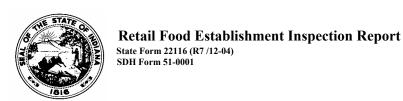
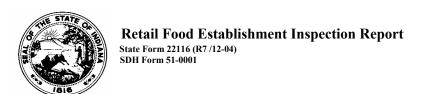


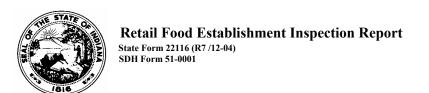
| Υ | | | • • | | | | |
|-----------------|------------|-------|--|--------------------------------|--------------------------|--------------|-----------------------------------|
| Establishm | | | | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| Acrop | | | | 812-475-9320 | 12/20 | /2016 | 10827 |
| | | | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | () Owner | | | |
| Owner Yiochi | riella. | LL | .C | Purpose: | Follow-uj | | se Date 30/2016 |
| Owner's Ac | | | · <u> </u> | ✓ Follow-up | | of Violation | |
| 898 BE | EACH | WC | DOD DR, Henderson, KY, 42420 | Complaint | Summary | _ | _ |
| Person in C | | | | Pre-Operational | $_{\rm C}$ ${\rm U}$ | NC_(| $\bigcup_{\mathbf{R}} \mathbf{U}$ |
| Yiochi | | | | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) |
| Certified Fo | ood Handle | nr. | | Other (list) | 102 | \bigcirc |),(•),(|
| Doros | | | va | | 1 2 | <u></u> | <u> </u> |
| | - | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIC | N(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 12/13/16. (| Critical violations cor | rected. | | |
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| Received by | (name and | title | | Inspected by (name and title p | rinted): | | |
| Doro | s Ha | di | isavva | Colin Ward | | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
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| | | | <u> </u> | | | | |
|--------------|------------|---------|--|---|--------------------------|--------------|------------------------------|
| Establishm | | | | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| Adele | | | | 812-467-0295 | 12/22 | /2016 | 10828 |
| | | | mber and street, city, state, zip code) e, Evansville, IN, 47710 | ⁽ 812-479-8331 | , | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| James | | | | ✓ Routine | No | 01/ | 01/2017 |
| Owner's Ad | | | D. F. (2) 22 (112 IN 47744 | Follow-up | Summary | of Violation | ns: |
| | | ge | Dr, Evansville, IN, 47711 | Complaint | \cap | (|) () |
| Person in Co | | | | Pre-Operational | C_{C} | NC_ | $\frac{1}{R}$ |
| Responsible | | | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | | |
| Certified F | ood Handl | er | | Other (list) | 1 2 | \bigcirc_3 | <u>)4</u> <u>0</u> 5 <u></u> |
| • CRITICAL | . ITEMS AF | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | MARKED "C" | <u> </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 noted violation | ons. | | | |
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| Received by | (name and | title 1 | orinted): | Inspected by (name and title p | rinted): | | |
| Jame | | | Allico). | Carol Coudr | | | |
| Received by | | | | Inspected by (signature): | <u> </u> | | |
| | . 5 | • | | . , , , , , , , , , , , , , , , , , , , | | | |
| cc: | | | сс: | | cc: | | |
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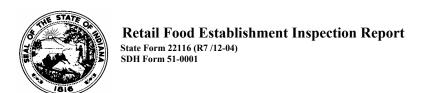
| Establishm | ent Name | | | Telephone Number | Date of Ins | | ID# |
|--------------|------------|------------|---|--------------------------------|-------------|--------------------|---|
| Bob's | Gvr | n | | 812-424-2627 | (mm/dd/yr) | | 10871 |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | (a.)Owner | 12/22 | /2016 | |
| 200 N | Rose | nbe | erger Ave, Evansville, IN, 47712 | ⁽ 812-402-2627 | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| BOB S | | <u>.L(</u> | DWS | ✓ Routine | No | 01/ | 01/2017 |
| Owner's Ac | | . دا د. | A E | Follow-up | Summary | of Violation | ns: |
| | | npe | erger Ave, Evansville, IN, 47712 | Complaint | | (|) (|
| Person in C | | 10 |)\\\C | Pre-Operational | c | NC_ | $0_{\rm R}$ |
| Responsible | | | | Temporary | Manu Tun | o (Coo addi | tional page) |
| Kesponsible | e rerson s | c-iiia | ш | НАССР | Menu Typ | e (see aaai – | iionai page) |
| Certified Fo | ood Handl | er | | Other (list) | 10,0 | (•) ₃ (| $)_4\bigcirc_5\bigcirc$ |
| Randy | | | | | | <u></u> | <u>- 1 </u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | <u> </u> | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | O IN THE N | ADD ATIVE | ' RELOWAS "D" |
| Section# | C/NC | R | Narrative | MINIARI OF VIOLATIONS AN | DIN THE N | | orrected By |
| Section# | C/NC | K | | ane. | | то ве с | Trected by |
| | | | No noted violation | JIIS. | | | |
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| Received by | (name and | title : | printed): | Inspected by (name and title p | rinted): | | |
| Lorel | | | | Ricardo Zac | | | |
| | | | поу | | anas | <u> </u> | |
| Received by | (signature |). | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



