) 108 | | | | |
|---------------------|------------|-------|--|---|-----------------|--------------|--------------------|--|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | 812-423-3113 | 11/30 | /2016 | 10007 | |
| | W Fo | urt | h St, Evansville, IN, 47708 | | | | | |
| Owner FRED | MAR | RTI | N FLOORS INC | Purpose: Routine | Follow-up No | | se Date //10/2016 | |
| Owner's Ac | | n S | t, Evansville, IN, 47708 | Follow-up Complaint | | of Violation | _ | |
| Person in C | | RTI | N FLOORS INC | Pre-Operational | c_ U | NC_ | 0_{R} | |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | tional page) | |
| Certified For Nancy | | | ancis | Other (list) | 102 | <u></u> | $)_4$ \bigcirc_5 | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | AARKED "C" | <u>l</u> | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| | | | No discrepanci | es. | | | | |
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| Received by Vero | | | orinted): Ownsend | Inspected by (name and title p David Horni | | | | |
| Received by | | | | Inspected by (signature): | <u> </u> | | | |
| cc: | | | cc: | | cc: | | | |
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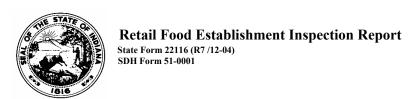
| | | | • • | • | | | | |
|--------------------|------------|-------|--|--|--------------------------|--------------|--------------------|--|
| Establishm Bueh | | G/ | A #452 | Telephone Number (812-475-6730 | Date of Ins (mm/dd/yr | | 10882 | |
| | | | mber and street, city, state, zip code) IN AVE., Evansville, IN, 47711 | (270-843-3252 | 11/30 | /2010 | | |
| Owner HOUC | CHEN | 1 S | NORTH FOODS LLC | Purpose: Routine | Follow-up Yes | | se Date 10/2016 | |
| | x 900 | 09 | , BOWLING GREEN, KY, 42102 | Follow-up Complaint | | of Violation | _ | |
| | CHEN | | NORTH FOODS LLC | Pre-Operational Temporary | | NC_ | | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | e (See addi | tional page) | |
| Certified Fo | | | nnough | Other (list) | 1 2 | <u>3</u> |)4050 | |
| • CRITICAL | L ITEMS AF | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATEL | 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 | |
| 245 | NC | | Sanitizing wiping cloths stored | d improperly (deli). Corrected | | | | |
| 187 | С | | Hot foods not being held at the re | required temperature. Corrected | | | | |
| 177 | С | | Food stored unprotected in de | eli walk-in cooler. | | Co | rrected | |
| 431 | NC | | Fan vents in deli and meat department walk- | in coolers in need of cl | eaning. | 12/0 | 08/2016 | |
| 431 | NC | | Walk-in dairy cooler floor in r | need of cleaning. | | | 08/2016 | |
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| Received by | (name and | title | | Inspected by (name and title price Kelly Holzm | | | | |
| Received by | (signature |): | | Inspected by (signature): | <u> </u> | | | |
| cc: | | | cc: | | cc: | | | |



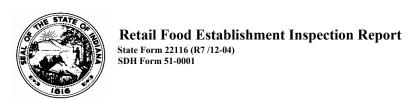
| Establishm Price | | : F | oods #432 | Telephone Number (812-471-7575 | Date of Ins (mm/dd/yr | •) | 10# 10884 | |
|---------------------|------------|------------------|--|---|--------------------------|--------------|-------------------|--|
| Establishm | ent Addres | s (nui | mber and street, city, state, zip code) | 270-843-3252 | 11/30 | /2016 | 10004 | |
| | S Var | ın / | Ave., Evansville, IN, 47714 | | | | | |
| Owner | CHEN | SN | NORTH FOODS LLC | Purpose: | Follow-uj | | se Date //10/2016 | |
| Owner's Ad | | 00 | BOWLING GREEN, KY, 42102 | Follow-up | Summary | of Violation | ns: | |
| Person in C | | υ ૭ , | BOWLING GREEN, KT, 42102 | Complaint | \mathbf{O} | | $\frac{2}{R}$ | |
| | | S N | NORTH FOODS LLC | Pre-Operational | C | NC_ | - R | |
| Responsible | e Person's | E-mai | 1 | Temporary HACCP | Menu Typ | oe (See addi | tional page) | |
| Certified Fo | and Handl | 250 | | Other (list) | 100 | \bigcirc |),(),() | |
| Meliss | | | eld | | 1 2 | <u></u> 3 | <u>/4030</u> | |
| • CRITICAL | L ITEMS AF | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| 218 | NC | | Ice cream reachin has id | ce build up. | | 12/1 | 13/2016 | |
| 431 | NC | | Meat department walk in cooler | in need of cleaning | J. | 12/02/2016 | | |
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| Received by Dotty | , | | | Inspected by (name and title processed by Holzm | | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |
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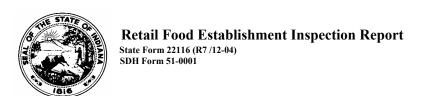
| Establishm | ent Name | | | Telephone Number Date of Inspection ID # | | | | |
|-------------|------------|---------|---|--|--------------|--------------|--------------|--|
| Donu | | ηk | | 812-426-0011 | (mm/dd/yr | j | 10928 | |
| | | | mber and street, city, state, zip code) | | 11/28 | /2016 | 10020 | |
| | | | nd Ave, Evansville, IN, 47711 | 812-426-0011 | | | | |
| Owner | | | · | Purpose: | Follow-up | | se Date | |
| CHRIS | S KEI | ИP | F | ✓ Routine | No | 12/ | 08/2016 | |
| Owner's Ac | | | | Follow-up | Summary | of Violation | ns: | |
| | | onc | d Ave, Evansville, IN, 47711 | Complaint | - | | | |
| Person in C | | 4D | - | Pre-Operational | $_{\rm C}$ U | NC (| $0_{\rm R}$ | |
| CHRIS | | | | Temporary | | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) | |
