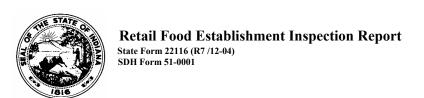
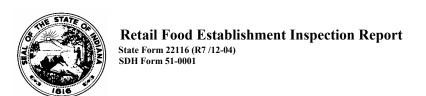


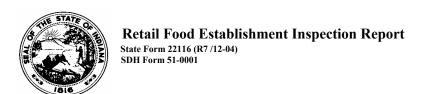
			<u> </u>						
Establishm AFC		HI	@ SCHNUCKS 708	Telephone Number (812-473-0151	Date of Ins (mm/dd/yr)	)	10831		
5000 V			mber and street, city, state, zip code) ON AVE., EVANSVILLE, IN, 47715	( 10wner	01/12	72017			
Owner ADVAN	ICED F	RE	SH CONCEPTS FRANCHISE CORP	Purpose:	Follow-up No		se Date //22/2017		
Owner's Ac 19205 S		Par	k Rd, RANCHO DOMINQUEZ, CA, 90220	Follow-up Complaint	Summary	of Violation	ns:		
Person in C		RE	SH CONCEPTS FRANCHISE CORP	Pre-Operational	$c_0$	$\frac{0}{\mathbf{N}}$ $\frac{0}{\mathbf{R}}$			
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)		
Certified For PI Tua		er		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 D 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		
			No noted violation	ons					
			THE HOUSE THE ISLAND	51101					
Received by Tuan		l title j		Inspected by (name and title processing Ward)	inted):				
Received by	(signature	):		Inspected by (signature):					
cc:			cc:		cc:				



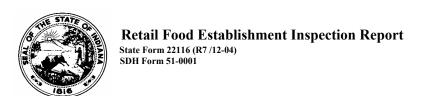
E ( 12.1	4 <b>3</b> Y				D ( CI		TD. //
Establishm		75	4	Telephone Number	Date of Ins (mm/dd/yr		ID#
Arby'				812-421-1200	01/11	/2017	10847
			ty Dr., Evansville, IN, 47712	678-514-4377			
Owner	_			Purpose:	Follow-up		se Date
Arby's	s Res	tau	rant Group	<b>✓</b> Routine	No	01/	21/2017
Owner's A			0 1 144 1 441 1 04 00000	Follow-up	Summary	of Violation	ns:
		ter	Center West, Atlanta, GA, 30338	Complaint		(	) ()
Person in C		٠	rent Craun	Pre-Operational	$_{\rm C}$	NC_	$0_{\rm R}$
			rant Group	Temporary			
Responsible	e Person's	E-ma	II	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl	D. W.		Other (list)	100	$\bigcirc$	$)_{4}\bigcirc_{5}\bigcirc$
Kathy			art			<u></u>	<u> </u>
_			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	I 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
			No noted violation	ons.			
				-			
Received by	(name and	title 1	orinted):	Inspected by (name and title p	rinted):		
-	*		sheart	Ricardo Zac		5	
Received by				Inspected by (signature):		-	
cc:			cc:		cc:		
					1		



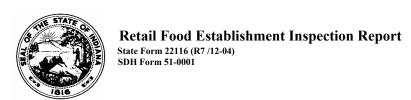
Establishm		E,	vansville Pavillion	Telephone Number	Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	812-433-4000	01/12	2/2017	10853	
			side Dr, EVANSVILLE, IN, 47708	<sup>(</sup> 812-433-4034				
Owner Aztar In	diana (	Gan	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-u		se Date // 22/2017	
Owner's Ac		Jan	Tropicana Evansvinc	<del>                                      </del>				
		ver	side Dr, Evansville, IN, 47708	Follow-up Complaint		of Violation		
Person in C	harge			Pro Operational	$_{\rm c}$ Z	NC_	$\frac{1}{R}$	
			ning Co LLC / dba Tropicana Evansville	Temporary				
Responsible	e Person's	E-ma	il	HACCP Menu Type (See additional page				
Certified Fo	ood Handl	er		Other (list)	$1\bigcirc 2$	$\bigcirc_3$	$)_4\bigcirc_5\bigcirc$	
Chuck					1	<u></u>	<u> </u>	
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIC	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	
294	С	R	Chemical sanitizing concentration low in Ma	ax & Ermas bar's wipe	bucket	Co	rrected	
438	С		Sanitizer spray bottle in need of labeling	j in Max & Erma's ba	ar area	Co	rrected	
234	NC		Handels need facing up for vertical storage of clean ut	ensils in prep room of Max	& Erma's	01/	13/2017	
Received by	` _			Inspected by (name and title p  David Horni				
Received by				Inspected by (signature):	<u>יש</u>			
cc:			cc:		cc:			



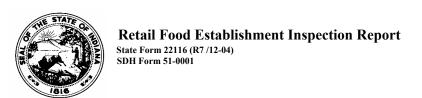
Establishmo		·′c		Telephone Number	Date of Ins (mm/dd/yr		ID#		
G.D.			mber and street, city, state, zip code)	812-425-8700	01/11	/2017	10978		
			y Dr., EVANSVILLE, IN, 47712	<sup>(</sup> 812-474-6256					
Owner Dan G	irunov	w/A	Andy Guagenti	Purpose:  Routine	Follow-uj		e Date 21/2017		
Owner's Ad		,,	inay Guagonii	Follow-up					
		len	Ave, Evansville, IN, 47715	Complaint	Summary	of Violation	_		
Person in C		۸ <i>،</i> //	Andy Guagenti	Pre-Operational	$_{\rm C}$ $_{\rm U}$	NC1	R_		
Responsible			3	Temporary	Manu Tru	aa (Caa addi	tional nacol		
Kesponsible	e Person's	E-mai	11	НАССР	Menu Type (See additional page)				
Certified Fo		er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$	) <sub>4</sub> <u>0</u> 5 <u>0</u>		
		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		
256	NC	R	Reach-in coolers not equiped w	vith thermometers.		01/1	16/2017		
						<u> </u>			
						1			
						·			
			<u> </u>						
			_						
Received by <b>kerri</b>	•			Inspected by (name and title properties of the p		3			
Received by	(signature)	):		Inspected by (signature):					
cc:			cc:		cc:				
			·						



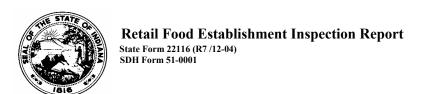
E-4-bE-b	4 N			Talankana Namakan	Date of Ins	maatian	ID #
Establishm Harm		na	Pizza	Telephone Number (812-426-2600)	(mm/dd/yr	)	то# 11014
			mber and street, city, state, zip code)		01/09	/2017	'''
967 S	Kentu	ıck	y Ave, EVANSVILLE, IN, 47714	812-471-0911			
Owner				Purpose:	Follow-up		se Date
Wayn	<u>e Har</u>	me	S	<b>✓</b> Routine	No	01/	19/2017
Owner's A			N E 'II INI 4774E	Follow-up	Summary	of Violation	ns:
		n (	Ct, Evansville, IN, 47715	Complaint	1	(	) (
Person in C		rm	00	Pre-Operational	C	NC_	$0_{R}$
Micha				Temporary			
Responsible	e Person's	L-ma	Ш	НАССР	Menu Typ	se (See aaai	tional page)
Certified F	ood Handle	or		Other (list)	102	$\bigcirc_{2}$	),(),()
Michae			S			<u></u>	<u>/4030</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
324	С		Grease trap log needs r	maintained	-		01/2017
<u> </u>			Grease trap log needs i	namanica.		02/0	71/2017
Received by				Inspected by (name and title p	rinted):		
Mich	ael F	la	rmes	David Horni	ng		
Received by				Inspected by (signature):			
cc:			cc:		cc:		
					ĺ		