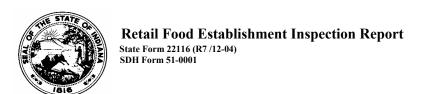
| Establishm | _ | on | | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
|----------------------|------------|--------|---|--|---------------------------|--------------|------------------------|
| Dairy | | | mber and street, city, state, zip code) | 812-423-6400 | 12/22 | /2016 | 10893 |
| | | | ty Dr., Evansville, IN, 47712 | 812-459-1308 | | | |
| Owner | | | - | Purpose: | Follow-up | | se Date |
| | | & | Lara Medicis | ✓ Routine | No | 01/ | 01/2017 |
| Owner's A | | rcit | ty Dr, Evansville, IN, 47712 | Follow-up | Summary | of Violation | ns: |
| Person in C | | 1311 | y DI, Evalisville, IIV, 477 12 | Complaint | 0 | 1 | $\frac{1}{R}$ |
| | | & | Lara Medicis | Pre-Operational | C | NC | R |
| Responsible | | | | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | HACCP Other (list) | | | |
| Certified For Lara M | | | | Other (list) | 1 2 | | <u> 1405</u> |
| | | | ENTERED IN THE CHECKLIST AND NADDATIVE COLUMNS A | AADIZED "C" | <u> </u> | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | D DUTHE N | ADD ATIME | DELOW AC "D" |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative | MMARY OF VIOLATIONS" AN | D IN THE N. | | |
| Section# | NC | R R | Seal on walk in freezer door | in need of repair | | | orrected By 29/2016 |
| 210 | INC | К | Seal on walk in neezer door | in need of repair. | | 12/2 | 29/2016 |
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| Received by Sam | | | | Inspected by (name and title properties of the Ricardo Zac | | ; | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



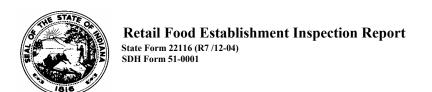
| | | | <u> </u> | | | | |
|-----------------------|-----------|------|---|---|---------------------------|---------------------|-------------------------------|
| Denn | | 20 | nO | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
| | <u> </u> | | | 812-424-4472 | 12/19 | /2016 | 10903 |
| | | | mber and street, city, state, zip code) Rd., Evansville, IN, 47712 | ⁽ 812-482-3212 | | | |
| Owner SERV | US. I | nc. | | Purpose: | Follow-up | | se Date //29/2016 |
| Owner's Ac | | | | 1 | | | |
| | | neir | m Rd Suite A, Jasper, IN, 47546 | Follow-up Complaint | _ ` | of Violation | _ |
| Person in C | _ | nc | · | Pre-Operational | $c_{\rm C}$ | NC_ | $\frac{3}{2}$ R $\frac{3}{2}$ |
| Responsible | | | | Temporary | Menu Tyn | e <i>(See add</i> i | tional page) |
| | | | | НАССР | | | |
| Certified For Michael | | | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | <u>)4</u> <u>0</u> 5 <u>0</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | I ARKED "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 |
| 431 | NC | R | Hood vent and wall | soiled. | | 12/2 | 26/2016 |
| 295 | NC | R | Inside reach in frontline and wa | lk in shelves soiled | l. | 12/2 | 23/2016 |
| 324 | NC | R | Dish machine backsiphonage is le | eaking, on work ord | der. | 12/2 | 26/2016 |
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| Received by Jimm | ` | | printed): | Inspected by (name and title policy Ricardo Zac | | } | |
| Received by | <u> </u> | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | | | |



| Establishm Dolla | | ner | al #1620 | Telephone Number (812-473-9947 | Date of Ins (mm/dd/yr |) | то# 10913 |
|---------------------|------------|------------|---|---|--------------------------|--------------|------------------------------|
| Establishm | ent Addre | ss (nu | mber and street, city, state, zip code) | 615-855-4000 | 12/21 | /2016 | |
| | Poliac | JK / | Ave., Evansville, IN, 47715 | | | l n ı | |
| Owner DOLG | ENC | OR | RP LLC | Purpose: Routine | Follow-up No | | Se Date 231/2016 |
| Owner's A | |) | : | Follow-up | Summary | of Violation | ns: |
| | | <u>า R</u> | idge, Goodlettsville, TN, 37072 | Complaint | \cap | (|) (|
| Person in C | | OR | RP LLC | Pre-Operational | c_U | NC_ | $\underline{0}_{\mathbf{R}}$ |
| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | \sim | |
| Certified For | ood Handl | er | | Other (list) | 1 2 | <u>3</u> | <u>)4</u> <u>05</u> 0 |
| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | RFI OW AS "R" |
| Section# | C/NC | R | Narrative | MINIARI OF VIOLATIONS AN | DIN THE N | | orrected By |
| Section# | C/NC | K | | | | 10 Ве С | Trected by |
| | | | No noted violation | ons. | | | |
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| Received by Nanc | * | | | Inspected by (name and title processing Ward) | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