| Certified F | ood Hondl | 210 | | Other (list) | 100 | \bigcirc |),()_5() | |
| Chris k | | | | | | <u> </u> | <u> </u> | |
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| Mars | | | | Carol Coudr | | | | |
| Received by | | | , O((| Inspected by (signature): | <u>Ul</u> | | | |
| Received by | (signature |). | | inspecied by (signature). | | | | |
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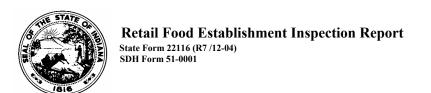
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| Establishm Fred | | r | | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
| | | | | 812-423-8040 | 11/28/ | 2016 | 10974 |
| | | | mber and street, city, state, zip code) Evansville, IN, 47710 | 812-867-7820 | | | |
| Owner | Dorl | ~ \^ | Villes | Purpose: | Follow-up | | se Date |
| | |) V | Villman | Routine | No | | /08/2016 |
| Owner's Ac 203 B | | nt [| Or, Evansville, IN, 47711 | Follow-up Complaint | Summary o | _ | _ |
| Person in C | Charge | | Villman | Pre-Operational | $_{\rm C}$ $_{\rm U}$ | NC_(| $J_{R}U$ |
| Responsible | | | | Temporary | Menu Type | Soo add | itional page) |
| Kesponsion | c i ci son s | L-ma | 1 | НАССР | - wichu Type | , (See addi | nonai page) |
| Certified F | | | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | $)_4$ \bigcirc_5 \bigcirc |
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| Received by Barb | | | | Inspected by (name and title processed in Coudr | | | |
| Received by | y (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
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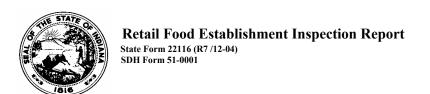
| | kette ent Addres String orstke | s (nu tov | mber and street, city, state, zip code) vn Rd, Evansville, IN, 477 er | 11 | Telephone Number (812-423-0692 (812-499-1777) Purpose: Routine Follow-up | Date of Inst (mm/dd/yr) 11/29/ Follow-up NO | /2016 Release 12/ | 11043 11043 se Date 09/2016 |
|--------------------------------------|--------------------------------|-------------------------|--|--------|---|---|--------------------|--------------------------------------|
| Person in C JOE Ho Responsible | Charge Orstke e Person's | ette _{E-ma} | | 11 | Complaint Pre-Operational Temporary HACCP Other (list) | c_ 0 | NC_(| _ |
| | | | NTIFIED IN THE CHECKLIST AND NARRATIVE COI FROM PREVIOUS INSPECTIONS ARE DENOTED IN | | | D IN THE NA | ARRATIVE | BELOW AS "R" |
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| Joe h | l ors | ke | | | Inspected by (name and title processed Coudr | | | |
| Received by | (signature) |): | | | Inspected by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



| Establishm Inside | | \ \ | | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
|----------------------|------------|----------|---|--------------------------------|-----------------------------------|-------------------------|-----------------------|
| | | | mber and street, city, state, zip code) | (812-471-0031 | 12/02 | /2016 | 11051 |
| 800 N | Gree | n F | River Rd, Evansville, IN, 47715 | (319-219-6927 | | | |
| Owner | Soor | <u> </u> | Candiaa & Cifta | Purpose: | Follow-up | | se Date |
| Owner's A | |)p ı | Candies & Gifts | Routine | No | | 12/2016 |
| | | H S | STREET, Noblesville, IN, 46060 | Follow-up | | of Violation | |
| Person in C | Charge | | | Complaint Pre-Operational | $\begin{bmatrix} c \end{bmatrix}$ | $_{\rm NC}$ (| $\int_{\mathbb{R}} 0$ |
| | | | Candies & Gifts | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) |
| Certified F | ood Handl | er | | Other (list) | $1 \odot_2$ | \bigcirc_3 \bigcirc | $_{4}O_{5}O$ |
| n/a | | | | | | | |
| • CRITICAI | L ITEMS AI | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
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| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
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| Received by Ange | | | | Inspected by (name and title p | | | |
| Received by | | | 3 | Inspected by (signature): | | | |
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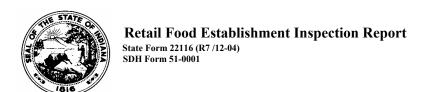
| Establishm 2344 Owner HOOK | Pharent Address Cove | ss (nu rt A | acy #6254 mber and street, city, state, zip code) eve, Evansville, IN, 47714 RX LLC | Telephone Number (812-475-2038 (401-770-2272 Purpose: Routine | | | 11184 11184 ee Date 10/2016 |
|-------------------------------------|----------------------|----------------|---|---|----------------|--------------|--------------------------------------|
| Person in C | Dr/Ma | | rop 23062A, Woonsocket, RI, 02895 | Pre-Operational | Summary of C_O | of Violation | _ |
| Responsible Certified F | e Person's | E-ma | | Temporary HACCP Other (list) | Menu Type | | tional page) |
| | | ATED | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative | | | | |
| Section# | C/NC | R | | | | то ве С | orrected By |
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| Received by Sam | Sha | hir | | Inspected by (name and title processed Coudr | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Establishm McDC | | S | | Telephone Number (812-477-0279 | Date of Ins (mm/dd/yr | j | тр# 11203 |