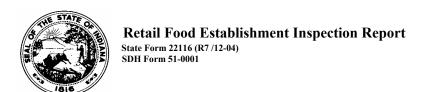
			<u> </u>						
Establishm		~~	Dink	Telephone Number	Date of Ins (mm/dd/yr		ID#		
Swon				812-305-1177	01/13	/2017	11019		
209 N			mber and street, city, state, zip code) Rd., Evansville, IN, 47711	<sup>(</sup> 812-629-7741					
Owner Heath	Jay I	Ма	theis	Purpose:  Routine	Follow-up		se Date /23/2017		
Owner's A	ddress			Follow-up	Summary	of Violation	ns:		
		ger	Lane, Newburgh, IN, 47630	Complaint	آ م	_	•		
Person in C Heath		Ма	theis	Pre-Operational	$C_{C}$	C O NC O R			
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	itional page)		
				Other (list)					
Certified F	ood Handl	er			1 2		<u>/4</u> <u>/</u> 5 <u></u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN		D IN THE N	ARRATIVE	E BELOW AS "R"		
Section#	C/NC	R	Narrative				orrected By		
	0.2.0		No noted violation	ons					
			Tro frotou violati	01101					
Received by Heat			orinted):  Matheis	Inspected by (name and title p					
Received by	(signature	):		Inspected by (signature):					
cc:			cc:		cc:				



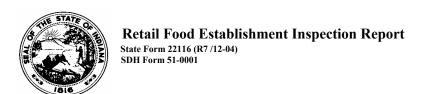
Establishm Hillto				Telephone Number	Date of Ins (mm/dd/yr)		ID#
		es (nu	mber and street, city, state, zip code)	<u>  (812-422-1757</u>	01/09	/2017	11029
			Way, Evansville, IN, 47720	812-483-0432			
Owner				Purpose:	Follow-up		se Date
Marta		n		Routine	No	01/	19/2017
Owner's A		rnh	eimer Dr, Evansville, IN, 47720	Follow-up	Summary	of Violation	ns:
Person in C		11111	einer Dr. Evansville, IIV, 47720	Complaint		(	$0_{R}$
Marta		n		Pre-Operational	C	NC_	- R
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified For Randa			3	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</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 12-14-	16 corrected.			
Received by Rance				Inspected by (name and title p Ricardo Zac			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



KFC :		90	002	Telephone Number (812-477-4711	Date of Ins (mm/dd/yr	)	тв# 11069
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	503-722-2825	01/10	/2017	11000
	Cove	<u>t A</u>	ve, Evansville, IN, 47714				
Owner Bell In	diana	a Ll	_C	Purpose:	Follow-uj		e Date 20/2017
Owner's Ac	ddress			Follow-up	Summary	of Violation	
		7, \	West Linn, OR, 97068	Complaint			_
Person in C Bell In	<sub>harge</sub> diana	a I I	C	Pre-Operational	$_{\rm C}$	NC_	$0_{R}$
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified For David			n	Other (list)	1 2	<u> </u>	<u>)4</u> 05 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"	I		
• 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.			
Received by David				Inspected by (name and title p			
Received by			XIIIIII	Inspected by (signature):	iig		
Received by	(signature)	).		inspected by (signature).			
cc:			cc:		cc:		



Establishm		220	dhouse #316	Telephone Number Date of Inspection (mm/dd/yr)  110 #					
			mber and street, city, state, zip code)	812-471-8403	01/10	/2017	11092		
			Rd, Evansville, IN, 47715	615-885-9056					
Owner LOGA	NS R	OA	ADHOUSE INC	Purpose:	Follow-up		se Date /20/2017		
Owner's A	ddress			✓ Follow-up	Summary	of Violation			
		/ D	r Suite 300, Nashville, TN, 37204	Complaint	$\cap$	(	) ()		
Person in C		OA	ADHOUSE INC	Pre-Operational	c	NC_	$\frac{0}{R}$		
Responsibl				Temporary	Menu Typ	e (See addi	itional page)		
				HACCP Other (list)		$\bigcirc$			
Certified F Michae			dson	— Other (list)	1 2		<u> 14©5</u>		
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED 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		
			Violations correct	ted.					
Received by	. (	4:41		I	-i4- 4).				
			rdson	Inspected by (name and title processing Ward)	rintea):				
Received by	(signature	):		Inspected by (signature):					
cc:			cc:		cc:				
			cc.		СС.				



Establishm The		n/	Temptation Buffet	Telephone Number (812-433-4000	Date of Ins (mm/dd/yr	)	то# 11132
			mber and street, city, state, zip code)		01/12	/2017	11102
421 N	W Riv	ver	side Dr, Evansville, IN, 47708	812-433-4034			
Owner Aztar In	diana (	3an	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-uj		se Date // 22/2017
Owner's A		Juii	mig do EEO / aba Hopidana Evanovino				
		ver	side Dr, Evansville, IN, 47708	Follow-up Complaint		of Violation	
Person in C		_	· 0.110/# T · 5	Pro Operational	$_{\rm c}$ U	NC (	$\int_{\mathbb{R}} 0$
			ning Co LLC / dba Tropicana Evansville	Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl	er		Other (list)	$1\bigcirc 2$	$\bigcirc_3$ ( $\bigcirc$	$)_4\bigcirc_5\bigcirc$
Chuck	Subra	a			)	<u> </u>	<u></u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED 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
			No discrepanci	es			
Received by Danie				Inspected by (name and title proposed Hornia			
Received by				Inspected by (signature):	· · <del>· ·</del> · ·		
				<u>-</u> .			
cc:			cc:		cc:		

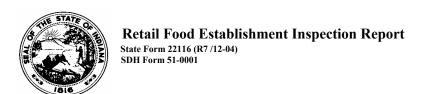


## Tattoo, Piercing & Permanent Make-Up Inspection Report

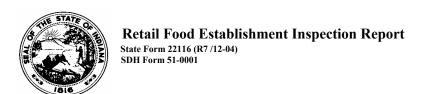
Vanderburgh County Health Department Phone (812) 435-5695

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 1-5, Sanitary Operations of Tattoo Parlors, 5.45 City & 5.06 County Tattoo Parlors and Body Piercing Facilities Ordinance. The time limit for correction of each violation is specified in the narrative portion of this report.