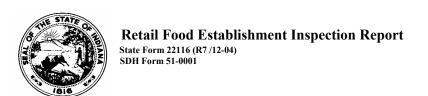
| Establishm Donu | | nk | | Telephone Number | Date of Ins (mm/dd/yr | | 10# 10927 |
|--------------------|-------------------|------------|--|--|--------------------------|---------------------------|-------------------------|
| | | | mber and street, city, state, zip code) | 812-426-1011 | 12/20 | /2016 | 10921 |
| | | | ph Ave, Evansville, IN, 47712 | 812-426-0011 | | | |
| Owner CHRIS | S KEI | ИP | F | Purpose: | Follow-up Yes | | se Date 30/2016 |
| Owner's A | | | | Follow-up | | of Violation | |
| 1031 | Diam | ond | d Ave, Evansville, IN, 47711 | Complaint | - | | |
| Person in C | | 4 D | | Pre-Operational | C_{\perp} | NC | $L_{\rm R}$ |
| | | | | Temporary | M T | (C 1.1: | 4; I \ |
| Responsible | e Person's | Ł-ma | Ш | НАССР | Menu Typ | se (See aaai | tional page) |
| Certified F | ood Handl | er | | Other (list) | 1()2 | \bigcirc 3 \bigcirc 3 | $)_4\bigcirc_5\bigcirc$ |
| | 00 u 11uu. | | | | | <u></u> | <u> </u> |
| • CRITICAI | L ITEMS AI | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "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 |
| 295 | С | R | Ice guard whithin ice made | chine soiled. | | 12/2 | 20/2016 |
| 285 | NC | R | Hot water sanitization temperature for ware-washing management | achines not reaching 180 de | egrees F. | 12/2 | 27/2016 |
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| Received by Debt | | | | Inspected by (name and title p Ricardo Zao | | 3 | |
| Received by | | | | Inspected by (signature): | 31140 | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| Establishmo 423 M Owner Riland Owner's Ad | Hary Address etro, | EV | st Bread mber and street, city, state, zip code) ansville, IN, 47715 e, Evansville, IN, 47715 | (E (E Pu | Plephone Number 312-476-4999 312-476-4999 Irpose: Routine Follow-up | Follow-u | r) /2016 p Releas 12/ of Violation | | | |
|---|--------------------|-------|---|----------------|--|---------------------------------|-------------------------------------|---------------|--|--|
| Person in C | harge | | , | ┢ | Complaint Pre-Operational | $C_{\rm C}$ | NC_(| $\frac{1}{R}$ | | |
| Riland | • | | ii | F | Temporary | Menu Type (See additional page) | | | | |
| Certified For Kathry | | | | <u> </u> | HACCP Other (list) | 102 | <u></u> |)4050 | | |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARI | KED "C" | | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI | JMMA | ARY OF VIOLATIONS" AN | D IN THE N | | | | |
| Section# | C/NC | R | Narrative No noted violati | ons | <u> </u> | | To Be Co | orrected By | | |
| | | | No noted violati | OHIS |). | | | | | |
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| | | | | | olin Ward | inted): | | | | |
| Received by | (signature) |): | | Insp | pected by (signature): | | | | | |
| cc: | | | cc: | | | cc: | | | | |



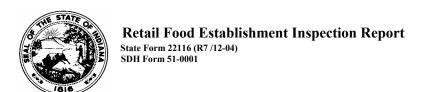
| Establishm | | , 1 | oungo | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
|-------------------|------------|--------|---|---|---------------------------|---------------|----------------------------|
| | | | OUNGE mber and street, city, state, zip code) | 812-319-1238 | 12/22 | /2016 | 11123 |
| | | | bia St., EVANSVILLE, IN, 47711 | 618-472-1306 | | | |
| Owner | | •41 | | Purpose: | Follow-up | | se Date |
| Dave | | Witi | า | Routine | No | 01/ | 01/2017 |
| Owner's A | | 200 | k St, McLeansboro, IL, 62896 | Follow-up | Summary | of Violation | as: |
| Person in C | | | K 3t, McLeansboro, IL, 02090 | Complaint | | (| 0_{R} |
| Dave | | witl | า | Pre-Operational | C | NC_ | - R - |
| Responsible | | | | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | HACCP | | \sim \sim | |
| Certified F | ood Handl | er | | Other (list) | 1 2 | \bigcirc_3 | <u>)4<u>U</u>5<u>U</u></u> |
| • CRITICAI | L ITEMS AI | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | AARKED "C" | <u> </u> | | |
| • 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 |
| | | | No discrepanci | es. | | | |
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| Received by David | | | | Inspected by (name and title p David Horni | | | |
| Received by | | | ***** | Inspected by (signature): | <u>'9</u> | | |
| <u> </u> | | | | | | | |
| cc: | | | cc: | | cc: | | |



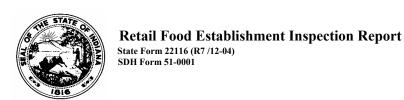
| Establishm Comf | | n | | Telephone Number | Date of Ins (mm/dd/yr | | 1D# 11165 |
|-----------------|---------------------------------------|-------------|--|--|--------------------------|------------------------------------|------------------|
| | | | | 812-476-3600 | 12/22 | 2/2016 | 11165 |
| | | | mber and street, city, state, zip code) St, Evansville, IN, 47714 | ⁽ 812 ⁻ 476-3600 | | | |
| Owner | | | | Purpose: | Follow-u | | se Date |
| Crese | nt Ca | pita | al Indiana LLC | ✓ Routine | No | 01/ | 01/2017 |
| Owner's Ad | | | | Follow-up | Summary | of Violation | ns: |
| | | ut <i>P</i> | Ave, Evansville, IN, 47714 | Complaint | \cap | (|) (|
| Person in C | | ~ : t. | al Indiana II C | Pre-Operational | $_{\rm C}$ ${f U}$ | NC_ | J _R U |
| Responsible | | | al Indiana LLC | Temporary | M T | /G 1.1: | |
| Kesponsibio | e Person's | L-mai | 11 | НАССР | Menu Ty | pe (see aaai | tional page) |
| Certified F | ood Handle | er | | Other (list) | 102 | \bigcirc ₃ \bigcirc |),(),() |
| | , , , , , , , , , , , , , , , , , , , | - | | | 1 | <u></u> | <u> </u> |
| • CRITICAI | ITEMS AF | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE N | IARRATIVE | RELOW AS "R" |
| Section# | C/NC | R | Narrative | MINIMI OF VIOLATIONS THE | D II (TITE I | 1 | orrected By |
| Sections | Circ | IX | No noted violation | nne | | To be ex | Arected By |
| | | | No noted violation | 0113. | | | |
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| Received by | (name and | title r | printed): | Inspected by (name and title pr | rinted): | | |
| Rebe | | | | Colin Ward | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



