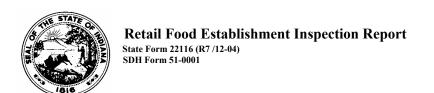


| Frank | | tre | et Pizza Factory | Telephone Number (765-749-5969) | Date of Ins (mm/dd/yr |) | то# 12993 |
|----------------------|------------|------|--|--|--------------------------|---------------------|--------------------------------|
| | | | mber and street, city, state, zip code) In St, Evansville, Indiana, 47712 | (| 03/07 | /2017 | |
| Owner James | s Mich | nae | el Wathen | Purpose: | Follow-up | | se Date /17/2017 |
| Owner's Ac | | nkli | in St, Evansville, Indiana, 47712 | Follow-up Complaint | - | of Violation | |
| Person in Co | | nae | el Wathen | Pre-Operational | c_{0} | NC_ | 0_{R} |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | tional page) |
| Certified For Kyle K | | er | | Other (list) | 1 2 | <u>_</u> 3 <u>@</u> | <u>)</u> 4 <u>U</u> 5 <u>U</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | - |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| D : 1: | <u> </u> | | · D | Y (11 / 12) | : 15 | | |
| Received by Kim | • | | | Inspected by (name and title properties of the p | | , | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | сс: | | cc: | | |



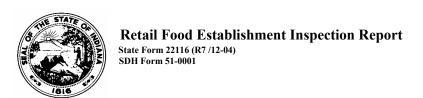
| Establishm | | | | Telephone Number | Date of Ins | | ID# |
|--------------|------------|-------|---|---------------------------------|--------------------|------------------------|-------------------------|
| Unplι | igge | A b | le House | 812-401-0175 | (mm/dd/yr | , /2017 | 12961 |
| | | | mber and street, city, state, zip code) | (812-401-0175 | 03/06 | /2017 | |
| 329 M | lain S | t, \ | /anderburgh, Indiana, 47708 | 812-401-0175 | | | |
| Owner | 17 1 | | | Purpose: | Follow-uj | | se Date |
| Adam | | (le | | ✓ Routine | No | 03/ | 18/2017 |
| Owner's Ad | | ٠ ١ | Indorburah Indiana 17709 | Follow-up | Summary | of Violation | ns: |
| Person in C | | ι, ι | /anderburgh, Indiana, 47708 | Complaint | \cap | NC S | ₹ 1 |
| Matt C | _ | | | Pre-Operational | C | NC_ | <u> </u> |
| Responsible | | E-ma | il | Temporary | Menu Tyr | e (See addi | tional page) |
| • | | | | НАССР | | | |
| Certified Fo | | er | | Other (list) | $_{1}\bigcirc_{2}$ | \bigcirc_3 \bullet | $)_4\bigcirc_5\bigcirc$ |
| Cory S | Statler | | | | | | |
| • CRITICAL | ITEMS AR | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| 218 | NC | | Three compartment sink and mechanical warewashin | g sanitizing dispensers nee | ed repair. | 03/ | 15/2017 |
| 402 | NC | | Floor by fryers needs smooth an | d cleanable surfac | e. | 03/29/2017 | |
| 324 | NC | R | Bar sink faucet leak ne | eds reapair | | 03/ | 15/2017 |
| | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by | (name and | title | printed): | Inspected by (name and title pr | rinted): | | |
| Matt | `_ | | | David Hornii | | | |
| Received by | | | | Inspected by (signature): | <u> </u> | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | | | |



| Establishm DQ G | | C | hill | Telephone Number (812-401-2232 | Date of Ins (mm/dd/yr | ·j | 1D# 12344 |
|----------------------|------------|--------|---|--------------------------------|---|--------------|------------------------------------|
| | | | mber and street, city, state, zip code) | | 03/08 | /2017 | 12077 |
| | | | River Rd, Evansville, IN, 47715 | ⁽ 270-704-1206 | | | |
| Owner | Nacc | ori | 2 Logan Nassori | Purpose: | Follow-uj | | ne Date 18/2017 |
| Owner's A | | еп | & Logan Nasseri | Routine | | | |
| | | 5, 1 | Newburgh, IN, 47629 | Follow-up Complaint | - | of Violation | |
| Person in C | | eri | & Logan Nasseri | Pre-Operational | C | NC_ | 0_{R} |
| Responsible | | | _ | Temporary | Menu Tvr | oe (See addi | tional page) |
| | | | | НАССР | | | |
| Certified For Paul F | | er | | Other (list) | 102 | <u></u> |) ₄ <u>0</u> 5 <u>0</u> |
| | | 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 |
| 177 | С | | Improper storage o | of food. | | Co | rrected |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Jawa | | | | Inspected by (name and title p | | | |
| Received by | | | J | Inspected by (signature): | <u>- , </u> | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| Establishmo 4202A Owner Mauro Owner's Ao | as Ment Address Mart Mart Mart Marge Marge Mart Marge Mart Marge Mart | ine 4, E E-ma | Brazil, IN, 47834 ez | Pu Pu | lephone Number 312-401-1977 312-229-5243 rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u No Summary | p Releas 03/ | 19/2017 hs: R_1 |
|--|---|---------------------|---|-------|---|---------------------------|--------------|-----------------------|
| • CRITICAL | ITEMS AR | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | ŒD "C" | | | |
| | | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA | RY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | | | rrected By |
| 441 | С | | Wiping buckets above required chemic | al s | sanitizer concent | ration. | Coı | rrected |
| 118 | С | R | Food establishment lacking proper | foc | od safety employ | yee. | 05/0 |)1/2017 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Received by Maria | | | | | ected by (name and title prarol Coudr | | | |
| Received by | (signature) |): | | Insp | ected by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



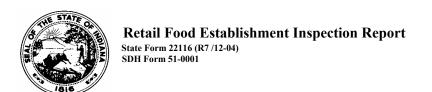
| Establishmo Subw | | 27 | $oldsymbol{\cap}$ | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
|---------------------|--------------|----------------|---|--|-----------------------------------|---------------|----------------------------|
| | | | mber and street, city, state, zip code) | 812-422-5255 | 03/00 | /2017 | 12174 |
| | | | e, Evansville, IN, 47711 | 812-797-3305 | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| PIYUS Owner's Ac | | \ | <u>L</u> | Routine | No | | 18/2017 |
| | | ١νε | e, Evansville, IN, 47710 | Follow-up | l _ ` | of Violation | |
| Person in C | harge | | | Complaint Pre-Operational | $\begin{bmatrix} 0 \end{bmatrix}$ | $_{\rm NC}$ (| $\int_{\mathbf{R}} 0$ |
| PIYUS | | | | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) |
| Certified Fo | ood Handl | er | | Other (list) | $_{1}\bigcirc_{2}$ | \odot_3 | $_{4}\bigcirc_{5}\bigcirc$ |
| Piyush | | | | | 1 | <u> </u> | <u> </u> |
| • CRITICAL | L ITEMS AF | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| • VIOLATIC | 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 Katie | | | | Inspected by (name and title processed Coudr | | | |
| Received by | | | <u> </u> | Inspected by (signature): | <u> </u> | | |
| 1.cocircu by | (S.Bilatare) | , . | | | | | |
| cc: | | | cc: | | cc: | | |