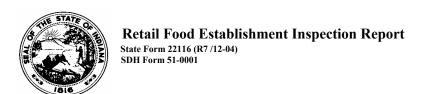
									ı <u>-</u>							
Establishment N	lame								Establishment	Phone	Inspection Da	ite:	ID#			
Evil Tattoo Te	est Te	emp									01/12/2017	7				
Establishment A	ddres	s (Nı	umber & Street, Ci	ty, State, Zip)					Purpose:		Follow-up:					
									Routine		No					
Establishment E		ا ما ما س							Follow-u	р	Violeties Com		_			
Establishment E	maii <i>P</i>	laare	ess						Complair	nt	Violation Sun					
									Pre Oper	ational	NC	R_				
Manager Name									☐ Tempora		Operation Ty	pe:				
									Other	- ,	Tattoo					
											Piercing					
Manager Email	Addre	SS									Permanei		•			
											Tattoo &		•			
VIOLATION(S) A	DE IDI	ENITH	FED IN THE FOLLO	MINIC COLUMN	<b>c</b> .	"NC"	NOT C	OMDI	IANT "C" CC	MDI IANI	Tattoo, Pi			. IVIa	ce-up	1
			FROM PREVIOUS IN							<u>)MPLIAN'</u> .ATIONS''				OW A	S "R"	
			ection		С	NC	NO			Secti				С	NC	NO
Work area isolate	ed (5.4	5.06/	<sup>/</sup> 25; 5.6.25)					Shar	ps containers and	infectious	s waste bags (1.5	5.37)				
Surfaces; intact, s	smooth	n, cle	anable (1.5.36)					Wast	te storage-locked/	symbol (1	5.37)					
Surfaces disinfect	ted as	requi	ired (1.5.36)					Wast	te transport/dispo	sal (1.5.3	8)					
Proper lighting (5	.45.06	)						Single	e use razor & sten	cils (1.5.3	2)					
Proper ventilatio	n (5.45	.26)						Single	e use needles (1.5	.33)						
Restrooms Clean	& Ava	ilable	(5.06.25; 5.45.06)					Reus	able equip. autocl	aved in se	eparate area (5.4	15.26;	5.6.17)			
Handwashing fac	ilities (	1.5.3	30; 5.45.06; 5.6.16)					Single	e Use Packaging u	sed (1.5.3	34)					
Eating, drinking, smoking prohibited (1.5.36)				Auto	clave Spore Log &	maintena	ance records (5.4	15.26;	5.6.17)							
BPP/Infectious Waste Handling Training Records (1.5.24/27)					Requ	ired Disinfectant i	used and	labeled (1.5.36;	5.6.25	)						
Artist & Operator	r Hepat	titis E	Records (5.06.24; 5	5.45.25)				Jewe	elry quality/sterilize	ed (5.45.2	26; 5.6.25)	.5)				
Establishment &	Artist I	icen	se displayed (5.06.2	4; 5.45.30)				Perso	onal Protective eq	uipment p	provided (1.5.25	)				
Operator Writter	Polici	es (1	.5.26)					Perso	onal Protective eq	uipment ι	used (1.5.31)					
Patron's rights di	splaye	d (1.5	5.25)					Hand	dwashing (1.5.30)							
Consent/ Minor (	Consen	t/Re	cords (5.45.04/05/0	06; 5.6.11)				Cond	litions/illness/imp	airment (	1.5.29)					
Patron's records	– keep	2 ye	ars (1.5.28/5.6.10)					Tatto	oo/piercing site pr	ep (5.45.1	15)					
		are ir	nstructions given to	patrons				Clear	n dressing applied	(5.45.06)						
(5.45.22; 5.6.22/	25)							Cl	- D++: Cl-+l-:	/5 6 4	,					
		_						Clear	n Protective Clothi	ng (5.6.14	4/24; 5.45.25)					
Section#	NC	R	Narrative									10 6	Be Corre	ctea	ву	
Received by (na	me an	d tit	le printed):						Inspected by (r	ame and						
									іу Но	lzmeye	r					
Received by (signature):							Inspected by (s	ignature	):							
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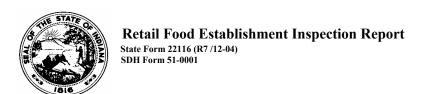
Establishment Address (number and street, city, state, zip code) 700 NW Riverside Dr, Evansville, IN, 47708  Owner Aztar Indiana Gaming Co LLC / dba Tropicana Evansville  Owner's Address 421 NW Riverside Dr, Evansville, IN, 47708  Person in Charge Aztar Indiana Gaming Co LLC / dba Tropicana Evansville  Pre-Operational  Pre-Operational  Pre-Operational  Temporary	Establishm				Telephone Number	Date of Ins		ID#		
Stablishment Address (ambler and street, ethy, state, 2pt odds)   No Wriverside Dr, Evansville, IN, 47708   Parpose:   Parpose:   Aztar Indiana Gaming Co LLC / dba Tropicana Evansville   Parpose:   Valuatine   Valuatine	Tropi	cana	E١	vansville Casino	812-433-4000	` '	•	11133		
Owner Aztar Indiana Gaming Co LLC / dba Tropicana Evansville Owner's Address 421 NW Riverside Dr, Evansville, IN, 47708 Person in Charge Aztar Indiana Gaming Co LLC / dba Tropicana Evansville Pre-Operational Responsible Person's E-mail Certified Food Handler Rhonda Simmons  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# C/NC R Narrative To Be Corrected B  No discrepancies.  Received by (signature): Inspected by (signature): Inspected by (signature): Inspected by (signature): Inspected by (signature):						01/12	/2017			
Aztar Indiana Gaming Co LLC / dba Tropicana Evansville   Routine   Routine		W KI	ver	side Dr. Evansville, IN, 47708		F. II	I D I			
421 NW Riverside Dr, Evansville, IN, 47708  Person in Charge Aztar Indiana Gaming Co LLC / dba Tropicana Evansville Responsible Person's E-mail  Responsible Person's E-mail	Aztar In		Gan	ning Co LLC / dba Tropicana Evansville						
Person in Charge Aztar Indiana Gaming Co LLC / dba Tropicana Evansville Responsible Person's E-mail  Certified Food Handler Rhonda Simmons  - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# C/NC R Narrative To Be Corrected B No discrepancies.  No discrepancies.  Reserved by (name and title printed):  Chuck Subra  Received by (signature):  Inspected by (signature):  Inspected by (signature):			ver	side Dr. Evansville. IN. 47708		Summary	of Violation	ns:		
Responsible Person's E-mail  Certified Food Handler Rhonda Simmons  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section#  CNC R  Narrative  No discrepancies.  No discrepancies.  Received by (name and title printed):  Chuck Subra  Received by (signature):  Inspected by (signature):			· · ·	<u> </u>		$\begin{bmatrix} 0 \end{bmatrix}$		)		
Reponsible Person's E-mail  Certified Food Handler Rhonda Simmons  - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# C/NC R Natrative To Be Corrected B  No discrepancies.    No discrepancies   No discrepancies   No discrepancies	Aztar In	diana (	Gan	ning Co LLC / dba Tropicana Evansville						
Certified Food Handler Rhonda Simmons  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS  Section# C/NC R Narrative To Be Corrected B  No discrepancies.  No discrepancies.  Received by (name and title printed):  Chuck Subra  Received by (signature):  Inspected by (signature):	Responsible	e Person's	E-ma	il		Menu Type (See additional page)				
Rhonda Simmons  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# C/NC R Narrative To Be Corrected B No discrepancies.  No discrepancies.  Received by (name and title printed):  Chuck Subra  Received by (signature):  Inspected by (signature):								$\bigcirc$		
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS  Section# C/NC R Narrative To Be Corrected B  No discrepancies.  No discrepancies.  Inspected by (name and title printed): Chuck Subra  Received by (signature):  Inspected by (signature):				ons			<u> </u>	<u> 1405</u>		
Section# C/NC R Narrative To Be Corrected B No discrepancies.  No discrepancies.  Inspected by (name and title printed):  Chuck Subra  Received by (signature):  Inspected by (signature):	• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	AARKED "C"					
Received by (name and title printed):  Chuck Subra  Received by (signature):  Inspected by (signature):	• 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"		
Received by (name and title printed):  Chuck Subra  Received by (signature):  Inspected by (name and title printed):  David Horning  Inspected by (signature):	Section#	C/NC	R	Narrative			To Be C	orrected By		
Chuck Subra  Received by (signature):  Inspected by (signature):				No discrepanci	es.					
Chuck Subra  Received by (signature):  Inspected by (signature):										
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Chuck Subra  Received by (signature):  Inspected by (signature):										
Chuck Subra  Received by (signature):  Inspected by (signature):	Received by	/ (name and	title i	printed):	Inspected by (name and title n	rinted):				
CC:   CC:   CC:	Received by	Received by (signature):			Inspected by (signature):					
	cc:			cc:		cc:				