|---------------------|------------|-------|---|--------------------------------|--------------------------|--------------|--------------------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | (812-477-1602 | | /2016 | |
| Owner | | | S/DBK VISION | Purpose: | Follow-uj | | se Date 11/2016 |
| | | טט | ADDIT VISION | Routine | 110 | 12/ | 11/2010 |
| Owner's Ac | | 08, | Evansville, IN, 47716 | Follow-up Complaint | _ ` | of Violation | _ |
| Person in C | | DS | JOBK VISION | Pre-Operational | C | NC_ | 0_{R} |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | tional page) |
| Certified For Caleb | | er | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | <u>)</u> 4 <u>O</u> 5 <u>O</u> |
| | | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | UMMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No discrepand | ies. | | | |
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| Received by Bobb | | _ | | Inspected by (name and title p | | | |
| Received by | | | - | Inspected by (signature): | <u> </u> | | |
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| cc: | | | cc: | | cc: | | |



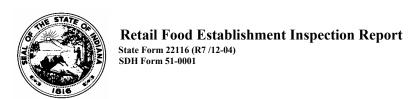
| | | | | | 1 | | | |
|--------------|------------|--------------|---|---|-----------------------------------|--------------|---------------|--|
| Schn | | #7 | '28 | Telephone Number Date of Inspection (mm/dd/yr) 10.4 DESATE OF MALE 4.0 | | | | |
| | | | mber and street, city, state, zip code) | (812-473-4510 | 12/01 | /2016 | 11307 | |
| | | | River Rd, EVANSVILLE, IN, 47715 | 314-994-4718 | | | | |
| Owner | l N | A | desta la c | Purpose: | Follow-u | | se Date | |
| | | /lar | kets Inc | Routine | Yes | | 11/2016 | |
| Owner's Ac | | dar | nd Rd, St Louis, MO, 63146 | Follow-up | _ ` | of Violation | _ | |
| Person in C | | | 14 144, 51 25415, 1115, 551 15 | Complaint | $\begin{bmatrix} 0 \end{bmatrix}$ | NC 4 | $\frac{2}{R}$ | |
| Schnu | icks N | <i>l</i> lar | kets Inc | Pre-Operational Temporary | <u> </u> | . NC | _ K | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | oe (See addi | tional page) | |
| Certified Fo | ood Hondl | 0.14 | | Other (list) | 100 | \bigcirc |),(),() | |
| Tomm | | | | | 1 2 | <u></u> | <u> </u> | |
| | | | 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 | |
| 256 | NC | | Reach-in and walk-in coolers and display of | cases lacking thermor | neters. | 12/09/2016 | | |
| 174 | NC | | Bulk containers of sugar not labeled v | with common food | name. | 12/09/2016 | | |
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| Received by | | | | Inspected by (name and title p | | | | |
| Dave | e Ver | Wa | ayne | Kelly Holzm | eyer | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| | | | | | | | | |
| cc: | | | cc: | | cc: | | | |



| Establishm SIMP | | IS | SUPERMARKET | Telephone Number (812-477-5341 | (mm/dd/yi | Date of Inspection (mm/dd/yr) ID # | | |
|-----------------------|---|-------------|--|--|-------------|------------------------------------|-----------------|--|
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) | = | 11/28 | 3/2016 | 11010 | |
| | Cove | <u>rt A</u> | ve, EVANSVILLE, IN, 47714 | ⁽ 812 ⁻ 477-5341 | | | | |
| Owner BRIAN | ۷ D & | NA | ANCY C JAMES | Purpose: Routine | Follow-u | | Se Date 08/2016 | |
| Owner's A | | - | al De Francisco IN 47740 | Follow-up | Summary | of Violation | ns: | |
| Person in C | | ر e | ek Dr, Evansville, IN, 47712 | Complaint | _ 1 | | | |
| BRIAN | ND& | NA | ANCY C JAMES | Pre-Operational | C | NC_ | | |
| Responsible | e Person's | E-ma | al Control of the Con | Temporary HACCP | Menu Tyj | pe <i>(See addi</i> | tional page) | |
| | | | | Other (list) | | | | |
| Certified For Holly V | | | | | 1 <u></u> 2 | <u> </u> | <u>/45_</u> | |
| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| 303 | С | | No sanitizing solution available | | | | | |
| 174 | NC Bulk container of flour not labeled with common food name. | | | | | | rrected | |
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| Grea Great | | _ | · | Inspected by (name and title p Kelly Holzm | | | | |
| Received by | | | | Inspected by (signature): | <u> </u> | | | |
| cc: | | | cc: | | cc: | | | |
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| Establishm O'Bri | | aa Spo | orts Bar & Grill | Telephone Number (812-401-4630 | Date of Insp (mm/dd/yr) | | то# 11322 |
|----------------------|------------|-----------|--|---|----------------------------|--------------|--------------------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | (a.)Owner_ acco | 11/28 | /2016 | |
| Owner | | | ts Bar & Grill | Purpose: | Follow-up | | se Date 08/2016 |
| Owner's Ac | ddress | | Pte, Evansville, IN, 47715 | Follow-up | Summary | of Violation | ns: |
| Person in C | Charge | | ts Bar & Grill | Complaint Pre-Operational | c_0 | NC_ | $\frac{0}{R}$ |
| Responsible | | | | Temporary HACCP | Menu Typ | e (See addi | tional page) |
| Certified For Matt M | | | | Other (list) | 1 2 | <u>3</u> | <u>)</u> 4 <u>U</u> 5 <u>U</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE NA | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| Sections | Crite | | All violations from 11/16/20 | 116 corrected | | 10200 | <u> </u> |
| | | | 711 101010113 110111 1 17 10/20 | o ro corrected. | | | |