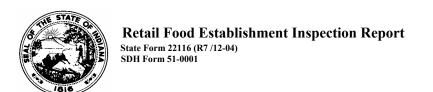
| Establishme | | | | Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr) | | | |
|---------------------|-------------|------|---|--|------------|--------------|-------------------------------|
| Ropp | | | | 812-437-5824 | 03/07 | /2017 | 12002 |
| | | | mber and street, city, state, zip code) a St, Evansville, IN, 47715 | (812-437-5824 | | | |
| Owner | | | | Purpose: | Follow-u | | se Date |
| Sona ' | | S | | Routine | Yes | 03/ | 17/2017 |
| Owner's Ad | | | - Ct. Eveneville, INL 47745 | Follow-up | Summary | of Violation | ns: |
| | | an | a St, Evansville, IN, 47715 | Complaint | 1 | | 2 |
| Person in C | | (S | | Pre-Operational | C | NC_ | $\frac{2}{R}$ |
| Responsible | | | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | HACCP | | | |
| Certified For Young | | | | Other (list) | 1 2 | <u>3</u> | <u>)4</u> <u>0</u> 5 <u>0</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | | | |
| • VIOLATIO | N(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 |
| 191 | С | R | Food items in walk-in cooler la | cking date marking | . | 03/0 | 07/2017 |
| 218 | NC | R | Dish machine not properly sanitizing of | dishes. Called for re | epairs. | 03/1 | 10/2017 |
| 410 | NC | | Lacking light shielding in ho | Lacking light shielding in hood vent system. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by | * | _ ' | | Inspected by (name and title processing Ward | rinted): | | |
| Received by | | | MII | Inspected by (signature): | | | |
| | (- <i>G</i> | , . | | F) (- B) . | | | |
| cc: | | | cc: | | cc: | | |



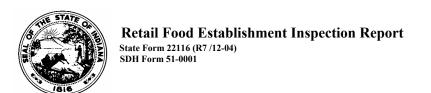
| Establishm | | | | Telephone Number | Date of Inspe | ection | ID# |
|--------------|-------------|--------------|---|--------------------------------|-----------------------|-------------|-------------------|
| Lucas | s Oil | Ce | enter LLC | 812-402-5000 | (mm/dd/yr) | 2017 | 11931 |
| | | | mber and street, city, state, zip code) | (a.)Owner a | 03/00/2 | 2017 | |
| 2650 N | N Gre | en | River Rd, Evansville, IN, 47715 | 812-573-1728 | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Brend | | -lo <u>'</u> | yd | ✓ Routine | No | 03/ | 18/2017 |
| Owner's Ac | | | D ''' IN 47004 | Follow-up | Summary of | f Violation | is: |
| | | er L | n, Boonville, IN, 47601 | Complaint | \cap | (|) (|
| Person in C | | -10, | لم | Pre-Operational | $_{\rm C}$ $_{\rm C}$ | NC_ | \mathcal{L}_{R} |
| Brend | | | | Temporary | | | |
| Responsible | e Person's | E-ma | II | НАССР | Menu Type | (See addi | nonal page) |
| Certified Fo | ood Handle | nr. | | Other (list) | 10,0 | •),(|),()_5() |
| Brenda | | | | | | <u></u> | <u>/4030</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IADVED "C" | | | |
| | | | | | ID IN THE NA | DD ATIME | DELOW AC "D" |
| | C/NC | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | - | го ве С | orrected By |
| | | | No violations | • | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by | (name and | titla • | printed): | Inspected by (name and title p | rinted): | | |
| - | | | | Kelly Holzm | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | | | |



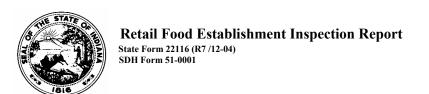
| | | | - | - | | | |
|----------------------|------------|---------|---|--|----------------------------|-------------|--------------------------------|
| Establishm Highla | | Piz | za Shop | Telephone Number (812-402-8900 | Date of Insp (mm/dd/yr) | | 1D# 11813 |
| | | | mber and street, city, state, zip code) e Rd, Evansville, IN, 47710 | 812-454-5660 | 03/09/ | 2017 | |
| Owner TERR | ΥJV | VO | LF & KIM L WOLF | Purpose: | Follow-up | | se Date /19/2017 |
| | N 1st | Αv | e, Evansville, IN, 47710 | Follow-up Complaint | Summary o | | |
| | YJV | | LF & KIM L WOLF | Pre-Operational Temporary | <u>c_U</u> | NC_ | |
| Responsible | e Person's | E-mai | ı | НАССР | Menu Type | : (See addi | itional page) |
| Certified For Terry | | er | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | <u>)</u> 4 <u>0</u> 5 <u>0</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | | D IN THE NA | ARRATIVE | E BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| Sections | 0,110 | | No noted violation | ons | | 10200 | orrected By |
| | | | Tro Herea Herani | <u> </u> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Kim | | title p | printed): | Inspected by (name and title processed Coudr | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Establishm China | | er | ience & Yihi Japan | Telephone Number (513-709-1190 | Date of Ins (mm/dd/yr | o) | то# 11710 |
|------------------|------------|------------|---|--|-----------------------------------|----------------|--------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | (10wner | 1 03/00 | /2017 | 11710 |
| | Gree | n F | River Rd, Évansville, IN, 47715 | | | | |
| Owner Lin, Ji | e | | | Purpose: | Follow-uj | | se Date // 18/2017 |
| Owner's Ac | | | | Follow-up | | of Violation | |
| 7908 Ci | ncinna | ti Da | ayton Rd #A, West Chester, OH, 45069 | Complaint | _ | | |
| Person in C | | | | Pre-Operational | $\begin{bmatrix} c \end{bmatrix}$ | | $0_{\rm R}$ |
| Lin, Ji | | | | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) |
| Certified F | ood Handl | a r | | Other (list) | 102 | \bigcirc_{3} |),(),5() |
| Urban | | | | | 1 2 | <u> </u> | <u>/4030</u> |
| • CRITICAL | ITEMS AF | E 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 |
| | | | Violation from 1/31/2017 | 7 corrected. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Urba | | | | Inspected by (name and title properties) Kelly Holzme | | | |
| Received by | | | 40 | Inspected by (signature): | Jy Ul | | |
| | (=-0-1414) | ,* | | - _F | | | |
| cc: | | | ec: | | cc: | | |