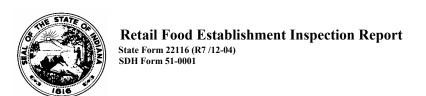
					D : 01		YD "
Establishmo Cocon		fe	@ Walther's Golf-N-Fun Center	Telephone Number (812-464-4472)	Date of Ins (mm/dd/yr	·j	то# 11163
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)  Ave, EVANSVILLE, IN, 47710	812-459-8419	01/13	3/2017	
Owner			GE INC.	Purpose:	Follow-uj		se Date 23/2017
Owner's Ac		·, E	ivansville, IN, 47711	Follow-up Complaint	Summary	of Violation	
Person in C		N	GE INC.	Pre-Operational Temporary	c $O$	NC_	$I_{R}U$
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addi	tional page)
Certified For Rache				Other (list)	102	<u></u>	<u>_4</u> _5
• CRITICAL	ITEMS AR	RE IDI	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
232	NC		Can opener and soda fountain behind disp	pensers in need of cle	eaning.	Co	rrected
Received by Kara				Inspected by (name and title p			
Received by				Inspected by (signature):	U		
cc:			сс:		cc:		



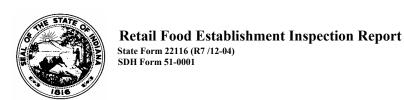
Establishm	ent Name			Telephone Number	Date of Ins	pection	ID#
		b	Cricket	812-422-6464	(mm/dd/yr	)	11176
			mber and street, city, state, zip code)		01/13	/2017	''''
			vlvania St., Evansville, IN, 47712	812-589-9965			
Owner				Purpose:	Follow-up		se Date
Ferna	<u>ndo T</u>	ud	ela	Routine	No	01/	23/2017
Owner's Ac				<b>✓</b> Follow-up	Summary	of Violation	ns:
		ıns	ylvania St, Evansville, IN, 47712	Complaint		(	) (
Person in C		٠ <sub>.</sub>	olo	Pre-Operational	$_{\rm C}$	NC_	$0_{\rm R}$
Ferna				Temporary			
Responsible	e Person's	E-ma	Ш	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	or		Other (list)	102	$\bigcirc_{2}$	),(),()
Jorge					102	<u> </u>	<u>/4030</u>
_			Intified in the Checklist and Narrative Columns M	IARKED "C"	1		
					ID IN THE N	ADD ATIME	DELOW AC "D"
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	DINTHEN		
Section#	C/NC	R	Narrative	una ata al		10 Ве С	orrected By
			Critical violation cor	rectea.			
Received by	(name and	titla •	printed):	Inspected by (name and title p	rinted):		
Dieg	` _		*	Ricardo Zac		•	
			<b>_</b>		anas	· · · · · · · · · · · · · · · · · · ·	
Received by	(signature)	).		Inspected by (signature):			
cc:			cc:		cc:		



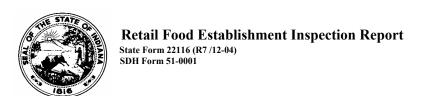
Establishm			l Mart	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-422-3004	01/11	/2017	11179
			ve., Evansville, IN, 47713	847-909-8833			
Owner				Purpose:	Follow-up		se Date
Sumit	Pate			<b>✓</b> Routine	No	01/	21/2017
Owner's A			IN 17-10	Follow-up	Summary	of Violation	ns:
		<u>۱                                    </u>	ve, Evansville, IN, 47713	Complaint		(	) (
Person in C	Charge	1		Pre-Operational	$_{\rm C}$	NC_	$0_{\rm R}$
Sumit Responsible			2	Temporary			tional page)
Kesponsible	e Person's	E-ma	ш	НАССР	Menu Typ	e (see aaai –	попат page)
Certified F	ood Handl	er		Other (list)	102	(•) <sub>3</sub> (	$)_4\bigcirc_5\bigcirc$
n/a	00 <b>u 11uu.</b>					<u></u>	<u>/ 1                                   </u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	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.			
			·				
Received by Sum				Inspected by (name and title proposed Hornis			
Received by				Inspected by (signature):	J		
cc:			сс:		cc:		



Establishm	onald	ss (nu	#11365 mber and street, city, state, zip code) EVANSVILLE, IN, 47711	Telephone Number (812-425-0635 (812-480-4770) Purpose:			11200 se Date
Owner's Ac	ddress		PRISES	Routine Follow-up	No		23/2017
Person in C	harge		, EVANSVILLE, IN, 47719 PRISES	Complaint Pre-Operational	$_{\rm c}$	NC_(	$0_{R}$
Responsible	e Person's	E-ma		HACCP Other (list)	Menu Typ	e (See addi	tional page)
Jeff G	uier		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		102	<u> </u>	<u> </u>
			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 discrepanci	es.			
						_	
Jeff (	_ `	_	orinted):	Inspected by (name and title proposed Horning			
Received by	(signature	):		Inspected by (signature):			
cc:			сс:		cc:		