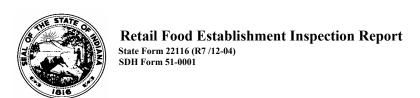
| Marigold Bar Establishment Address (number and street, city, state, zip code) 2112 S Weinbach Ave., Evansville, IN, 47714 Owner Bush Investments Owner's Address 2322 Boeke Place, Evansville, IN, 47714 Person in Charge Bush Investments Responsible Person's E-mail Certified Food Handler Dave Bush Address 112/19/2016 112/19/2016 112/19/2016 Follow-up Release Date No 12/29/2 Summary of Violations: One Release Date No 12/29/2 Summary of Violations: One Menu Type (See additional page) Menu Type (See additional page) Other (list) | |
|--|------------|
| Establishment Address (number and street, city, state, zip code) 2112 S Weinbach Ave., Evansville, IN, 47714 Owner Bush Investments Owner's Address 2322 Boeke Place, Evansville, IN, 47714 Person in Charge Bush Investments Responsible Person's E-mail Certified Food Handler Responsible Menu Type (See additional page) Other (list) Responsible Person of Summary of Violations: Omega Purpose: No 12/29/2 Summary of Violations: Omega Pre-Operational Temporary Menu Type (See additional page) Menu Type (See additional page) Other (list) | 90 |
| Bush Investments Owner's Address 2322 Boeke Place, Evansville, IN, 47714 Person in Charge Bush Investments Responsible Person's E-mail Certified Food Handler No 12/29/2 Summary of Violations: One of the pre-Operational Temporary HACCP Other (list) No 12/29/2 Summary of Violations: One of the pre-Operational Temporary Menu Type (See additional page of the pre-Operational Temporary) Menu Type (See additional page of the pre-Operational Temporary) Menu Type (See additional page of the pre-Operational Temporary) Menu Type (See additional page of the pre-Operational Temporary) Menu Type (See additional page of the pre-Operational Temporary) Menu Type (See additional page of the pre-Operational Temporary) | |
| Owner's Address 2322 Boeke Place, Evansville, IN, 47714 Person in Charge Bush Investments Responsible Person's E-mail Complaint Pre-Operational Temporary HACCP Other (list) Summary of Violations: O NC R Menu Type (See additional page) | 246 |
| 2322 Boeke Place, Evansville, IN, 47714 Person in Charge Bush Investments Responsible Person's E-mail Complaint Pre-Operational Temporary HACCP Other (list) Other (list) | סוכ |
| Person in Charge Bush Investments Responsible Person's E-mail Certified Food Handler Pre-Operational Temporary HACCP Other (list) Complaint Co | |
| Responsible Person's E-mail Certified Food Handler Temporary HACCP Other (list) Other (list) | 0 |
| Responsible Person's E-mail HACCP Other (list) Menu Type (See additional page) 10203040 | <u> </u> |
| Certified Food Handler Other (list) | 2) |
| | \bigcirc |
| IDave busii | , <u> </u> |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW | AS "R" |
| Section# C/NC R Narrative To Be Corrected | By |
| No discrepancies. | |
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| Received by (name and title printed): Dovid Horning Dovid Horning | |
| Dave Bush David Horning | |
| Received by (signature): Inspected by (signature): | |
| ce: ce: ce: | |



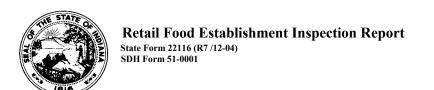
| Establishm | | | | Telephone Number | Date of Insp | | ID# | | |
|-----------------------|---------------|-----------|---|--|---------------------------------|-------------|------------------|--|--|
| O´Ch | arley | 'S # | <i>‡</i> 296 | 812-424-3348 | (mm/dd/yr) 12/21/ | | 11230 | | |
| | | | mber and street, city, state, zip code) | 615-256-8500 | 12/21/ | 2010 | | | |
| | Pearl | Dr, | , Evansville, IN, 47712 | | | | | | |
| Owner O`Cha | | LL | .C | Purpose: Routine | Follow-up NO | | Se Date /31/2016 | | |
| Owner's A | | | N | Follow-up | Summary of | of Violatio | ns: | | |
| | | <u>Dr</u> | , Nashville, TN, 37204 | Complaint | \cap | 1 | 1 0 | | |
| Person in C | | LL | .C | Pre-Operational | C | NC | 1_{R} | | |
| Responsible | e Person's | E-mai | a a a a a a a a a a a a a a a a a a a | Temporary HACCP | Menu Type (See additional page) | | | | |
| | | | | | | | | | |
| Certified For Brian S | | | | Other (list) | 1 2 | <u>3</u> | <u> 14©5</u> | | |
| • 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 N | ARRATIVE | BELOW AS "R" | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | | |
| 190 | NC | | Improper cooling metho | d for pasta. | | Со | rrected | | |
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| Brian | | | | Inspected by (name and title properties of the Ricardo Zac | | | | | |
| Received by | / (signature) |): | | Inspected by (signature): | | | | | |
| cc: | | | ce: | | cc: | | | | |