| Establishm Unite | | the | odist Youth Home | Telephone Number (812-479-7535) | Date of Ins (mm/dd/yr) |) | то# 11625 |
|---------------------|--------------|-------|---|---------------------------------|---|---------------------|------------------------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | (812-479-7535 | 03/09 | /2017 | |
| | N Bur | kh | ardt Rd, Evansville, IN, 47715 | | | | |
| | | าดต | dist Youth Home | Purpose: Routine | Follow-up No | | se Date 19/2017 |
| Owner's Ac 2521 | | kh | ardt Rd, Evansville, IN, 47715 | Follow-up | l | of Violation | |
| Person in C | Charge | | dist Youth Home | Complaint Pre-Operational | $C_{\rm C}$ | NC_(| $\frac{0}{\mathbf{R}}$ |
| Responsible | | | | Temporary | Menu Tyr | e <i>(See add</i> i | tional page) |
| responsion | c i ci son s | | | НАССР | l and Typ | | nonui puge) |
| Certified For Desha | | | | Other (list) | $1 \bigcirc 2$ | <u>3</u> |) ₄ <u>0</u> 5 <u>0</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Desh | | | | Inspected by (name and title p | | | |
| Received by | | | , - | Inspected by (signature): | <u>- , </u> | | |
| cc: | | | cc: | | cc: | | |
| | | | | | 1 | | |



| | | | | | - | | | |
|------------------|------------|------|---|--|--|--------------|--------------|--|
| Establishm | | റാ | s Tiendas Restaurant | Telephone Number Date of Inspection (mm/dd/yr) 1.0.4 DESMONDERM OF THE PROPERTY OF THE PROPER | | | | |
| 4 | | | mber and street, city, state, zip code) | 812-483-3483 | 03/09 | /2017 | 11580 | |
| | | | bach Ave, Evansville, IN, 47714 | 812-475-3483 | | | | |
| Owner | 1: | -l - | | Purpose: | Follow-up | | se Date | |
| Jose N | | aa | | Routine | No | | 19/2017 | |
| Owner's A | | 'ein | bach Ave, Evansville, IN, 47715 | Follow-up | Summary | of Violation | ns: | |
| Person in C | | 011 | 240117110, 21411011110, 111, 177110 | complaint | 0 | , (| $0_{\rm R}$ | |
| Jose N | | da | | Pre-Operational | | NC_ | - K | |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | tional page) | |
| Certified F | 177 11 | | | Other (list) | | | \bigcirc | |
| Jose N | | | | | | <u>3C</u> | <u>/4050</u> | |
| | | | 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 | | | To Be Co | orrected By | |
| | | | All violations from 02/22/20 | 017 corrected. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Received by Jose | | | | Inspected by (name and title policy Holzm | | | | |
| Received by | | | | Inspected by (signature): | - <u>, </u> | | | |
| | | | | | | | | |
| cc: | | | cc: | | cc: | | | |



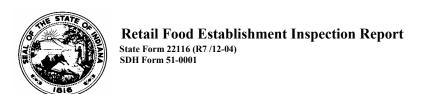
| Establishm Darm | | l Ir | | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
|------------------|------------|--------|---|--|-----------------------------------|--------------|-------------------------|
| | | | II I mber and street, city, state, zip code) | 812-867-7300 | | /2017 | 11543 |
| | | | adt Rd, Evansville, IN, 47725 | 812-708-0118 | | | |
| Owner | | | | Purpose: | Follow-uj | | se Date |
| Owner's A | | nne | edy - JLK Bar Holdings II Inc. | Routine | | | 20/2017 |
| | | Pa | d Rd, Elberfeld, IN, 47613 | Follow-up | | of Violation | |
| Person in C | harge | | | Complaint Pre-Operational | $\begin{bmatrix} 0 \end{bmatrix}$ | NC (| $\int_{\mathbb{R}} 0$ |
| | | | edy - JLK Bar Holdings II Inc. | 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 | $)_4\bigcirc_5\bigcirc$ |
| Rick K | enne | yk | | | 1 | | <u></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 03-02- | 17 corrected. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | - | | |
| Received by Donr | | | | Inspected by (name and title por Ricardo Zac | | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| | | | <u> </u> | | | | |
|--------------------------|--------------|--------|--|--------------------------------|----------------------------|-------------|---------------------------------|
| Establishm Cold | _ | e (| Creamery #2123 | Telephone Number (812-461-0100 | Date of Insp (mm/dd/yr) | | то# 11542 |
| Establishm | ent Addre | ss (nu | mber and street, city, state, zip code) , Evansville, IN, 47712 | 812-454-0156 | 03/00/ | 2017 | |
| Owner Wayn | | | | Purpose: | Follow-up No | | se Date /18/2017 |
| Owner's A | ddress | | | Follow-up | Summary of | | |
| | | sbu | urg Rd, Evansville, IN, 47725 | Complaint | | | |
| Person in C Wayn | | nev | , | Pre-Operational | <u>c_</u> | NC_ | $\frac{\mathbf{J}}{\mathbf{R}}$ |
| Responsible | | | | Temporary HACCP | Menu Type | : (See addi | itional page) |
| Certified F | J TT JI | | | Other (list) | \int_{1}^{1} | a .C | \bigcirc |
| Jennife | | | | | | <u></u> | <u> </u> |
| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE NA | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Kevir | | | | Inspected by (name and title p | | | |
| Received by | y (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



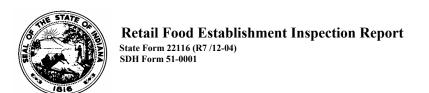
| Establishm Starb | | C | offee Co #9759 | Telephone Number (812-476-7385) | Date of Ins (mm/dd/yr) | ·) | 1D# 11505 |
|-----------------------|------------|--------|---|---|---------------------------|--------------|-------------------|
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) | ()Owner- | 03/10 | /2017 | 11000 |
| | Gree | n F | River Rd, Evansville, IN, 47715 | | | | |
| Owner Starbu | ucks (| Cof | fee Company | Purpose: | Follow-up No | | se Date //20/2017 |
| Owner's Ac | | 4 4 6 | | Follow-up | Summary | of Violation | ns: |
| | | 442 | 2-Tax2, SEATTLE, WA, 98124 | Complaint | | (|) () |
| Person in C Starbu | | ີດf | fee Company | Pre-Operational | C_O | NC_ | 0_{R} |
| Responsible | | | | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | \bigcirc G | |
| Certified Fo | | | | Other (list) | 1 2 | | <u> 1405</u> |
| • CRITICAL | 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. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Trace | _ | | | Inspected by (name and title position Holzm | | | |
| Received by | | _ | 13- | Inspected by (signature): | <u>-,</u> | | |
| cc: | | | cc: | | cc: | | |
| | | | (C. | | | | |