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| Received by Matt | * | | | Inspected by (name and title property Holzman | | | |
| Received by | | | | Inspected by (signature): | <u>, ,</u> | | |
| cc: | | | сс: | | cc: | | |



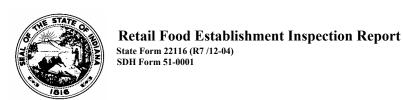
| Establishm | ent Name | | | Telephone Number | Date of Ins | pection | ID# |
|---------------------|------------|----------------|---|--------------------------------|-----------------------------------|-------------------------|------------------|
| Subw | | | | 812-477-5432 | (mm/dd/yr | <i>'</i> | 11362 |
| Establishm | ent Addres | | mber and street, city, state, zip code) | (0.4.)Owner = 5.400 | 12/02 | /2016 | |
| 200 S | Green | Ri۱ | ver Rd Ste C, Evansville, IN, 47715 | 812-477-5432 | | | |
| Owner Rupal | Pate | 1 | | Purpose: | Follow-up | | se Date 712/2016 |
| Owner's Ac | | - | | Follow-up | | of Violation | |
| 200 S | Green | Ri۱ | ver Rd Ste C, Evansville, IN, 47715 | Complaint | | | _ |
| Person in C | harge | | | Pre-Operational | $\begin{bmatrix} C \end{bmatrix}$ | | $0_{\rm R}$ |
| Rupal | Pate | | | Temporary | C | NC | _ K |
| Responsible | e Person's | E-ma | il | | Menu Typ | e (See addi | tional page) |
| | | | | HACCP | | | |
| Certified For Rupal | | er | | Other (list) | 1 2 | \bigcirc 3 \bigcirc | <u> 1405</u> |
| | | E IDI | ENTERIED IN THE CHECKLIST AND NADDATIVE COLUMNS A | AADVED 402 | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | D IN THE N | | DELOW 10 (D |
| | | | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by | (name and | l l title 1 | printed): | Inspected by (name and title p | rinted): | | |
| Yagr | | | | Colin Ward | , | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
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|---------------------|------------|--------|---|--|------------|--------------|------------------|--|
| Taco | | | | Telephone Number Date of Inspection (mm/dd/yr) | | | | |
| | | | mber and street, city, state, zip code) | 812-473-7841 | 12/02 | /2016 | 11386 | |
| | | | ton Ave., Evansville, IN, 47714 | ⁽ 270-443-4364 | | | | |
| Owner D & G | Prop | ert | ies - Mike Dorman | Purpose: | Follow-uj | | se Date /12/2016 | |
| Owner's A | ddress | | | Follow-up | Summary | of Violation | ns: | |
| | | vy (| 60 West, PADUCAH, KY, 42003 | Complaint | | _ | | |
| Person in C | | ert | ies - Mike Dorman | Pre-Operational | C | NC_ | $\frac{1}{R}$ | |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | tional page) | |
| | | | | Other (list) | | | \bigcap | |
| Certified For Jamie | | | | | 1 2 | <u> </u> | <u>/4_5_</u> | |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| | | | All violations from previous ins | pection corrected. | | | | |
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| Received by Jami | | | | Inspected by (name and title p | | | | |
| Received by | | | · <i>y</i> | Inspected by (signature): | <u> </u> | | | |
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| cc: | | | cc: | | cc: | | | |



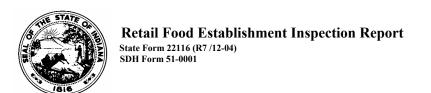
| Establishm | | | | Telephone Number | ID# | | | |
|------------------|--------------|--|--|---|-------------------------------------|-------------|------------------|--|
| Walg | reens | s # | 6152 | 812-474-0055 (mm/dd/yr) 12/02/2016 114 | | | | |
| | | | mber and street, city, state, zip code) | (a.120wner_ 100- | 12/02/ | 2010 | | |
| 4 | Gree | <u>:n </u> | River Rd, Evansville, IN, 47715 | | | | | |
| Owner Walgr | oon (| `^ | | Purpose: | Follow-up NO | | se Date /12/2016 | |
| Owner's A | | <u>, </u> | | Routine | | | | |
| | | 1. [| Deerfield, IL, 60015 | Follow-up | Summary o | | • | |
| Person in C | | · , - | | Complaint | $\mathbf{L}_{\mathbf{G}}\mathbf{U}$ | NC_ |) | |
| Walgr | een C | \mathcal{O} | | Pre-Operational | | NC_ | K | |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Type | : (See addi | tional page) | |
| | | | | Other (list) | | $\neg \cap$ | | |
| Certified For | ood Handl | er | | | 102 | <u>3</u> | <u>/405</u> | |
| | TEEMS AT | DE IDI | ENTIFIED IN THE CHECKLIST AND NADDATINE COLUMNS A | AA DIVED 409 | <u> </u> | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | ID IN THE N | DDATINE | DELOW AC "D" | |
| Section# | C/NC | R | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative | MIMARY OF VIOLATIONS" AN | | | orrected By | |
| Section# | C/NC | K | No noted violation | | | 10 De Co | Trected by | |
| | | + | No noted violation | лю. | | | | |
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| Received by Kyle | | • | | Inspected by (name and title properties) Kelly Holzm | | | | |
| Received by | y (signature |): | | Inspected by (signature): | | | | |
| cc: | | | ce: | | cc: | | | |



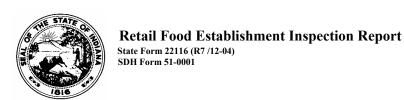
| Establishm | | | | Telephone Number | ID# | | |
|-------------|--------------|------------|---|--|---------------------|-------------------------|---|
| Little | | (| mber and street, city, state, zip code) | 812-401-0588 | 12/01/ | /2016 | 11478 |
| | | | e, Evansville, IN, 47710 | 812-401-0588 | | | |
| Owner | | | ,, _ , , , , , , , , , , , , , , , , , | Purpose: | Follow-up | | se Date |
| Amma | ar Jav | vab | orah | Routine | No | 12/ | 11/2016 |