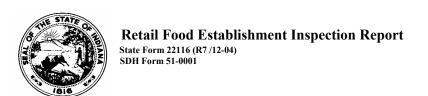
| | | | <u> </u> | | | | |
|--------------------|--------------|--------|---|---|---------------------------|---------------------|---------------------------------|
| Establishm Howa | | hr | nson | Telephone Number | Date of Ins (mm/dd/yr) | | то# 11318 |
| | | | mber and street, city, state, zip code) | 812-476-9626 | 12/22 | /2016 | 11316 |
| | | | River Rd, Evansville, IN, 47715 | ⁽ 812-476-9626 | | | |
| Owner | n Kur | nat | Patel | Purpose: | Follow-up | | se Date /01/2017 |
| Owner's A | | IIal | ratei | Routine | | | |
| | | en | River Rd, Evansville, IN, 47715 | Follow-up Complaint | Summary | | |
| Person in C | | nat | Patel | Pre-Operational | c U | NC_ | $\frac{\mathbf{J}}{\mathbf{R}}$ |
| Responsible | | | | Temporary | Menu Typ | e (See addi | itional page) |
| | | | | НАССР | | | \ |
| Certified For | ood Handl | er | | Other (list) | $1 \bigcirc 2$ | <u>•</u> 3 <u>C</u> | <u>)4</u> <u>0</u> 5 <u></u> |
| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "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 |
| | | | No noted violation | ons. | | | |
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| Received by Bran | | | | Inspected by (name and title p Colin Ward | rinted): | | |
| Received by | y (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
| I | | | | | | | |



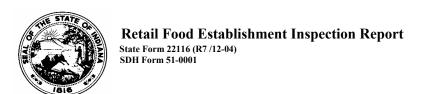
| | | | = | | | | | |
|----------------------|------------|---|--|---|------------|--------------|---------------|--|
| Establishm | _ | | | Telephone Number Date of Inspection ID # | | | | |
| Yen (| | <u>, </u> | | 812-474-0181 | 12/19 | /2016 | 11458 | |
| 406 S | Gree | n F | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | ⁽ 317-418-8818 | | | | |
| Owner | | | | Purpose: | Follow-u | | se Date | |
| Zeng | | n_ | | Routine | Yes | 12/ | 29/2016 | |
| Owner's A | | I | Or, Evansville, IN, 47715 | Follow-up | • | of Violation | | |
| Person in C | | iu i | or, Evansville, IIV, 477 15 | Complaint | 3 | | $\frac{2}{R}$ | |
| Zeng | | n | | Pre-Operational | C | NC_ | R | |
| Responsible | | | il | Temporary | Menu Tyj | oe (See addi | tional page) | |
| | | | | НАССР | | \sim | | |
| Certified For Zengru | | er | | Other (list) | 1 2 | \bigcirc_3 | <u>)4©5</u> | |
| | | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ARKED "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 | |
| 173 | С | | Improper storage of raw animal | product in walk-in | | Co | rrected | |
| 324 | С | | Kitchen hand sink in nee | ed of repair. | | 12/26/2016 | | |
| 345 | С | | Hand sink in dish washing area used for purpo | oses other than hand w | ashing. | Co | rrected | |
| 347 | NC | R | Disposable towels not provide | led at hand sink. | | Co | rrected | |
| 234 | NC | | Rice scoop stored in standing water not held at 13 | 35 degrees Fahrenheit or | greater. | Co | rrected | |
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| Received by Zeno | • | | printed): | Inspected by (name and title p | rinted): | | | |
| Received by | | | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |
| cc: | | | cc. | | cc: | | | |



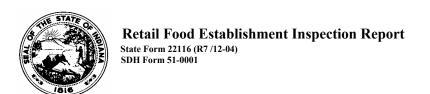
| Establishm | | 110 | r #4646 | Telephone Number Date of Inspection (mm/dd/yr) | | | ID# | |
|--------------|------------|------------|---|--|-------------|---------------------|---------------|--|
| | <u> </u> | | r #4646 mber and street, city, state, zip code) | 812-421-0225 | 12/20 | /2016 | 11529 | |
| | | | ve, Evansville, IN, 47713 | 704-814-5921 | | | | |
| Owner | | | | Purpose: | Follow-u | | se Date | |
| | | <u>)Ll</u> | _AR INC | Routine | No | 12/ | 30/2016 | |
| Owner's Ac | | 17 | CHARLOTTE, NC, 28201 | Follow-up | - | of Violation | | |
| Person in C | | 17, | CHARLOTTE, NC, 20201 | Complaint | \cap | ? | $\frac{3}{R}$ | |
| FAMIL | _Y D(| DLL | _AR INC | Pre-Operational | C | NC_ | R | |
| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | oe (See addi | tional page) | |
| | | | | HACCP Other (list) | | | | |
| Certified Fo | ood Handl | er | | Other (list) | 1 <u></u> 2 | <u>U</u> 3 <u>U</u> | <u>/405</u> | |
| | ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | 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 | |
| 232 | NC | | Bottom interior of milk and egg coolers | soiled and need cle | eaned. | | 21/2016 | |
| 431 | NC | R | Multiple floor surfaces under she | | | 12/21/2016 | | |
| 430 | NC | | Seal at bottom of back emergency do | | | 12/2 | 27/2016 | |
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| Received by | * | | | Inspected by (name and title p | | | | |
| chas | ity a | rne | ett | David Horni | ng | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| | | | <u>_</u> | | | | | |
| cc: | | | cc: | | cc: | | | |