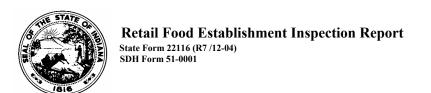
| | | | | T | | | T :: |
|-------------|---------------|----------|---|--------------------------------|--------------------------|------------------------|---------------------------------------|
| Establishm | | rk | vay Pizza | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | | | mber and street, city, state, zip code) | 812-423-3339 | 03/07 | /2017 | 11482 |
| | | | ay Ave, Evansville, IN, 47712 | 812-746-9717 | | | |
| Owner | <u> </u> | | | Purpose: | Follow-uj | | se Date |
| Gary S | | <u> </u> | | ✓ Routine | No | 03/ | 17/2017 |
| Owner's Ad | | 200 | k Dd. Evenoville, INI 47712 4057 | Follow-up | Summary | of Violation | ns: |
| | | Jan | k Rd, Evansville, IN, 47712-4057 | Complaint | | (|) () |
| Person in C | | ااد | | Pre-Operational | C | NC_ | 0_{R} |
| Responsible | | | il | Temporary | Menu Tvi | ne <i>(See addi</i> | tional page) |
| TCOP OHOLO | 0 1 01 5011 5 | | - | НАССР | | | , , , , , , , , , , , , , , , , , , , |
| Certified F | ood Handl | er | | Other (list) | 10^{2} | \bigcirc_3 \bullet | $_{4}\bigcirc_{5}\bigcirc$ |
| Gary S | Schne | | | | | | |
| • CRITICAL | ITEMS AF | E 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 Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by | (name and | title 1 | printed): | Inspected by (name and title p | rinted): | | |
| Victo | * | | | Ricardo Zac | | 3 | |
| Received by | | | | Inspected by (signature): | | | |
| | . = | | | | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | 1 | | |



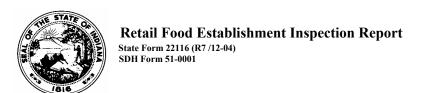
| Establishm Wolf' | | Q | | Telephone Number (812-424-8891 | Date of Ins (mm/dd/yr |) | то# 11454 |
|-----------------------|---------------|-----------------|---|--|--------------------------|--------------|--------------------|
| Establishm | ent Addre | ss (nu | mber and street, city, state, zip code) | 812-454-5660 | 03/09 | /2017 | |
| | First A | \ ve | e, Evansville, IN, 47710 | | | | |
| 1 | | VO | LF & KIM L WOLF | Purpose: Routine | Follow-up No | | se Date 19/2017 |
| Owner's A | | Αv | e, Evansville, IN, 47710 | Follow-up Complaint | _ ` | of Violation | _ |
| Person in C | Charge YJV | VO | LF & KIM L WOLF | Pre-Operational | $_{\rm C}$ | NC | $\frac{1}{R}$ |
| Responsibl | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | tional page) |
| Certified F Ryan \ | | er | | Other (list) | 102 | \bigcirc_3 |)405 |
| | | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | ļ | | |
| • 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 |
| 234 | NC | | Improper storage of in-u | ıse utensils. | | Co | rrected |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Kim | | title j | printed): | Inspected by (name and title processed Coudr | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Establishm Wenc | | ±32 |)7 | Telephone Number (812-474-1184 | Date of Insp (mm/dd/yr) | | то# 11438 |
|-------------------|------------|--------|---|--|----------------------------|-------------|----------------------|
| | _ | | mber and street, city, state, zip code) | | 03/10/ | /2017 | 11430 |
| 550 N | Gree | n F | River Rd, Evansville, IN, 47715 | | | | |
| Owner SERV | US, I | nc. | | Purpose: | Follow-up No | | se Date /20/2017 |
| Owner's Ac | ddress | | | Follow-up | Summary of | of Violatio | ns: |
| 4201 N | Mannl | neir | n Rd Suite A, Jasper, IN, 47546 | Complaint | | | |
| Person in C | | nc. | | Pre-Operational | c_{0} | NC_ | J _R U |
| Responsible | | | | Temporary | Menu Typ | e (See addi | itional page) |
| | | | | HACCP | | ~ 6 | |
| Certified Fo | | | S | Other (list) | 1 <u>U</u> 2 | | <u>/4</u> 05 <u></u> |
| • 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 "SU! | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No violations | | | | · |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Nicho | * | | | Inspected by (name and title p Kelly Holzm | | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
| | | | 1 20 | | 1 | | |



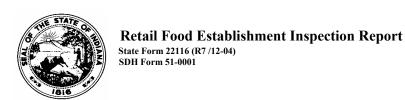
| Establishm | | | | Telephone Number | ID# | | |
|------------------|-------------|----------|---|---|----------------------|---------------------|---------------------|
| Stans | s Orig | gina | al Una Pizza | 812-424-8882 | (mm/dd/yr) 03/09/ | 2017 | 11345 |
| | | | mber and street, city, state, zip code) | () Owner | 03/09/ | 2017 | |
| 1101 I | Harm | ony | y Way, Evansville, IN, 47720 | | | | |
| Owner |) l | | | Purpose: | Follow-up | | se Date |
| Judy F | | <u> </u> | | Routine | No | 03/ | 19/2017 |
| 0wner's Ac | | CI I | SON LN, Newburgh, IN, 47630 | Follow-up | Summary o | f Violation | as: |
| Person in C | | 00 | SON LIN, Newburgh, IIN, 47030 | Complaint | | $_{\rm NC}$ |) () |
| Judy F | _ | 1 | | Pre-Operational | C | NC_ | 7 R O |
| Responsible | | | il | Temporary | Menu Type | (See addi | tional page) |
| • | | | | НАССР | | | |
| Certified F | | er | | Other (list) | $1\bigcirc 2$ | <u>)</u> 3 <u>@</u> | <u>)4O5O</u> |
| Judy F | Roach | | | | | | |
| • CRITICAL | L ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| D: 11 | . (' | 4:41 | | Turneral Head | -it1) | | |
| Received by Judy | _ | | | Inspected by (name and title properties) Kelly Holzm | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | | | |



| Establishm | | | | Telephone Number | Date of Insp | ection | ID# |
|-------------|-------------|------------|---|--------------------------------|------------------------------|-------------|---|
| Unive | ersity | F | ood Mart | 812-473-3567 | (mm/dd/yr) | 2017 | 11311 |
| | | | mber and street, city, state, zip code) | (812-473-3567 | 03/08/ | 2017 | |
| 1701 l | Lincol | n A | Ave, Evansville, IN, 47714 | 812-4/3-356/ | | | |
| Owner | | ., | | Purpose: | Follow-up | | se Date |
| | | d/ | b/a University Food Mart | ✓ Routine | No | 03/ | 18/2017 |
| Owner's A | | | No Francisco III - INI - 4774.4 | Follow-up | Summary o | f Violatior | ns: |
| | | n <i>F</i> | Ave, Evansville, IN, 47714 | Complaint | | (|) () |
| Person in C | | ۸/ | b/a University Food Mart | Pre-Operational | $C_{\underline{\mathbf{U}}}$ | $_{\rm NC}$ | \mathcal{L}_{R} |
| | | | | Temporary | M T | (C 11: | tional page) |
| Responsible | e rerson's | c-ma | II | НАССР | Menu Type | (see adan | uonai page) |
| Certified F | ood Handle | er | | Other (list) | $1_1\bigcirc_2$ | •)3(| $)_4\bigcirc_5\bigcirc$ |
| Romil | | - | | | | <u></u> | <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u> |
| | | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | |
| | | | | | ID IN THE NA | DD ATIVE | DELOW AC "D" |
| | C/NC | | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | | 10 Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | - | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| D: 11 | . (' | 4:41 | | Transactables (c. 1771 | -it1) | | |
| Received by | · - | title j | printea): | Inspected by (name and title p | | | |
| pkpa | | | | Kelly Holzm | cycı | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |
| ĺ | | | | | | | |