| Owner's A | | | | Follow-up | Summary | of Violation | ns: |
| | | nba | ard, Evansville, IN, 47714 | Complaint | \cap | | 1 |
| Person in C | | vah | vrah | Pre-Operational | $_{\rm C}$ | NC | $\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$ |
| Responsible | | | | Temporary | Menu Tyn | e (See addi | tional page) |
| Responsible | c i ci son s | L-1114 | | НАССР | wichu Typ | | nonui puge) |
| Certified F | ood Handl | er | | Other (list) | $_{1}\bigcirc_{2}($ | \bigcirc_3 \bigcirc | $)_{4}\bigcirc_{5}\bigcirc$ |
| Amma | r Jaw | <u>abr</u> | ah | | | | |
| • CRITICAI | LITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| • VIOLATIO | ON(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 |
| 431 | NC | | Air vents in kitchen nee | ed cleaning. | | 12/0 | 05/2016 |
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| Received by | | | printed): | Inspected by (name and title processed Coudr | | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



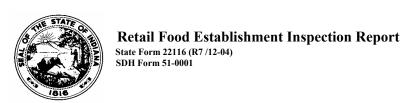
| | | | <u> </u> | <u> </u> | | | |
|-------------------|-------------|------------|---|---|----------------------------|-------------|---------------------------|
| Establishm | | √ Г | Design | Telephone Number | Date of Insp (mm/dd/yr) | | тр# 11518 |
| | | _ | mber and street, city, state, zip code) | 812-426-1599 | 12/02 | 2016 | 11316 |
| | | | e, Evansville, IN, 47715 | 812-480-7555 | | | |
| Owner | 1 0 C | : | | Purpose: | Follow-up | | se Date |
| | | ıng | er Hornbrook | Routine | No | | 12/2016 |
| Owner's Ac 4500 \ | | ey | Cove, Evansville, IN, 47725 | Follow-up Complaint | Summary | | |
| Person in C | Charge | | | Pre-Operational | c U | NC_ | $\bigcup_{R} \bigcup_{R}$ |
| Responsible | | | er Hornbrook | Temporary | Manu Tyn | 2 (Saa addi | itional page) |
| Responsible | e r erson s | E-IIIA | ш | HACCP | - Wienu Typ | ; (see aaai | iionai page) |
| Certified F | | | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | $0.4 \bigcirc 5 \bigcirc$ |
| Ginge | r Horn | brc | ook | | | | |
| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN | D IN THE NA | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by Ging | | | printed): nbrook | Inspected by (name and title polin Ward | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



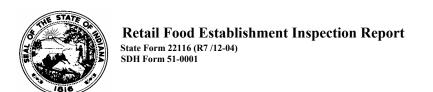
| Establishme 1617 L Owner FAMIL Owner's Ac PO BO Person in C FAMIL Responsible | y Doent Address A DOENT Address OX 10' Charge A Person's | S (nume) A (| r #1549 mber and street, city, state, zip code) ve, Evansville, IN, 47714 AR INC CHARLOTTE, NC, 28201 AR INC ii | Telephone Number (812-474-1679 (704-814-5926) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-up No Summary | Release 12/ | |
|---|--|--|--|---|----------------------|-------------|--------------|
| Certified Fo | ou Hanui | er | | | 1 <u>0</u> 2 | <u> </u> | 74030 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | DEL OWAS (DE |
| • VIOLATIO Section# | C/NC | R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative | MMARY OF VIOLATIONS" AN | ID IN THE N | | orrected By |
| Section# | CINC | K | No noted violation | nns | | 10 Be CC | nrected by |
| | | | TVO Hoted Violatio |) i i i i i i i i i i i i i i i i i i i | | | |
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| Received by Chris | ` | | · · | Inspected by (name and title p | | | |
| Received by | (signature) |): | _ | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



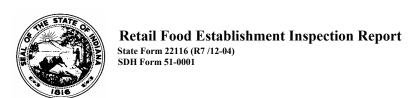
| Establishm Circle | | 14: | 3 | Telephone Number (812-422-7976 | Date of Insp (mm/dd/yr) | | тр# 11532 |
|----------------------|------------|------|--|---|----------------------------|-------------|----------------------------|
| | | | mber and street, city, state, zip code) | | 11/28 | /2016 | 11002 |
| 1148 \ | | | ton Ave, Evansville, IN, 47714 | ⁽ 812-379-9227 | | | |
| Owner Mac's | Con | ver | nience Store LLC | Purpose: Routine | Follow-up | | se Date // 08/2016 |
| Owner's A | | | | Follow-up | Summary | | |
| PO Bo | ox 34 | 7, (| Columbus, IN, 47202 | Complaint | Summary | | |
| Person in C Mac's | | ver | nience Store LLC | Pre-Operational | | NC_ | <u>J</u> <u>R</u> <u>U</u> |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | itional page) |
| | | | | Other (list) | - | |).() |
| Certified F | ood Handl | er | | | | <u>3</u> | <u> 1405</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU! | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No discrepancio | es. | | | |
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| Anna Anna | | | | Inspected by (name and title possible Kelly Holzm | | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
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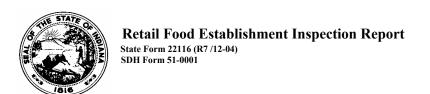
| 302 S Owner Kent C | City ent Addres Boss Greatl ddress Boss Charge | e A | Ave, Evansville, IN, 47712 USE Ave, EVANSVILLE, IN, 47712 | Telephone Number (812-306-1487) (812-306-1487) Purpose: Routine Follow-up Complaint Pre-Operational | Pollow-up NO Summary or | 2016 Releas 12/ | _ |
|--------------------------|--|---------|---|--|-------------------------|-------------------|---------------------------|