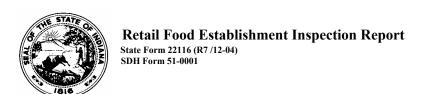
| Establishm Dolla | | e # | ±1541 | Telephone Number (812-476-3426 | Date of Ins (mm/dd/yr) |) | то# 11563 |
|-----------------------|--------------|-----------------|---|--------------------------------|---------------------------|--------------|---------------------------|
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) | (Owner | 12/21/ | /2016 | 11000 |
| 800 S | Gree | n F | River Rd, Evansville, IN, 47715 | ⁽ 757-321-5000 | | | |
| Owner Dollar | Tree | | | Purpose: | Follow-up | | se Date // 31/2016 |
| Owner's A | | _ | | Follow-up | Summary | of Violation | ns: |
| | | ² ar | kway, Chesapeake, VA, 23320 | Complaint | _ ` | _ | _ |
| Person in C Dollar | | | | Pre-Operational | $c_{\mathbf{U}}$ | NC_ | 0_{R} |
| Responsible | | | :1 | Temporary | Manu Tyn | o (Saa addi | tional page) |
| Responsible | c i ci son s | L-ilia | | П НАССР | wienu ryp | C (See add) | nonai page) |
| Certified Fo | ood Handl | er | | Other (list) | $1 \bigcirc 2$ | \bigcirc_3 | $)_4 \bigcirc_5 \bigcirc$ |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | 1 | | |
| • 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 | | | | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by Tami | , | | rsich | Inspected by (name and title p | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | ection | ID# |
|-------------|------------|----------|---|--------------------------------|----------------------------|----------------------|--------------|
| Subw | /ay # | 28 | 905 | 812-401-1563 | 12/22/ | 2016 | 11615 |
| | | | mber and street, city, state, zip code) | (812-457-8611 | 12/22/ | 2016 | |
| | lain S | t, E | Evansville, IN, 47708 | 812-457-8611 | | | |
| Owner | ١٥٢٥ | | | Purpose: | Follow-up | | se Date |
| ED KU | | <u> </u> | | ✓ Routine | No | 01/ | 01/2017 |
| Owner's Ac | | 1 = | E\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Follow-up | Summary o | f Violation | ns: |
| Person in C | | +5, | EVANSVILLE, IN, 47728 | Complaint | \cap | NC_ | 1 1 |
| ED KU | |) | | Pre-Operational | C | NC | R |
| Responsible | | | il | Temporary | Menu Type | (See addi | tional page) |
| | | | | НАССР | | ~ ~ | |
| Certified F | | | | Other (list) | $1 \bigcirc 2$ | <u>•)</u> 3 <u>(</u> | <u>)4O5O</u> |
| Shayla | a Gord | lan | | | | | |
| • CRITICAL | LITEMS AR | E 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 | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| 347 | NC | R | Men's restroom needs d | rying towels. | | 12/2 | 23/2016 |
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| Received by | (name and | title 1 | printed): | Inspected by (name and title p | rinted): | | |
| Richa | · | _ ^ | | David Horni | | | |
| Received by | | | <i>J</i> | Inspected by (signature): | 3 | | |
| | - ′ | | | . | | | |
| cc: | | | cc: | | cc: | | |
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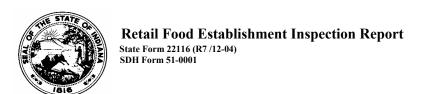
| | | | • | - | | | |
|-----------------|-------------|-------|--|---|--------------------------|--------------|------------------------------|
| Establishm Ruth | | us | e | Telephone Number (812) 402-0424 | Date of Ins (mm/dd/yr | ·j | то# 11630 |
| | | | mber and street, city, state, zip code) | 1 | 12/22 | 2/2016 | 1 1000 |
| | | | , Evansville, IN, 477008 | 8124220297 | | | |
| Owner UNITE | ED CA | ۱R | ING SERVICES | Purpose: Routine | Follow-uj | | se Date 01/2017 |
| Owner's Ac | | | | 1 - | | | |
| 324 N | W 6th | ı S | t, Evansville, IN, 47708 | Follow-up Complaint | Summary | of Violation | |
| Person in C | | ۱R۱ | ING SERVICES | Pre-Operational | c_U | NC_ | I RU |
| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | ~ ~ | |
| Certified Fo | ood Handle | er | | Other (list) | 1 2 | <u>3</u> | <u>)4</u> <u>0</u> 5 <u></u> |
| | ITEMS AD | E IDE | ENITIBLED IN THE CHECKLIST AND NADDATIVE COLUMNS A | AADVED «C» | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | | | | |
| • 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 |
| 232 | NC | | Dishwashing unit and microwa | ave needs cleaned | | 12/2 | 23/2016 |
| | | | 9 | | | | |
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| Received by | | | | Inspected by (name and title proposed Hornis | | | |
| Received by | | | | Inspected by (signature): | <u> </u> | | |
| | (- <i>G</i> | • | | 1 | | | |
| cc: | | | cc: | | cc: | | |
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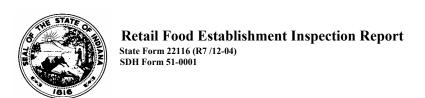
| Establishm Aldi F | | s Ir | nc #3 | Telephone Number (812-422-6775 Date of Inspection (mm/dd/yr) 12/21/2016 11 | | | | |
|--|-------------|---------|---|---|------------|--------------|--------------------|--|
| Alexander of the second of the | | | mber and street, city, state, zip code) | 1 | 12/21 | /2016 | 11689 | |
| | | | erger Ave, Evansville, IN, 47712 | 317-887-6273 | | | | |
| Owner ALDI I | | | | Purpose: | Follow-uj | | se Date // 31/2016 | |
| Owner's A | | | INC | Routine | | | | |
| | | 18 | Rd, Greenwood, IN, 46143 | Follow-up | Summary | of Violation | ns: | |
| Person in C | | | 110, 510011110000, 111, 101110 | Complaint | I ~ () | | $0_{\rm R}$ | |
| ALDI I | |)S | INC | Pre-Operational | C | . NC | R | |
| Responsible | | | | Temporary | Menu Tyr | e (See addi | tional page) | |
| | | | | НАССР | | | | |
| Certified F | ood Handl | er | | Other (list) | 1 2 | <u>3</u> | <u>)4050</u> | |
| | 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 discrepanci | es. | | | | |
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| Received by | / (name and | title i | printed): | Inspected by (name and title p | rinted): | | | |
| - | | | odward | Carol Coudr | | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| | | | | | | | | |
| cc: | | | cc: | | cc: | | | |