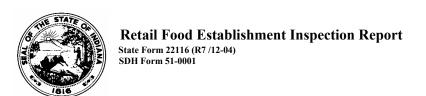
| Relia Relia | | du | It Care | Telephone Number (812-477-1707 | Date of Ins (mm/dd/yr | •) | тр# 11280 |
|----------------------|------------|--------|---|--------------------------------|--------------------------|--------------|------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | (a.)Owner | 03/08 | /2017 | |
| | /ogel | Rd | #130, EVANSVILLE, IN, 47715 | | | 1 | <u> </u> |
| Owner Chloe | ricket | ts I | nc | Purpose: Routine | Follow-u | | se Date /18/2017 |
| Owner's A | ddress | | | Follow-up | Summary | of Violatio | |
| | | Ro | d #130, Evansville, IN, 47715 | Complaint | | (|) () |
| Person in C Chloe | | ts I | nc | Pre-Operational | C_{C} | NC_ | J _R U |
| Responsible | | | | Temporary | Menu Typ | oe (See addi | itional page) |
| | | | | HACCP | | \bigcirc 6 | |
| Certified For Chloe | | | | Other (list) | 1 <u>0</u> 2 | | <u>/4</u> 05 |
| • 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 "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 Chlo | | | | Inspected by (name and title p | rinted): | | |
| Received by | | | - 110 | Inspected by (signature): | | | |
| cc: | | | 20: | | cc: | | |
| 66. | | | cc: | | CC. | | |



| Establishm Red I | | er | # 0058 | Telephone Number (812-477-9227 | Date of Ins (mm/dd/yr | ·) | тв# 11278 |
|--------------------------|----------------|--------|---|---|--------------------------|--------------|-----------------|
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) | (, ,) Owner , , , , , , , | 03/06 | 5/2017 | 11270 |
| | <u> 3eller</u> | nea | ade Ave., Evansville, IN, 47714 | | | | |
| Owner Red L | obste | r F | Restaurants, LLC | Purpose: | Follow-up No | | te Date 16/2017 |
| Owner's A | | | 0.1 1 51 00000 0000 | Follow-up | Summary | of Violation | ns: |
| | | J8, | Orlando, FL, 32802-6508 | Complaint | 1 | (|) (|
| Person in C | | r F | Restaurants, LLC | Pre-Operational | C | NC_ | 0_{R} |
| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | oe (See addi | tional page) |
| | | | | HACCP | | | |
| Certified For Kevin | | | | Other (list) | 1 <u></u> 2 | <u>3</u> | <u> 1405</u> |
| • CRITICAI | LITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "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 | | | | orrected By |
| 187 | С | | Food not held at 41 degrees Fahrenheit or less at | front server line and kitch | hen line. | Co | rrected |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Kevir | | | | Inspected by (name and title p Colin Ward | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| Establishm | | | | Telephone Number Date of Inspection (mm/dd/yr) | | | | |
|-------------------|------------|-------|--|--|------------|-------------------------|-----------------------|--|
| Crazy | / Sak | е | | 812-471-8886 | ` ' | , 3/2017 | 11221 | |
| | | | mber and street, city, state, zip code) | | 03/00 | 72017 | | |
| 5720 l | ΞViro | ini | a St., Evansville, IN, 47715 | 812-204-8279 | | | | |
| Owner | | | · · · | Purpose: | Follow-u | p Releas | e Date | |
| Yong | Hua L | _iu | | Routine | No | 03/ | 18/2017 | |
| Owner's Ac | | | | Follow-up | _ | of Violation | | |
| | | nГ | Or, Evansville, IN, 47711 | | | | | |
| Person in C | | | ,, <u></u> | Complaint | 2 | 1 | $\lfloor \rfloor_{R}$ | |
| Yong | | in | | Pre-Operational | C | NC | R | |
| Responsible | | | :1 | Temporary | Manu Tva | oo (Saa addi) | tional page) | |
| responsible | l Cison s | L-ma | ıı | НАССР | wichu i y | oc (see aaan | ionai page) | |
| Certified F | | | | Other (list) | 100 | \bigcirc . | \bigcap_{i} | |
| Ting W | | er | | | 1 2 | \bigcirc 3 \bigcirc | <u> </u> | |
| Tilly V | rang | | | | | | | |
| • CRITICAL | ITEMS AF | E IDI | 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 N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| 173 | С | | Improper storage of raw animal pr | roduct in back cool | er. | Co | rrected | |
| 345 | С | | Hand sinks used for purposes other | er than hand wash | ing. | Corrected | | |
| 257 | NC | | Food temperature measuring device missing in vario | ous cooler units throughout | kitchen. | 03/0 | 08/2017 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Received by Yin V | | | | Inspected by (name and title processing Ward | rinted): | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| | | | | | | | | |
| cc: | | | cc: | | cc: | | | |



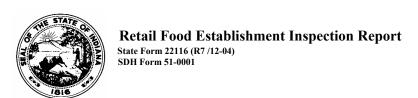
| | | | <u> </u> | | | | | | |
|-------------------|------------|------------------|--|--|------------|--------------|---------------|--|--|
| Establishm Cork | | امر | avor. | Telephone Number | (mm/dd/yr) | | | | |
| | | | | 812-479-6974 | 03/06 | /2017 | 11170 | | |
| | | | mber and street, city, state, zip code) Ave, Evansville, IN, 47714 | 812-760-1435 | | | | | |
| Owner | | | | Purpose: | Follow-u | | se Date | | |
| | | В | ENNETT | ✓ Routine | No | 03/ | 16/2017 | | |
| Owner's Ac | |)KS | SIDE DR, Evansville, IN, 47714 | Follow-up | - | of Violation | | | |
| Person in C | | <i>></i> 1 ((| | Complaint | 2 | | $\frac{2}{R}$ | | |
| | | B | ENNETT | Pre-Operational | c <u> </u> | NC | - R | | |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | oe (See addi | tional page) | | |
| G 10 17 | | | | Other (list) | \Box | | \bigcap | | |
| Certified Fo | ood Handl | er | | | 1 2 | <u> </u> | <u>/405</u> | | |
| • CRITICAL | ITEMS AF | 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 | | |
| 187 | С | | Food not held at 41 degrees Fahrenhei | it or less within grill | cooler. | Co | rrected | | |
| 295 | С | R | Soda dispenser in server | r area soiled. | | 03/07/2017 | | | |
| 218 | NC | R | Grill cooler in need of ma | aintenance. | | 03/ | 10/2017 | | |
| 431 | NC | R | Back wall of kitchen a | rea soiled. | | 03/0 | 07/2017 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Received by Billy | | | printed): | Inspected by (name and title processing Ward | rinted): | | | | |
| Received by | | | | Inspected by (signature): | | | | | |
| | | | | | | | | | |
| cc: | | | cc: | | cc: | | | | |