| Responsible | | | | Temporary HACCP | Menu Type | (See addi | tional page) |
| Certified Fo | ood Handl | er | | Other (list) | $1 \bigcirc 2$ | <u></u> | $0_4 \bigcirc 5 \bigcirc$ |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | 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 r | printed): | Inspected by (name and title p | rinted): | | |
| | , | | nouse | Carol Coudr | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
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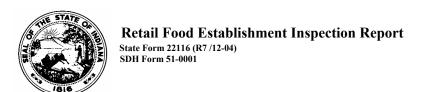
| Establishm | | | | Telephone Number | Date of Inspe (mm/dd/yr) | ection | ID# | |
|------------------|------------|------------|---|--|-----------------------------|-------------|-----------------|--|
| | | | #316428 | 812-474-9077 11/30/2016 118 | | | | |
| Establishm | ent Addres | ss (nui | mber and street, city, state, zip code) AVE, Evansville, IN, 47714 | 31 7 -596-3260 | | 2010 | | |
| Owner PIZZA H | UT OF A | AME | ERICA LLC c/o Ducharm, McMiller & Assoc. | Purpose: | Follow-up NO | | se Date 10/2016 | |
| Owner's A | | | | Follow-up | Summary of | f Violation | ns: | |
| | | <u>30(</u> |), Indianapolis, IN, 46280 | Complaint | \cap | (|) (| |
| | UT OF | | ERICA LLC c/o Ducharm, McMiller & Assoc. | Pre-Operational Temporary | | NC_ | J R U | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Type | (See addi | tional page) | |
| Certified F | J TT JI | | | Other (list) | $_{1}\bigcirc_{2}($ | 7.6 | \bigcap_{i} | |
| Shamk | | | ece | | | <u></u> | <u>/4030</u> | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE NA | RRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | | orrected By | |
| | | | No discrepanci | es. | | | | |
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| Received by Aaro | `` | | · | Inspected by (name and title processed by Holzme | | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| cc: | | | ce: | | cc: | | | |



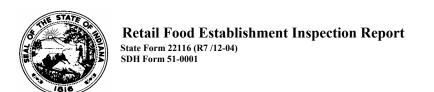
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|----------------------|------------|--------|---|---|-----------------------------------|-------------------------|---------------|
| Establishm Grand | | fot | - | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | | | mber and street, city, state, zip code) | 812-476-6666 | 11/28 | /2016 | 11901 |
| | | | River Rd, Evansville, IN, 47715 | ⁽ 957-476-6666 | | | |
| Owner | | | | Purpose: | Follow-uj | | se Date |
| Yun. L | | | | Routine | No | 12/ | 08/2016 |
| Owner's A | | en | River Rd, Evansville, IN, 47715 | Follow-up Complaint | | of Violation | |
| Person in C | Charge | | | Pre-Operational | $\begin{bmatrix} C \end{bmatrix}$ | | $\frac{1}{R}$ |
| Yun. L | | | | Temporary | | | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | e (See addi | tional page) |
| | | | | Other (list) | \sim | \bigcirc . \bigcirc | |
| Certified For Staces | | er | | | $1 \bigcirc 2$ | \bigcirc 3 \bigcirc | <u>/4©5</u> |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEL | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | Follow-up from inspection on 11/22/16 | All violations corr | ected. | | |
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| D : 11 | <u> </u> | 1.1.1 | | Y (11 (101 | · D | | |
| Received by Stacy | * | | | Inspected by (name and title p Colin Ward | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



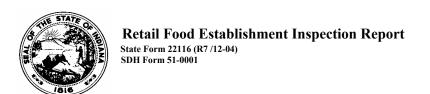
| Establishm | _ | | _ | Telephone Number | Date of Inspe | ction | ID# |
|-------------|------------|---------|---|--------------------------------|-----------------------|-----------|---------------------------------------|
| Los T | res (| Cai | minos | ⁽ 812-868-8550 | (mm/dd/yr) 11/30/2 | 0016 | 11907 |
| | | | mber and street, city, state, zip code) | (a.4)Ownera acco | 1 1/30/2 | 2016 | |
| 12100 | N High | าพล | y 41 Suite 9, Evansville, IN, 47725 | 012-000-0000 | | | |
| Owner | ' I | | P | Purpose: | Follow-up | | se Date |
| Franci | | 1 L | omeii | ✓ Routine | No | 12/ | 10/2016 |
| Owner's Ac | | | , 41 NL#0 Evenoville INL 47725 | Follow-up | Summary of | Violation | 18: |
| Person in C | | way | y 41 N #9, Evansville, IN, 47725 | Complaint | 1 | NC_ | |
| Franci | | 417 | omeli | Pre-Operational | C | NC | R = R |
| Responsible | | | | Temporary | Menu Type | (See addi | tional page) |
| P | | | _ | НАССР | | | |
| Certified F | ood Handle | er | | Other (list) | $_{1}\bigcirc_{2}($ |)3(• | $)_{4}\bigcirc_{5}\bigcirc$ |
| jose gu | uadalı | ıpe | g eligio cruz | | | | |
| • CRITICAL | ITEMS AR | E 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 NAI | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| 399 | NC | | Shelving in cooking area no | eeds replaced | | | 09/2016 |
| 449 | C | | Improper use of fly | | | | rrected |
| 443 | | | improper use or ny | рарет. | | | Tecleu |
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| Received by | (name and | title p | printed): | Inspected by (name and title p | rinted): | | |
| iose | quad | dal | upe g eligio cruz | Carol Coudr | et | | |
| Received by | | | 1 0 0 | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
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| Kelly's Food & Smoke Shop | | | Telephone Number ((812) 477-2325 11/30/2016 | | | то# 11948 | |