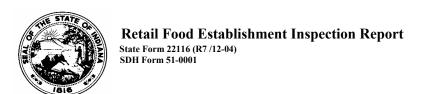
Establishm				Telephone Number Date of Inspection (mm/dd/yr)			
Roca	Bar			812-422-7782	01/09/	11286	
			mber and street, city, state, zip code) Cky Ave, Evansville, IN, 47714	( ) Owner	01/09/	2017	
Owner	_	<i>.</i> –		Purpose:	Follow-up		se Date
4		<u>† E</u>	vansville Inc	<b>✓</b> Routine	No	01/	19/2017
Owner's A		,, (	St Evenoville IN 47715	Follow-up	Summary of	of Violation	ns:
		<i>'</i> е .	St, Evansville, IN, 47715	Complaint		NC_	
	Bar o		vansville Inc	Pre-Operational  Temporary		NC	ı RO
Responsible	e Person's	E-ma	il	HACCP	Menu Type	: (See addi	tional page)
G de le	177 11			Other (list)	$_{1}\bigcirc_{2}($		$\bigcap$
Certified For						<u>3</u>	<u>/405</u>
• CRITICAI	L ITEMS AR	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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
232	NC		Bar soda guns and holders	need cleaned		01/	10/2017
			<u> </u>				
Received by Kim			printed):	Inspected by (name and title proposed Horning)			
Received by	(signature)	):		Inspected by (signature):			
cc:			сс:		cc:	,	



Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#
Sam´	s Piz	za	ria	812-423-3160	(mm/dd/yr)		11295
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(-, 10wner-	01/09/	2017	
2011 I	Delaw	ar	e St., EVANSVILLE, IN, 47712	<sup>(</sup> 812-453-8051			
Owner				Purpose:	Follow-up		se Date
David	Fran	K		Routine	No	01/	19/2017
Owner's Ac		_		<b>✓</b> Follow-up	Summary o	f Violation	ns:
		า (	t Dr, Evansville, IN, 47711	Complaint	$\cap$	(	) (
Person in C David		k		Pre-Operational	$_{\rm C}$	NC_(	$\frac{1}{R}$
Responsible			il	Temporary	Menu Type	(See addi	tional page)
TCOP OHOLO	0 1 01 0011 5		-	НАССР			
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ ( $\bullet$	$_{4}\bigcirc_{5}\bigcirc$
Mark F	rank/	Ke	aton Edwards				
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	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
			All violations from 01-03-	17 corrected.			
			-				
Received by				Inspected by (name and title pr			
Mark				Ricardo Zac	arias		
Received by	(signature	):		Inspected by (signature):			
			,				
cc:		_	cc:		cc:		



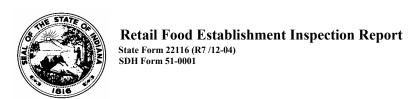
			<u> </u>				
Establishm Schn		#7		Telephone Number	Date of Ins (mm/dd/yr		тр# 11304
			mber and street, city, state, zip code)	812-473-0151	01/12	/2017	11304
5000 V			on Ave., EVANSVILLE, IN, 47715	(314-994-4718			
Owner Schni	ıcks N	Лar	kets Inc	Purpose:  Routine	Follow-uj		se Date /22/2017
Owner's A			Note in a	Follow-up		of Violatio	
		dar	nd Rd, St Louis, MO, 63146	Complaint	Summary	_	•
Person in C	Charge ICKS N	Лar	kets Inc	Pre-Operational	C	NC_(	J <sub>R</sub> U
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	itional page)
				Other (list)		$\bigcirc$	
Certified F		er			1 2	<u> </u>	<u>/405</u>
• 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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			No noted violation	ons.			
Received by Austi	*			Inspected by (name and title processing Ward)	rinted):		
Received by			<u></u>	Inspected by (signature):			
20:					20:		
cc:			cc:		cc:		



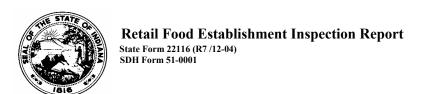
Establishm		the	olic School	Telephone Number	Date of Ins (mm/dd/yr)		тр# 11336
			mber and street, city, state, zip code)	812-963-3335	01/12	/2017	11330
6130 \	N St.	Jo	e Rd., EVÁNSVILLE, IN, 47720	( ) Owner			
Owner		TL	HOLIC SCHOOL	Purpose:	Follow-up		se Date
Owner's A		<u> </u>	IOLIC SCHOOL	Routine	No		22/2017
Owner 371	uui css			Follow-up Complaint		of Violation	_
Person in C			10110 0011001	Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	$_{\rm NC}$ (	$0_{\rm R}$
			OLIC SCHOOL	Temporary			
Responsible	e Person's	E-ma	а	НАССР	Menu Typ	e (See addi	itional page)
Certified F	ood Handl	er		Other (list)	$10^{2}$	$\bigcirc_3$ $\bigcirc$	$_{4}O_{5}O$
Keri H	artz						
• 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
			No noted violation	ons.			
			<u> </u>				
			<u> </u>				
Received by <b>Keri</b>			printed):	Inspected by (name and title p Ricardo Zao		•	
Received by	(signature	):		Inspected by (signature):			
cc:			сс:		cc:		



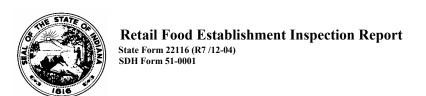
Establishm St Jo				Telephone Number	Date of Ins (mm/dd/yr		1D# 11337
Alexander of the second of the			mber and street, city, state, zip code)	812-963-9310	01/12	/2017	11337
9515			el Rd., EVANSVILLE, IN, 47720				
Owner St Joe	e Inn I	nc		Purpose:	Follow-up		se Date // 22/2017
Owner's A				Follow-up		of Violation	
9515	St We	end	lel Rd, Evansville, IN, 47720	Complaint	`	_	_
Person in C	Charge			Pre-Operational		NC (	$\frac{0}{R}$
St Joe	lnn l	nc			L	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		$\bigcirc$ 6	
Certified For			<u>7</u>	Other (list)	1 2		<u>/4</u> 05
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "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
			No noted violation	ons.			
Received by				Inspected by (name and title p		<del></del>	
Received by				Inspected by (signature):			
cc:			cc:		cc:		



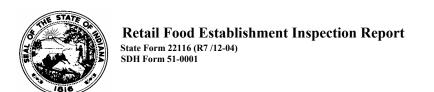
			• •				
Establishm Subw		12	340	Telephone Number	Date of Ins (mm/dd/yr		ID#
	_			812-473-5255	01/11	/2017	11365
			mber and street, city, state, zip code) Ve, Evansville, IN, 47714	<sup>(</sup> 812 <sup>-4</sup> 73-5255			
Owner				Purpose:	Follow-up		se Date
Shant	ee, In	C.		Routine	No	01/	21/2017
Owner's Ac				Follow-up	Summary	of Violatio	ns:
1401 (	Cove	<u>rt A</u>	ve, Evansville, IN, 47714	Complaint	1	(	1
Person in C Shant		·C		Pre-Operational	C	NC_	<u> </u>
Responsible				Temporary	Menu Tyr	e (Soo addi	tional page)
responsible	e i cison s	L-ma		НАССР	wiena ryp	- (See addi	atonai page)
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	(•) <sub>3</sub> (	$)_4\bigcirc_5\bigcirc$
Casey			n		1	<u> </u>	<u> </u>
_			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
					D IN THE M	A DD A TIME	DELOW AC 4D#
			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	R	Grease trap log not u	ıp to date.		01/3	31/2017
	1						
Received by	I (name and	l title 1	printed):	Inspected by (name and title p	rinted):		
Case				David Horni			
Received by				Inspected by (signature):	19		
Received by	(Signatule	<i>j</i> .		mspecied by (signature).			
cc:			cc:		cc:		