| Establishme Chop | | Н | ouse | Telephone Number (812-473-5551 | Date of Ins (mm/dd/yr | •) | то# 11151 | |
|-------------------|------------|---------|---|--|--------------------------|----------------|---------------|--|
| | | | mber and street, city, state, zip code) | | 03/08 | /2017 | 11131 | |
| | | | a St, Evansville, IN, 47715 | ⁽ 812 ⁻⁴⁷ 3-5551 | | | | |
| Owner | 9 Ko | ror | Vuna | Purpose: | Follow-u | | se Date | |
| | | ıeı | n Kung | Routine | | 03/ | 18/2017 | |
| Owner's Ac 5412 | | an | a St, Evansville, IN, 47715 | Follow-up | | of Violation | _ | |
| Person in C | | | | Complaint | 5 | NG 2 | $\frac{2}{R}$ | |
| | | rer | n Kung | Pre-Operational Temporary | | NC_ | <u> </u> | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | oe (See addi | tional page) | |
| Certified Fo | ood Handle | er | | Other (list) | 1(), | \bigcirc_3 |),(),() | |
| Cerunea 1 | oou minu | | | | 1 | <u></u> | <u> </u> | |
| • CRITICAL | LITEMS AF | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | MARKED "C" | | | | |
| • VIOLATIO | N(S) REPE | ATEI | 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 | |
| 118 | С | | Establishment does not have a certifi | ed food safety emp | loyee. | 04/0 | 08/2017 | |
| 204 | С | | Cooked chicken stored in ice with sta | anding water. Rem | noved. | ved. Corrected | | |
| 173 | С | | Improper storage of raw animal product in | walk-in and reach-in o | coolers. | Co | rrected | |
| 191 | С | | Lacking date marking on food ite | ems in walk-in cool | er. | 03/08/2017 | | |
| 303 | С | R | Sanitizing bucket not provided for | food preparation li | ne. | Corrected | | |
| 245 | NC | R | Rags for sanitizing stored outside of | bucket when not in | n use. | e. Corrected | | |
| 430 | NC | | Gap in threshold at b | ack door. | | 03/1 | 15/2017 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Received by Eddie | * | | | Inspected by (name and title process) Colin Ward | rinted): | | | |
| J | | | Inspected by (signature): | | | | | |
| | | | | | | | | |
| cc: | | | cc: | | cc: | | | |



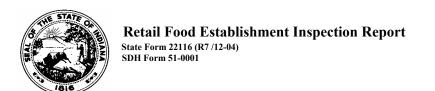
| | | | <u> </u> | • | | | |
|---------------------|--------------------|-------|---|--|---------------------------|-------------|-----------------------------|
| Establishm Centr | ent Name 'al Hi | ah | School | Telephone Number (812-435-8297 | Date of Ins (mm/dd/yr) | | то# 11137 |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | | 03/09 | /2017 | 11107 |
| | | | e, EVANSVILLĖ, IN, 47710 | 812-435-8453 | | | |
| Owner | | | <u>,</u> , | Purpose: | Follow-up | | se Date |
| Evans | ville \ | ∕ar | nderburgh School Corp. | Routine | No | 03/ | 19/2017 |
| Owner's A | | _ | | Follow-up | Summary | of Violatio | ns: |
| | | St | , Evansville, IN, 47713 | Complaint | $\mathbf{\hat{c}}$ | (|) (|
| Person in C | | , _ | | Pre-Operational | $_{\rm C}$ U | NC (| $\int_{\mathbb{R}} U$ |
| | | | nderburgh School Corp. | Temporary | | | |
| Responsible | e Person's | E-ma | il . | НАССР | Menu Typ | e (See addi | itional page) |
| Certified F | ood Handl | 210 | | Other (list) | 100 | 1 | $)_{4}\bigcirc_{5}\bigcirc$ |
| Cindy | | | | | 1 2 | <u></u> | <u> </u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MADKED "C" | | | |
| | | | | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N. | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Cind | | | | Inspected by (name and title processed Coudr | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | | | |



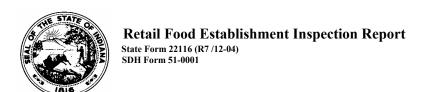
| Establishm | | $\cap \cap$ | K-5 | Telephone Number | Date of Ins (mm/dd/yr | | тр# 11134 |
|---------------------|------------|-------------|---|--|---|-------------------------|-----------------------|
| | | | mber and street, city, state, zip code) | (812-469-5080 | 03/08 | /2017 | 11134 |
| | | | River Rd, EVANSVILLE, IN, 47710 | ⁽ 812-435-8453 | | | |
| Owner | '11 - \ | , | - d- d | Purpose: | Follow-up | | se Date |
| | | ∨ar | nderburgh School Corp. | Routine | No | | 18/2017 |
| Owner's Ac 951 W | | St | , Evansville, IN, 47713 | Follow-up Complaint | | of Violation | |
| Person in C | Charge | | | Pre-Operational | $_{\rm C}$ ${\rm O}$ | NC (| $\int_{\mathbb{R}} 0$ |
| | | | nderburgh School Corp. | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) |
| Certified Fo | ood Handl | er | | Other (list) | 10^{2} | \bigcirc_3 \bigcirc | $_{4}O_{5}O$ |
| Lisa S | hutt | | | | | | |
| • CRITICAL | 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 |
| | | | No violations | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by | (name and | | orinted): | Inspected by (name and title p Kelly Holzm | | | |
| Received by | | | | Inspected by (signature): | <u>- , </u> | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