|---------------------------|------------|--------|---|--------------------------------|------------|--------------|--------------------------------|
| | | | mber and street, city, state, zip code) | | 11/50 | /2016 | 1.0.0 |
| 3012 | Cove | rt A | ve, Evansville, IN, 47714 | 8127742616 | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Khalid | | SSa | alen | Routine | No | 12/ | 10/2016 |
| Owner's A | | onr | o Dr. Evensville IN 47714 | Follow-up | Summary | of Violation | ns: |
| Person in C | | EIII | ne Dr, Evansville, IN, 47714 | Complaint | | (| 0_{R} |
| Khalid | | 992 | aleh | Pre-Operational | C_O | NC_ | $\frac{1}{R}$ |
| Responsible | | | | Temporary | Menu Typ | e (See addi | tional page) |
| • | | | | НАССР | | | |
| Certified F | ood Handl | er | | Other (list) | 1 2 | <u>3</u> | <u>)</u> 4 <u>U</u> 5 <u>U</u> |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | CATED | 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 | | I | To Be Co | orrected By |
| | | | No discrepanci | es. | | | |
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| Received by Mous | | | printed): | Inspected by (name and title p | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



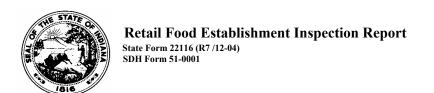
| | The Inflatable Fun Factory | | | Telephone Number (812-471-5867 Date of Inspection (mm/dd/yr) 12/02/2016 | | | тр# 11975 |
|----------------------|----------------------------|--------|---|--|-----------------|--------------|-----------------------------|
| | | | mber and street, city, state, zip code) | | 12/02 | /2016 | 11373 |
| | | | Dr. Ste B, Evansville, IN, 47715 | ⁶ 812-470-0534 | | | |
| Owner All Blo | own U | p I | nflatable Rentals | Purpose: | Follow-up No | | se Date /12/2016 |
| Owner's A | | 4 1 | | Follow-up | Summary | of Violation | ns: |
| | | 1, 1 | Newburgh, IN, 47629-0791 | Complaint | \cap | (|) (|
| Person in C | | p I | nflatable Rentals | Pre-Operational | | NC_ | $\frac{0}{R}$ |
| Responsible | | • | | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | HACCP | | | |
| Certified For Dana I | | er | | Other (list) Final | 1 2 | <u>3</u> | <u>/4</u> <u>5</u> <u>5</u> |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEL | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
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| | | | Approved for oper | ation. | | | |
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| Received by Tomi | _ | | | Inspected by (name and title processing Ward | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | ce: | | cc: | | |



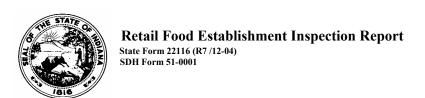
| The Yellow Rose Family Diner | | | Telephone Number Date of Inspection (mm/dd/yr) 12 | | | | |
|------------------------------|------------|-------|---|--------------------------------|------------|-------------------------|--------------|
| | | | mber and street, city, state, zip code) | 812-401-2505 | 11/29 | /2016 | 12156 |
| | | | n Ave, Evansville, IN, 47715 | ⁽ 812-401-2505 | | | |
| Owner | _ | | | Purpose: | Follow-u | | se Date |
| Linda | | /ICk | | Routine | Yes | | 09/2016 |
| Owner's A | | امد | e Ave, Evansville, IN, 47720 | Follow-up | - | of Violation | |
| Person in C | | | 710C, Evansville, 111, 47720 | Complaint | 1 . 1 | ,,,,(| 0_{R} |
| Linda | | /ick | (| Pre-Operational | C | NC_ | <u>R</u> |
| Responsibl | e Person's | E-ma | il | Temporary | Menu Typ | oe (See addi | tional page) |
| | | | | HACCP | | | |
| Certified F | | | | Other (list) | 1 2 | \bigcirc 3 \bigcirc | <u>/405</u> |
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| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | | orrected By |
| 324 | С | | Restroom sink in need of repair. Not reaching requ | uired temperature of 100 (| degrees. | 12/0 | 08/2016 |
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| Received by | (name and | title | printed): | Inspected by (name and title p | rinted): | | |
| Linda | | | | Kelly Holzm | | | |
| Received by | | | | Inspected by (signature): | oyo. | | |
| [| | | | | | | |
| cc: | | | cc: | | cc: | | |
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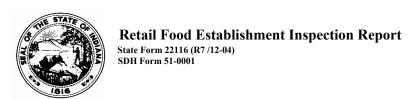
| Establishment Name | | Telephone Number | Date of Inspection (mm/dd/yr) | ction | ID# | |
|-----------------------------|----------------------------------|-----------------------------|---------------------------------|-----------------|----------------|-----------------------------|
| Walgreens# | £15099 | | 812-464-3656 | | 016 | 12280 |
| | imber and street, city, state, z | | (84 7 -527-4897 | 12/01/2 | 010 | |
| 4701 N First A | Ave, Evansville | , IN, 47710 | 847-527-4897 | | | |
| Owner | | | Purpose: | Follow-up | Releas | |
| | License Adm | inistration | Routine | No | 12/ | <u>11/2016</u> |
| Owner's Address | Daardialah II Co | Follow-up | Summary of | Violation | is: | |
| | Deerfield, IL, 6 | 0015 | Complaint | \cap | (|) (|
| Person in Charge | Liconco Adm | inictration | Pre-Operational | $_{\rm C}$ | _{NC_} | $R_{\rm R}$ |
| Responsible Person's E-ma | - License Adm | Temporary | M T | C 11: | . 7 | |
| Responsible Person's L-ma | III | НАССР | Menu Type | see aaan | ionai page) | |