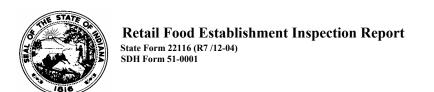
Establishm Wenc		42	16	Telephone Number  Date of Inspection (mm/dd/yr)				
				812-401-7126	01/09	)/2017	11439	
			mber and street, city, state, zip code) Camp Rd., Evansville, IN, 47712	<sup>(</sup> 812-482-3212				
Owner SERV	US. I	nc.		Purpose:  Routine	Follow-u Yes		se Date 719/2017	
Owner's A				Follow-up		of Violation		
4201 N	Mannh	neir	m Rd Suite A, Jasper, IN, 47546	Complaint	•			
Person in C	harge		•	Pre-Operational	$_{\rm C}2$	NC 4	$\frac{2}{R}$	
SERV				Temporary				
Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe (See addi	tional page)	
C . C . LE	177 11			Other (list)	100	$\bigcirc$	$\bigcap_{i}$	
Certified F	ood Handl	er				<u> </u>	<u>/405</u>	
• CRITICAL	. 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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
118	С		Unable to verify food saf	fety person.		02/	10/2017	
128	С		Front hand sink not reaching 100 degr	ree F. Needs adjus	tment.	. 01/16/2017		
389	NC		Trash and debris spilled at the	e receptacle area.		01/0	09/2017	
324	NC	R	Backsiphonage in need	d of repair.		01/	16/2017	
Received by LEIG				Inspected by (name and title properties of the Ricardo Zac		3		
Received by				Inspected by (signature):				
cc:			cc:		cc:			
			cc.		СС.			



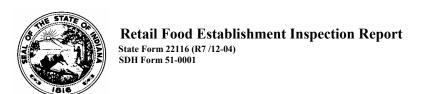
Establishm		to	wn Market	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-402-2461	01/11	/2017	11440
			ve, Evansville, IN, 47713	812-423-2500			
Owner				Purpose:	Follow-uj		se Date
Memo	<u>rial V</u>	en	tures, Inc.	<b>✓</b> Routine		01/	21/2017
Owner's A		C1	Eveneville IN 47740	Follow-up	Summary	of Violatio	ns:
		<b>ા</b> ,	Evansville, IN, 47713	Complaint	$\cap$	(	) ()
Person in C	orial V	en <sup>·</sup>	tures, Inc.	Pre-Operational	C	NC_	7 R O
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	itional page)
				HACCP			
Certified For Dee S				Other (list)	1 2	<u>3</u>	<u> 1405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
			No discrepanci	ies			·
			•				
Received by Gail				Inspected by (name and title p  David Horni			
Received by				Inspected by (signature):	<u>' ' ' ' ' ' ' '</u>		
					T .		
cc:			cc:		cc:		



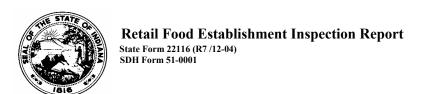
Establishme			d Dakon, Cofo #1020	Telephone Number	Date of Ins (mm/dd/yr		ID#
			d Bakery-Cafe #1020	314-476-7477	1 01/10	/2017	11509
			mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715	(314-984-3489			
Owner	~ I I C	•		Purpose:	Follow-uj		se Date
Paner				<b>✓</b> Routine			20/2017
		eve	er Rd Ste 100, St Louis, MO, 63127	Follow-up	Summary	of Violation	
Person in C		- ,		Compianit	1.0	NC_	)
Paner	a LLC	)		Pre-Operational Temporary		NC	K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
G 101 15				Other (list)		$\bigcirc_3$	).()
Certified Fo						<u> </u>	<u>/4050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• 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.			
Received by Thon	` _	^		Inspected by (name and title p Ricardo Zac			
Received by	(signature)	):		Inspected by (signature):			
cc:			ce:		cc:		



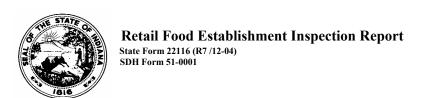
Establishm	ent Name			Telephone Number Date of Inspection ID #				
Papa	Muri	oh	ys Take N Bake	812-491-7272	(mm/dd/yr		11614	
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(a. d)Owner	01/13	/2017		
4827 [	Davis I	Lan	t Dr Suite C, Evansville, IN, 47715					
Owner	Crico			Purpose:	Follow-up		se Date //23/2017	
Chad Owner's Ac				Routine	No			
		M	A DR, Evansville, IN, 47725	Follow-up	_ `	of Violation		
Person in C		71 717	1011, Evaliovino, 114, 47720	Complaint	1, 0	,,, (	$0_{\rm R}$	
Chad				Pre-Operational		NC_	_ R	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)	
				HACCP				
Certified Fo				Other (list)	$1 \underline{\bigcirc 2}$	$\bigcirc$ 3 $\bigcirc$	<u> 14</u> 5 <u></u> 5	
Jerem	•							
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO		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.				
Received by	(name and	title p	printed):	Inspected by (name and title p				
Mela	nie S	Sha	ake	Ricardo Zac	arias	<b>)</b>		
Received by				Inspected by (signature):				
cc:			сс:		cc:			



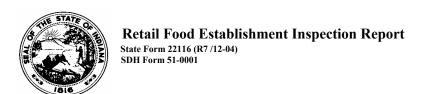
Establishm Thai		W2	Cuisine	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-477-8424	01/13	/2017	11646
			, Evansville, IN, 47715	812-477-8424			
Owner				Purpose:	Follow-up		se Date
Chirac	daj Po	otch	nanant	Routine	No	01/	23/2017
Owner's A	ddress			Follow-up	Summary	of Violatio	ns:
				Complaint	_		
Person in C		ntck	nanant	Pre-Operational	C	NC_(	$I_{R}$
Responsible	_			Temporary	Menu Tvr	e (See addi	itional page)
F			_	HACCP			
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$ ( $\bullet$	)4()5()
Nichol			anant			<u></u>	<u></u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
					ID IN THE N	. DD . THE	DELOW AS (DE
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
173	С		Improper storage of raw meet prod	lucts in reach in co	oler.	01/	13/2017
			_				
		<u> </u>	L				
Received by Nicho			orinted): Otchanant	Inspected by (name and title properties of the p		5	
Received by				Inspected by (signature):			
cc:			cc:		cc:		