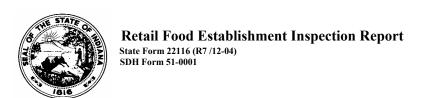
| Establishm | 4 NI | | | T-1 N | Date of Ins | nootion | ID# |
|----------------------|-------------|---------------|---|--------------------------------|-------------|--------------|---------------|
| Leroy | | 3 <i>\/</i> 6 | arn | Telephone Number | (mm/dd/yr | | 11081 |
| | | | mber and street, city, state, zip code) | 812-464-8300 | 03/08 | /2017 | 11001 |
| | | | on Ave., Evansville, IN, 47712 | ⁽ 812-228-6454 | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Terri C | | | | ✓ Routine | No | 03/ | 18/2017 |
| Owner's Ac 2659 [| | rna | on Ave, Evansville, IN, 47712 | Follow-up | - | of Violation | |
| Person in C | | 1110 | 717 (VO, EVAIIOVIIIO, 114, 177 12 | Complaint | <u> </u> | | $0_{\rm R}$ |
| Terri C | | | | Pre-Operational | c | NC_ | <u>R</u> |
| Responsible | | E-ma | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | ~ ~ | |
| Certified For Sandy | | | | Other (list) | 1 2 | <u>3</u> | <u>)4</u> 050 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by | * | | | Inspected by (name and title p | | | |
| Terri | Carl | | | Ricardo Zac | arias | ; | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| Establishme | RO ent Addres | ss (nu | ARY SCHOOL mber and street, city, state, zip code) | Telephone Number () Establishment () Owner | Date of Ins (mm/dd/yr 03/09 | | 11038 |
|--------------|------------------|----------|--|--|-----------------------------------|--------------|-----------------------|
| 1301 S | Gree | n R | River Rd, EVANSVILLE, IN, 47715 | (, , , , , , , , , , , , , , , , , , , | | | |
| | | ΑΥ | / SCHOOL | Purpose: Routine | Follow-uj | | e Date 19/2017 |
| Owner's Ac | | en | River Rd, Evansville, IN, 47715 | Follow-up Complaint | Summary | of Violation | is: |
| Person in C | harge | | / SCHOOL | Pre-Operational | c 0 | NC | $\frac{1}{R}$ |
| Responsible | | | | Temporary HACCP | Menu Tyj | oe (See addi | ional page) |
| Certified Fo | - 1 17 11 | | | Other (list) | I.O. | \bigcirc . | \bigcirc |
| Lora S | | | | | | <u></u> | 4 <u>0</u> 3 <u>0</u> |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | rrected By |
| | | | No violations | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | <u> </u> | | | | | |
| Lora | `_ | • | | Inspected by (name and title price Kelly Holzm | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Establishm | | | | Telephone Number | Date of Ins | | ID# | |
|----------------------|------------|--------|--|--|-------------------|--------------|--------------|--|
| | | | rement Village | 812-429-0701 | 01 03/08/2017 110 | | | |
| | | | mber and street, city, state, zip code) Vista, EVANSVILLE, IN, 47710 | ⁽ 812-429-0715 | | 72017 | | |
| Owner | D: | ~~ | _ | Purpose: | Follow-up | | se Date | |
| Derek Owner's Ac | | ga | <u>n</u> | Routine | No | | 18/2017 | |
| | | ena | Vista Rd, Evansville, IN, 47710 | Follow-up Complaint | Summary | of Violation | | |
| Person in C Derek | | gai | n | Pre-Operational | C_{C} | NC_ | $I_{R}U$ | |
| Responsible | | | | Temporary | Menu Tyr | e (See addi | tional page) | |
| | | | | HACCP | | \bigcirc 6 | | |
| Certified For Brenda | | | | Other (list) | 1 2 | <u>3</u> | <u>/4</u> 05 | |
| • 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 | |
| 291 | NC | | Chlorine test strips r | needed. | | Co | rrected | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Bren | ` | | | Inspected by (name and title p Carol Coudr | | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |



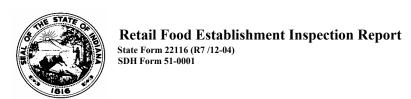
| | | | <u> </u> | • | | | |
|------------------|------------|--------|---|---|---------------------------|-------------|------------------|
| Establishm AIS 1 | | /e | | Telephone Number (812) 435-8611 | Date of Ins (mm/dd/yr) | | то# 11021 |
| Establishm | ent Addre | ss (nu | mber and street, city, state, zip code) | 8124358453 | 03/08 | /2017 | |
| | FIRST A | \ve | e, EVANSVILLE, IN, 47710 | | F 11 | D 1 | P (|
| Owner Evans | ville \ | √ar | nderburgh School Corp. | Purpose: Routine | Follow-up | | se Date /18/2017 |
| Owner's A | ddress | | , Evansville, IN, 47713 | Follow-up | Summary | of Violatio | ns: |
| Person in C | | . Ol | , Evansville, IIV, 477 13 | Complaint | \cap | NC_(|) |
| | | √ar | nderburgh School Corp. | Pre-Operational Temporary | C | NC_ | - R_ |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | e (See addi | itional page) |
| Certified F | and Handl | or | | Other (list) | 100 | •),(|),()_5() |
| Lechia | | | t | | 1 | <u>3_</u> _ | <u> </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 |
| | | | No noted violation | ons. | | | |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | _ | | | | |
| | | | _ | | | | |
| | | | _ | | | | |
| | | | _ | | | | |
| | | | | | | | |
| Received by Barb | | | | Inspected by (name and title processed in Coudr | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
| | | | 1 44. | | | | |



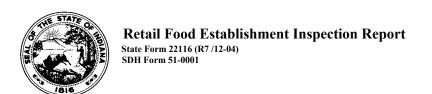
| Establishm | | | | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
|------------------|------------|--------|---|---|--|----------------|-----------------------------|
| Harde | | (m.) | mber and street, city, state, zip code) | 812-477-6743 | 03/03/ | /2017 | 11008 |
| | | | e Rd., Evansville, IN, 47711 | ⁽ 812-477-5569 | | | |
| Owner Sandy | ı's As | SO | ciates Inc | Purpose: | Follow-up | | se Date /19/2017 |
| Owner's A | | ,00 | | Follow-up | | of Violation | |
| | | eke | Rd, Evansville, IN, 47711 | Complaint | | _ | _ |
| Person in C | Charge | | | Pre-Operational | $ _{\mathbf{C}} \mathbf{U} $ | | $\frac{0}{R}$ |
| | | | ciates Inc | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) |
| Certified F | ood Handl | er | | Other (list) | 10,0 | \bigcirc_{3} | $)_{4}\bigcirc_{5}\bigcirc$ |
| Rita Lo | | | | | | <u></u> | <u>/4030</u> |
| | _ | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | All violation from 02/24/20 |)17 corrected. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Rita | _ ` | _ | | Inspected by (name and title position Kelly Holzm | | | |
| Received by | | | | Inspected by (signature): | <u>- </u> | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