| Certified Food Handler | | | Other (list) | $_{1}\odot_{2}$ | $)_{2}$ | $)_{4}\bigcirc_{5}\bigcirc$ |
| Certifica i oou Handier | | | | 1020 | <u> </u> | <u> </u> |
| • CDITICAL ITEMS ADE IDI | ENTIFIED IN THE CHECKLIS | T AND NARRATIVE COLUMNS M | AADKED "C" | | | |
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| | FROM PREVIOUS INSPECTI | IONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | | | |
| Section# C/NC R | | Narrative | | T | o Be Co | rrected By |
| | | No noted violation | ons. | | | |
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| Received by (name and title | printed): | | Inspected by (name and title pr | rinted): | | |
| Brett Seta | | | Carol Coudr | et | | |
| Received by (signature): | | | Inspected by (signature): | | | |
| | | | | | | |
| cc: | | cc: | | cc: | | |
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| Establishm Fredd | | ro | zen Custard of Evansville | Telephone Number (812-909-4395 | Date of Insp (mm/dd/yr) 11/29/ | | 1D# 12291 |
|-----------------------|------------|-----|---|---|--------------------------------------|--------------|---------------------------------|
| 2848 | | | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | (a.)Owner a - 1 - a | | | |
| Owner Indian | a Cus | sta | rd Co | Purpose: Routine | Follow-up No | | se Date /09/2016 |
| Owner's Ac | | t S | te 36, Evansville, IN, 47708 | Follow-up | Summary o | of Violation | ns: |
| Person in C Indian | harge | | | Complaint Pre-Operational | c_0 | NC_ | $\frac{\mathbf{J}}{\mathbf{R}}$ |
| Responsible | | | | Temporary HACCP | Menu Type | : (See addi | itional page) |
| Certified Fo | | | | Other (list) | $1 \bigcirc 2$ | <u>3</u> © | $)_4$ \bigcirc_5 \bigcirc |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE NA | ARRATIVE | E BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| Sections | 0/1/0 | | No discrepanci | es | | 10200 | orrected By |
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| Received by Chris | | | | Inspected by (name and title properties) Kelly Holzm | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Bia B | | Mc | ongolian Grill | Telephone Number (812-602-1400) | (mm/dd/yr | Date of Inspection mm/dd/yr) 1234 | |
|----------------|-------------|---------|--|---------------------------------|------------------|-----------------------------------|------------------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | (a,)Owner, | 12/01 | /2016 | |
| | N Gre | en | River Rd, Evansville, IN, 47715 | | | | |
| Owner Yu Ca | 10 | | | Purpose: | Follow-uj Yes | | se Date /11/2016 |
| Owner's Ac | | | | Follow-up | | of Violation | |
| 4410 | String | tov | vn Rd, Evansville, IN, 47711 | Complaint | - | | |
| Person in C | | | | Pre-Operational | $_{\rm c}$ 1 | NC_ | $\mathcal{J}_{R} \mathbf{U}$ |
| Yu Ca | | F | :1 | Temporary | | | |
| Responsible | e Person's | L-ma | II. | НАССР | Menu Typ | se (See aaai | tional page) |
| Certified F | ood Handle | er | | Other (list) | $1\bigcirc 2$ | \bigcirc_3 \bigcirc | $_{4}O_{5}O_{1}$ |
| Yu Ca | 0 | | | | | <u> </u> | |
| • CRITICAL | ITEMS AR | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "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 |
| 334 | С | | No air gap at hose next to chemica | al dishwash machi | ne. | 12/ | 15/2016 |
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| Received by | (name and | title p | printed): | Inspected by (name and title p | rinted): | | |
| Jun (| Cao | | | Kelly Holzm | eyer | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| | Establishment Name Taste of NYC | | | Telephone Number | Date of Inspection (mm/dd/yr) | | |
|-------------|---------------------------------|------------|---|--------------------------------|-------------------------------|--------------|-------------------------------|
| | | | mber and street, city, state, zip code) | 812-773-2328 | 11/30 | /2016 | 13009 |
| | | | Rd unit 106, Evansville, Indiana, 47715 | (812-773-2328 | | | |
| Owner | | | · · · · · · · · · · · · · · · · · · · | Purpose: | Follow-uj | | se Date |
| Franc | o Mar | <u>nni</u> | no | Routine | No | 12/ | 10/2016 |
| Owner's A | | | D.J. v. '(400 E. v. v. 'll. J. J. J. J. 47745 | ✓ Follow-up | Summary | of Violation | ns: |
| l . | | liver | Rd unit 106, Evansville, Indiana, 47715 | Complaint | \cap | (|) () |
| Person in C | | nni | 00 | Pre-Operational | $_{\rm C}$ | NC_ | $\frac{0}{\mathbf{R}}$ |
| Responsible | | | | Temporary | Menu Tvr | ne (See addi | tional page) |
| | | | | НАССР | | | |
| Certified F | ood Handl | er | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | <u>)4</u> <u>0</u> 5 <u>0</u> |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | I IARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEL | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | Follow-up from inspection on 12/1/16. | . All violations corr | ected. | | |
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| Received by | (name and | l titla : | printed): | Inspected by (name and title p | rinted): | | |
| Fran | | | | Colin Ward | illited). | | |
| Received by | y (signature |): | | Inspected by (signature): | | | |
| 201 | | | | | | | |
| cc: | | | cc: | | cc: | | |