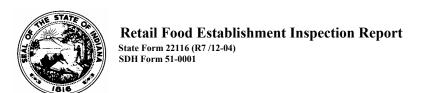
			<u> </u>	-			
Establishm Gattit				Telephone Number	Date of Ins (mm/dd/yr		ID#
		,		812-473-3800	01/11	/2017	11653
316 N	Gree	n F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<sup>(</sup> 812-473-3800			
Owner Adver	nt IN I	10	``````````````````````````````````````	Purpose:	Follow-uj		se Date /21/2017
Owner's A			,	✓ Follow-up	_	of Violatio	
		n F	River Rd, Evansville, IN, 47715	Complaint	Summary		
Person in C		LC	<u> </u>	Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_(	$\frac{1}{R}$
Responsible				Temporary	Menu Typ	e (See addi	itional page)
				HACCP Other (list)			
Certified For Zacha			on		1 2	<u>3</u>	<u>/4_5_</u>
• 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 C	orrected By
			All violations from 12/07/20	016 corrected.			
Received by				Inspected by (name and title properties)  Kelly Holzm			
Received by				Inspected by (signature):	<u> </u>		
cc:			cc:		cc:		
			1				



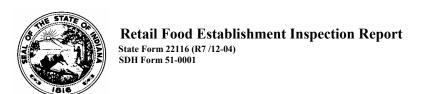
Establishm Donu		ماد		Telephone Number	Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	812-401-4111	01/10	)/2017	11658	
			Ave, Evansville, IN, 47711	812-426-0011				
Owner				Purpose:	Follow-u		se Date	
CHRIS		ИPI	<u> </u>	Routine	Yes		20/2017	
Owner's Ac		าทด	Ave, Evansville, IN, 47711	Follow-up	-	of Violation		
Person in C		<i>3</i> 110	TAVE, EVALISVINE, IIV, 47711	Complaint	1, 1	NG 6	$\frac{2}{R}$	
CHRIS		ΜPI	F	Pre-Operational		_ NC_ <del>_</del>	- R	
Responsible	e Person's	E-mai	1	Temporary HACCP	Menu Tyj	pe <i>(See addi</i>	tional page)	
G 10 17				Other (list)	$\Box$		$\bigcirc$	
Certified F	ood Handl	er			1 2	<u> </u>	<u>/405</u>	
• CRITICAL								
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
174						01/10/2017		
294	С		Sanitizer concentration in wiping c	cloth buckets too we	eak.	Corrected		
256	NC		Reach-in drink cooler lacking	ng thermometer.		01/	17/2017	
Received by <b>kend</b>	*	_ *		Inspected by (name and title p				
Received by			iiGii,	Inspected by (signature):	Cy CI			
1.0001100 by	(S.B.Iataro)	,.		pooled by (bigilation).				
cc:			cc:		cc:			



PaPa Pa		ph	ys Take N Bake	Telephone Number (812-402-8686	Date of Ins (mm/dd/yr 01/13	j	11675
Establishm 779 S	ent Addres Gree	n F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	( 10wner	01/13	/2017	
Owner Chad	Gries			Purpose:	Follow-up		se Date 23/2017
Owner's Ac 4949		M	A DR, Evansville, IN, 47725	Follow-up Complaint	`	of Violation	_
Person in C Chad				Pre-Operational Temporary	C O	NC_	$\frac{0}{R}$
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For Alex K				Other (list)	102	<u>3</u>	)4050
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative All violations from 1/06/20	47		To Be Co	orrected By
			All violations from 1/06/20	17 corrected.			
Alex				Inspected by (name and title price   Kelly Holzm			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



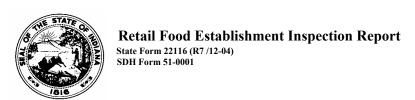
Establishm CVS		ma	acy #6255	Telephone Number (812-468-8257)	Date of Insp (mm/dd/yr)	i	1D# 11805
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code) Iton Ave, Evansville, IN, 47714	(40)Owner 0 00-0	01/11/	2017	
Owner HOOK	K-SUF	PEF	RX LLC	Purpose:  Routine	Follow-up NO		se Date //21/2017
	Dr/Ma	il D	rop 23062A, Woonsocket, RI, 02895	Follow-up Complaint		of Violation	
	(-ŠUF		RX LLC	Pre-Operational Temporary			$\frac{0}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handl	er		Other (list)	102	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS P 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 noted violati	ons.			
			Tre noted tholas.	<u> </u>			
Received by				Inspected by (name and title p			
Received by				Inspected by (signature):	<u> </u>		
cc:			cc:		cc:		



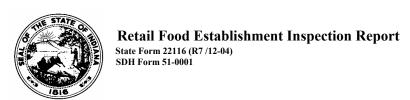
Establishm 37 Ad Owner Amy E Owner's Ad 37 Ad Person in C Amy E Responsible	ent Addres ams / Belwo ddress ams / Charge Belwo e Person's	od Ave Od E-ma	ew Mini Market  mber and street, city, state, zip code) e, Evansville, IN, 47713  e, Evansville, IN, 47713	Telephone Number  (812-423-0888  (812-205-7663)  Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)	Follow-u NO Summary	r)  0/2017    Release   O1/	11869 11869 11869 120/2017 18: 2 R 1 1tional page)
Amy Belwood — — — — — — — — — — — — — — — — — —							
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N		IN IN THE Y	JADD ATIVE	DELOW AS 455
Section#	C/NC	R	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MIMIARY OF VIOLATIONS" AN	U IN THE P		orrected By
146	NC	R		ed ingredients listed o	n label.		11/2017
232	NC	1	Fountain drink dispenser r				11/2017
	1.5						
Received by Amy	Belv	VO		Inspected by (name and title p  David Horni			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



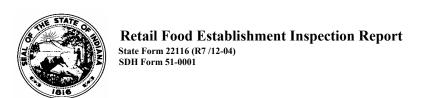
					1			
Establishm		<b></b>	Grill, Inc.	Telephone Number	pection )	ID#		
			mber and street, city, state, zip code)	812-475-0566	01/10	/2017	11961	
			River Rd, Evansville, IN, 47715	812-625-2079				
Owner			, ,	Purpose:	Follow-uj		se Date	
Mario	Jacol	00		<b>✓</b> Routine	Yes	01/	20/2017	
Owner's A			N. D. F	Follow-up	Summary	of Violation	ns:	
		a F	Pk Dr, Evansville, IN, 47715	Complaint	2		I 0	
Person in C Mario		h0		Pre-Operational	c_ <b></b>	NC	$I_{R}$	
Responsible				Temporary	Menu Tyr	ne (Soo addi	tional page)	
responsible	c i cison s	L-1114		НАССР	wicha Typ	e (See uuui	nonui puge)	
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	$\bigcirc_3$ $\bigcirc$	$_{4}\bigcirc_{5}\bigcirc$	
Mario .	Jacob	0				<u> </u>		
• CRITICAL	ITEMS AR	RE 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	
177	С		Food not stored 6" off	the floor.		Co	rrected	
294	С		Sanitizer concentration in wiping of	loth bucket too we	ak.	Corrected		
256	NC		Reach-in prep table cooler lacl	king thermometer.		01/	17/2017	
Received by	(name and	title 1	orinted):	Inspected by (name and title pr	rinted):			
				Kelly Holzm				
Received by				Inspected by (signature):	<u> </u>			
	. = ,							
cc:			cc:		cc:			