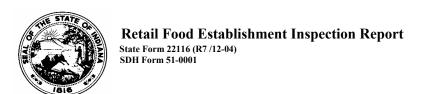
| Establishm Big L | | 17 | 60 | Telephone Number (812-473-9483) | Date of Ins (mm/dd/yr | | то# 11810 |
|------------------|------------|--------|---|---------------------------------|--------------------------|-------------------------|-----------------------|
| | | | mber and street, city, state, zip code) | | 12/21 | /2016 | 11010 |
| | | | River Rd, Evansville, IN, 47715 | 614-278-6835 | | | |
| Owner | sto Ct | oro | a Inc. Attn: Tay Dant | Purpose: | Follow-up | | se Date |
| Owner's A | | ore | s Inc - Attn: Tax Dept | Routine | No | - 1 | 31/2016 |
| | | Ro | I, Columbus, OH, 43228 | Follow-up Complaint | | of Violation | |
| Person in C | Charge | | · · · · · · | Pre-Operational | $_{\rm c}$ ${\rm O}$ | NC (| $\int_{\mathbb{R}} 0$ |
| | | | s Inc - Attn: Tax Dept | Temporary | | | |
| Responsible | e Person's | E-ma | .1 | 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 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 N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by Josh | | | | Inspected by (name and title p | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



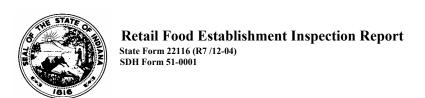
| | | | | T = | | | |
|-------------------|-------------|--------|---|--|--------------------------|--------------|-------------------------------|
| Swee | | tvs | s Bakery | Telephone Number (812-402-3889) | Date of Ins (mm/dd/yr |) | ъ# 12097 |
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) | (a.4)Owner | 12/22 | /2016 | 12001 |
| 5600 E | - Virgi | inia | St Ste E, Evansville, IN, 47715 | | | | |
| Owner Andre | a Mile | 25 | | Purpose: | Follow-uj | | se Date 701/2017 |
| Owner's Ac | ddress | | | Follow-up | | of Violation | |
| 5600 E | E Virg | inia | a St Ste E, Evansville, IN, 47715 | Complaint | _ ` | _ | _ |
| Person in C | | 20 | | Pre-Operational | $_{\rm c}$ U | NC_ | $0_{\rm R}$ |
| Andre Responsible | | | | Temporary | | | tional page) |
| Kesponsible | e rerson's | c-ma | ш | НАССР | Menu Typ | e (see aaai | nonai page) |
| Certified Fo | | | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | $)_4$ \bigcirc_5 \bigcirc |
| Andrea | a Mile | S | | | | | |
| • CRITICAL | ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by | * | | | Inspected by (name and title processing Ward | rinted): | | |
| Received by | | | ,,, | Inspected by (signature): | | | |
| received by | (SIBILITIE) | ,. | | inspected of (Signature). | | | |
| cc: | | | ec: | | cc: | | |



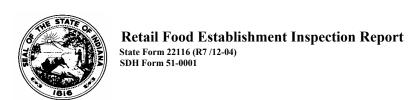
| | | | | | - | | | |
|---------------------|------------|-------|---|--------------------------------|--------------------------|--------------------------|---------------------------------|--|
| Establishm LOS E | | _ | | Telephone Number | Date of Ins (mm/dd/yr | | ID# | |
| | | | mber and street, city, state, zip code) | 812-474-9078 | 12/20 | /2016 | 12261 | |
| | | | d Blvd, Evansville, IN, 47715 | 812-499-8151 | | | | |
| Owner | | | | Purpose: | Follow-u | | se Date | |
| Los B | | In | C | ✓ Routine | Yes | 12/ | 30/2016 | |
| Owner's A | | \ o h | Dr NEWDLIDCH IN 47630 | Follow-up | Summary | of Violation | ns: | |
| Person in C | | Idi | Dr, NEWBURGH, IN, 47630 | Complaint | 2 | F | $\frac{5}{10}$ R $\frac{3}{10}$ | |
| Los B | | Ind | C | Pre-Operational | C | NC_ | 7 R O | |
| Responsible | | | | Temporary | Menu Typ | oe (See addi | tional page) | |
| | | | | НАССР | | \sim | | |
| Certified For Jaime | | | | Other (list) | 1 2 | $\bigcirc_3 \bigcirc$ | <u>)4©5</u> | |
| | | | ENTERIED IN THE CHECKLIST AND NADDATINE COLUMNS A | AADVED «C" | | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | D DITHE N | ADD ATIME | DELOW AC "D" | |
| • VIOLATIC | C/NC | R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative | MMARY OF VIOLATIONS" AN | D IN THE N | | | |
| 415 | C | K | Insect activity present w | vithin facility | | | orrected By | |
| 295 | С | R | Can open soiled; need | | | 12/27/2016 12/20/2016 | | |
| 234 | NC | I. | Utensils stored in standing water not held | | onhoit | 12/20/2016 | | |
| | NC | В | • | | | | | |
| 342 | | R | Hand sink in restrooms not reaching temperature of | | _ | 12/21/2016 12/27/2016 | | |
| 285 | NC | _ | Dish machine not reaching the appropriate tempe | • | renneit. | | | |
| 218 | NC | R | Seal on freezer walk-in ne | <u> </u> | | 12/22/2016 | | |
| 190 | NC | | Improper cooling method | being utilized. | | 12/2 | 20/2016 | |
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| Received by | | | | Inspected by (name and title p | rinted): | | | |
| Luis | | | 2 Z | Colin Ward | | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |
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| | | | <u> </u> | | | | | |
|---------------------|------------|------------|--|--|---------------|--------------|---------------|--|
| La Ca | - | ʻar | na | Telephone Number | spection) | тв# 12265 | | |
| | | | | 812-550-1585 | 12/19 | /2016 | 12203 | |
| | | | mber and street, city, state, zip code) t Rd. Ste 600, Evansville, IN, 47715 | ⁽ 270-724-2172 | | | | |
| Owner | | | | Purpose: | Follow-uj | | se Date | |
| Josue | A Br | OW | n | ✓ Routine | No | 12/ | 29/2016 | |
| Owner's Ad | | ماد عاد | Dr, Henderson, KY, 42420 | Follow-up | Summary | of Violation | ns: | |
| Person in C | | JN | DI, Henderson, RT, 42420 | Complaint | 2 | NC_ | | |
| Josue | | ow | n | Pre-Operational | C | NC | R C | |
| Responsible | | | | Temporary | Menu Typ | e (See addi | tional page) | |
| | | | | HACCP | | \bigcirc G | | |
| Certified For Ezequ | | | 00S | Other (list) | 1 2 | | <u> 14050</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 | |
| 173 | С | | Improper storage of raw a | nimal product. | | Co | rrected | |
| 295 | С | | Can opener soil | | | Corrected | | |
| 234 | NC | | Utensils stored in standing water not held | at 135 degrees Fahr | enheit. | Co | rrected | |
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| Received by Abra | | | | Inspected by (name and title processing Ward | rinted): | | | |
| Received by | | | | Inspected by (signature): | | | | |
| | | | | | | | | |
| cc: | | | cc: | | cc: | | | |



| Establishm | ent Name | | | Telephone Number | Date of Ins | pection | ID# |
|--------------|-------------|---------|--|---------------------------------|----------------|-------------------------|--------------|
| Lomb | | s F | Pizza | 812-202-5336 | (mm/dd/yr | • | 13411 |
| | | | mber and street, city, state, zip code) | 1 | 12/20 | /2016 | 10411 |
| | | | iver Road, Evansville, Indiana, 47715 | 845-629-1301 | | | |
| Owner | | | | Purpose: | Follow-uj | | se Date |
| Frank | Laud | on | io | Routine | Yes | 12/ | 30/2016 |
| Owner's Ac | | | | Follow-up | Summary | of Violation | ns: |
| | | า R | iver Road, Evansville, Indiana, 47715 | Complaint | - | | |
| Person in C | | | | Pre-Operational | $_{\rm c}$ U | NC (| 0_{R} |
| Frank | | | | Temporary | | | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | e (See addi | tional page) |
| C (C IE | 177 11 | | | Other (list) | . () | \bigcirc | \bigcirc |
| Certified Fo | ood Handi | er | | Opening | $1 \bigcirc 2$ | \bigcirc 3 \bigcirc | <u> </u> |
| . CDITE C: | IMPRAGA - = | 10 to - | NAME OF THE OWN OF THE WAY OF THE OWN OF THE OWN OF THE OWN OWN OF THE OWN | IADVED "C" | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | |
| | | | 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 |
| | | | Ok to open after construction equipment is cl | eared and interior is cl | eaned. | | |
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| Received by | | | | Inspected by (name and title pr | | | |
| Jacks | son l | Da | lugherty | Kelly Holzm | eyer | | |
| Received by | | | - | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | | | |



| Establishm | | 10 | IC A | Telephone Number | Date of Inspection (mm/dd/yr) ID # | | |
|---|------------|--------|---|---|------------------------------------|----------------|-------------------------------------|
| Cross | | | | 812-867-0828 | 12/20/2016 13440 | | 13440 |
| Establishment Address (number and street, city, state, zip code) 6401 N Greenriver Rd, Evansville, Indiana, 47725 | | | | 812-867-0828 | | | |
| Owner | 1 0100 | ,1111 | Transfer indiana, 47725 | Purpose: | Follow-uj | n Releas | se Date |
| Houchen's Food Group | | | | Routine | Yes | | 30/2016 |
| Owner's A | ddress | | | Follow-up | Summary | of Violation | |
| 6401 N | I Gree | nri | ver Rd, Evansville, Indiana, 47725 | Complaint | | | |
| Person in C | | _ | 10 | ✔ Pre-Operational | $_{\rm C}$ U | NC_ | \mathcal{J}_{R} \mathcal{U}_{R} |
| | | | od Group | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | ie (See addi | tional page) |
| Certified F | ood Handl | or | | Other (list) | 102 | \bigcirc_{2} |),(),() |
| Certifica | ood Handi | CI | | | 1 2 | <u></u> | <u>/4030</u> |
| • CRITICAI | , ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE N | ARRATIVE | RELOW AS "R" |
| Section# | C/NC | R | Narrative | MINIARI OF VIOLATIONS AN | DINTHEN | | orrected By |
| Section | C/ITC | IX | Caulk/ Re-caulk floor drains, hand sink a | nd around mon sink | draine | 10 BC CC | Trected By |
| | | | Caulty Ne-cault floor drains, fland sink a | Tid around mop sink | urairis. | | |
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| | | | | Inspected by (name and title printed): Kelly Holzmeyer | | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
| | | | 1 33. | | | | |