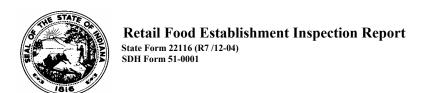
Establishm Hot H		Rı	urritos	Telephone Number	Date of Ins (mm/dd/yr		1D# 12035
			mber and street, city, state, zip code)	812-437-5010	01/11	/2017	12035
			Ste A, Evansville, IN, 47712	<sup>(</sup> 985-640-5619			
Owner	<u> </u>			Purpose:	Follow-uj		se Date
Jason		b		<b>✓</b> Routine		01/	21/2017
Owner's A		$\circ$	LINUT OA EVANIOVALLE IN 47700	Follow-up	Summary	of Violation	ns:
		Sı	UNIT 2A, EVANSVILLE, IN, 47708	Complaint	$\cap$	(	) ()
Person in O		h		Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	$\frac{0}{R}$
			2	Temporary	М Т	/C 11:	
Responsible	e Person's	Ł-ma	Ш	НАССР	Menu Typ	e (See aaai	tional page)
Certified F	ood Handl	or		Other (list)	102	$\bigcirc_{2}$	$)_4\bigcirc_5\bigcirc$
Cer tineu i	oou manur	CI			1 2	<u></u>	<u>/4030</u>
• CDITICAL	ITEMS AT	DE INI	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	LADVED "C"			
	. ,		FROM 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.			
							_
Josh			orinted):  Iderveer	Inspected by (name and title policy Ricardo Zac		6	
Received by				Inspected by (signature):			
cc:			cc:		cc:		



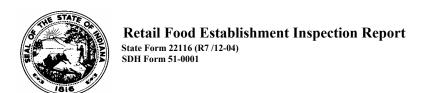
Establishm		Rı	ırritos	Telephone Number	Date of Ins (mm/dd/yr		1D# 12035
			mber and street, city, state, zip code)	812-437-5010	01/13	/2017	12033
			Ste A, Evansville, IN, 47712	985-640-5619			
Owner	<u> </u>			Purpose:	Follow-u		se Date
Jason		b		Routine	Yes	01/	23/2017
Owner's A		СТ	UNIT 2A, EVANSVILLE, IN, 47708	Follow-up	_	of Violation	
Person in C		<u> </u>	ONIT ZA, EVANGVILLE, III, 47700	Complaint	1	(	$0_{R}$
Jason		b		Pre-Operational	C	NC_	- R
Responsible			il	Temporary	Menu Typ	oe (See addi	tional page)
				НАССР		$\bigcirc$ G	
Certified F	ood Handl	er		Other (list)	1 2	<u>3</u>	<u>)405</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I MARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	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
118	С		Unable to verify food safety person. Scheduli	ng class within next 3 r	months.	03/	10/2017
			, , , ,				
Received by			printed): nderveer	Inspected by (name and title p		3	
Received by				Inspected by (signature):	31140		
cc:			cc:		cc:		



Establishm	ont Nama			Telephone Number	Date of Ins	naction	ID#
Azzip		<b>'</b> 2		=	(mm/dd/yr		12159
			mber and street, city, state, zip code)	812-401-3572	01/11	/2017	12159
			Ste E, Evansville, IN, 47712	812-402-0606			
Owner	Jan	<u> </u>	Oto E, Evanovino, iiv, iiv iz	Purpose:	Follow-up	n Releas	se Date
Brad N	Nieme	eier	•	Routine	No		21/2017
Owner's Ac	ddress			Follow-up	Summary	of Violation	
312 N	WML	Κ.	JR BLVD, Evansville, IN, 47708	Complaint			_
Person in C	harge			Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$		$0_{\rm R}$
Brad N				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addi	tional page)
G 10 17				Other (list)			$\bigcirc$
Certified For Brad N					$1 \bigcirc 2$	<u> </u>	<u> 1405</u>
					<u> </u>		
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM 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.			
	L		D	× 11 /			
Received by				Inspected by (name and title p			
Tyler			5	Ricardo Zac	anas	<u> </u>	
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		
Ī					1		



Establishm CVS		ma	acy #6251	Telephone Number (812-424-3894	Date of Insp (mm/dd/yr) 01/09/		1D# 12228	
Establishment Address (number and street, city, state, zip code) 609 N St Joseph Ave, Evansville, IN, 47712				<sup>(</sup> 401 <sup>-</sup> 770-2272	01/09/	2017		
Owner HOOk	(-SUF	PEF	RX LLC	Purpose:	Follow-up No		se Date 19/2017	
	Dr/Ma	il Dı	rop 23062A, Woonsocket, RI, 02895	Follow-up Complaint	Summary of	_		
	(-SUF		RX LLC	Pre-Operational Temporary			$\frac{0}{R}$	
Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)	
Certified For N/a	ood Handl	er		Other (list)	1 2	<u>3</u>	<u>/4</u> <u></u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
Sections	Crive		No noted violation	nns		To be ex	Arected By	
			140 Hoted violatio	5113.				
Received by				Inspected by (name and title properties of the Ricardo Zac				
				Inspected by (signature):				
cc:			сс:		cc:			



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Establishment Name El Sabroso				Telephone Number	Date of Ins (mm/dd/yr	ID#		
				(240-245-2202	01/11/2017		12274	
Establishment Address (number and street, city, state, zip code) 3012 Covert Ave, Evansville, IN, 47714				(240-245-2202	2			
Owner Xioma	ara V	Pa	reja Villatoro	Purpose:  Routine	Follow-u		se Date /21/2017	
Owner's A		ı u	Toja viliatoro			I		
1142	S We	inb	ach Ave, Evansville, IN, 4771	Follow-up Complaint	Summary	of Violatio		
Person in C		Pa	reja Villatoro	Pre-Operational	C	NC_(	$\frac{\mathbf{J}}{\mathbf{R}}$	
Responsibl				Temporary	Menu Typ	se (See addi	itional page)	
				НАССР				
Certified F	ood Handl	er		Other (list)	1 2	$\bigcirc_3$	<u>)4</u> 05 <u>0</u>	
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	E BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be C	orrected By	
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Received by Xiom			Pareja Villatoro	Inspected by (name and title below Holzm				
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Establishment Name Canteen ATT				Telephone Number (812-475-8518	Date of Ins (mm/dd/yr		то# 13509	
Establishment Address (number and street, city, state, zip code)					01/11/2017		13309	
			d., Evansville, Indiana, 47715	<sup>(</sup> 270-683-2471				
Owner				Purpose:	Follow-u		se Date	
Gary S		ad	<u>er                                    </u>	Routine	No	01/	21/2017	
Owner's A		л Г	Or., Owensboro, Kentucky, 42301	Follow-up	Summary	of Violation	as:	
Person in C		A1 L	71., OWENSBOIO, REMUCKY, 42301	Complaint	. 0	NC_	) _ ()	
Gary		ad	er	Pre-Operational	C	. NC	_ R	
Responsible				Temporary	Menu Tyj	pe (See addi	tional page)	
				HACCP		$\bigcirc$ 6		
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• CRITICAI	L ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO	ON(S) REPE	ATEI	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	
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Received by Brad				Inspected by (name and title p Colin Ward	rinted):			
				Inspected by (signature):				
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cc:			cc:		cc:			