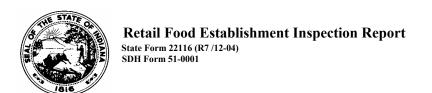
| | | | <u> </u> | | | | | |
|----------------------|------------|----------|---|--|--|---|-------------------------|--------------|
| Establishm | | rd | 00 | Telephone Number Date of Inspection (mm/dd/yr) 1.144 | | | | |
| Happ | | | | J ′ ⁸ | 312-479-8933 | 03/10 |)/2017 | 11007 |
| | | | Mber and street, city, state, zip code) Ave., Evansville, IN, 47714 | (|) Owner | | | |
| Owner | - 7h | | | | urpose: | Follow-u | | se Date |
| Zu Xir | | an | 9 | ~ | Routine | | 03/ | 20/2017 |
| Owner's A | | ·k / | Ave, Evansville, IN, 47714 | | Follow-up | | of Violation | |
| Person in C | | <i>/</i> | TVC, EVAIISVIIIC, IIV, 47714 | ╬ | _Complaint | 2 | NC_ | 1 _ 0 |
| Zu Xir | | ang | g | <u> </u> | Pre-Operational | C | _ NC | <u>R</u> |
| Responsible | | | | ╬ | Temporary | Menu Typ | oe (See addi | tional page) |
| | | | | ┢ | HACCP | | \bigcirc | |
| Certified For Yajuar | | | | - | Other (list) | 1 <u>U</u> 2 | \bigcirc 3 \bigcirc | <u>/4</u> 05 |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARI | KED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEI | O FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMM | ARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By |
| 191 | С | | Potentially hazardous food la | cki | ng date mark. | | 03/1 | 10/2017 |
| 431 | NC | | Fans in walk in cooler in ne | eed | of cleaning. | | 03/ | 16/2017 |
| 173 | С | | Food in walk in cooler unprotected fr | om | cross contamin | ation. | 03/1 | 10/2017 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | 1 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Received by | ` _ | | * | | pected by (name and title precised by Holzme | | | |
| Received by | | | J | | pected by (signature): | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| cc: | | | cc: | | | cc: | | |
| | | | | | | | | |



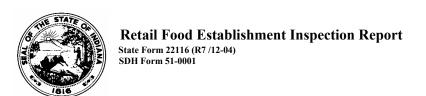
| Establishmo | | #8 | | Telephone Number (812-474-1635 Date of Inspection (mm/dd/yr) 1100 | | | |
|-----------------|------------|-------|---|--|-------------|---------------|-------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | ().Owner_ | 03/08 | 3/2017 | 11001 |
| 990 S | Gree | n F | River Rd, Evansville, IN, 47715 | ⁽ 574-272-5922 | | | |
| Owner HMR | Acqui | siti | on Company, Inc. | Purpose: | Follow-u | | e Date 18/2017 |
| Owner's Ac | ddress | | - | Follow-up | Summary | of Violation | is: |
| | | WOO | od Dr, SOUTH BEND, IN, 46635 | Complaint | 1 | | \cap |
| Person in C | | siti | on Company, Inc. | Pre-Operational Temporary | C | NC_ | $\frac{2}{R}$ |
| Responsible | e Person's | E-mai | 1 | HACCP | Menu Tyj | oe (See addii | ional page) |
| Certified Fo | | | | Other (list) | .0. | \bigcirc | \bigcirc |
| Raque | | | er | | 12 | | 4030 |
| • CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | rrected By |
| 293 | NC | | Ware washing sink used for | hand washing. | | Co | rected |
| 214 | NC | | Cutting board needs r | replaced. | | 03/1 | 5/2017 |
| 205 | С | | Tray poor condit | ion. | | Coi | rected |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Pam | , | | | Inspected by (name and title processed Coudr | | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | · | | | |
| cc: | | _ | cc: | | cc: | | |



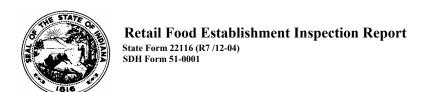
| Establishm | | e۷ | Golf Course | Telephone Number (812-867-7888 | Date of Insp (mm/dd/yr) | | 10938 |
|------------------|------------|--------|---|--------------------------------|----------------------------|--------------|-------------------|
| | | | mber and street, city, state, zip code) | | 03/10/ | 2017 | 10330 |
| | | | ourg Rd., Évansville, IN, 47725 | 812-867-7888 | | | |
| Owner EAGLE | VALI | _EY | GOLF COURSE/DEAN BRINKER | Purpose: | Follow-up No | | se Date //20/2017 |
| Owner's A | | 1 | D.J. F | Follow-up | Summary | of Violation | ns: |
| | | erst | ourg Rd, Evansville, IN, 47725 | Complaint | \cap | (|) () |
| Person in C | | _EY | GOLF COURSE/DEAN BRINKER | Pre-Operational | C | NC_ | $\frac{1}{R}$ |
| Responsibl | | | | Temporary | Menu Type | (See addi | tional page) |
| | | | | HACCP | $1 \sim 6$ | | |
| Certified F | ood Handl | er | | Other (list) | 1 2 | <u>3</u> | <u>/4_5_</u> |
| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS ! | 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 |
| | | | No noted violati | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Shav | | | | Inspected by (name and title p | | | |
| Received by | | | <u> </u> | Inspected by (signature): | - , - . | | |
| 201 | | | T | | | | |
| cc: | | | cc: | | cc: | | |



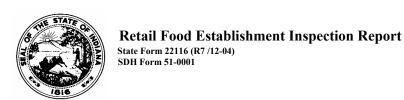
| | | | <u> </u> | | | | |
|------------------|------------|--------|--|---|----------------------------|-------------|--|
| Establishm Dexte | | eme | entary School K-5 | Telephone Number (812-469-5081 | Date of Insp (mm/dd/yr) | | то# 10906 |
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) 'e., EVANSVILLE, IN, 47714 | 812-435-8453 | 03/08/ | 2017 | |
| Owner | | | nderburgh School Corp. | Purpose: | Follow-up NO | | se Date /18/2017 |
| Owner's Ac | ddress | | , Evansville, IN, 47713 | Follow-up Complaint | Summary o | | |
| | ville \ | | nderburgh School Corp. | Pre-Operational Temporary | <u>c_U</u> | NC_ | $\frac{\mathbf{J}_{\mathbf{R}}\mathbf{U}}{\mathbf{U}}$ |
| Responsible | e Person's | E-ma | il | НАССР | Menu Type | e (See addi | tional page) |
| Certified Fe | | er | | Other (list) | $1 \bigcirc 2$ | <u>3</u> |)4050 |
| • CRITICAL | LITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Lena | • | | orinted): | Inspected by (name and title properties Kelly Holzm | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | ec: | | cc: | | |



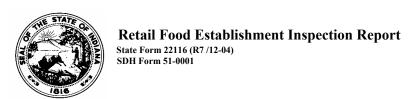
| | | | <u> </u> | | | | |
|---------------------|--------------|----------|---|--|--------------------------|-------------------------|-----------------------|
| Establishm | | ماند | an Oven | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | | | mber and street, city, state, zip code) | 812-868-8071 | 03/10 | /2017 | 10898 |
| | | | adt Rd., Evansville, IN, 47725 | 812-454-7141 | | | |
| Owner | 0 | | | Purpose: | Follow-up | | se Date |
| Andy | | <u> </u> | | Routine | No | | 20/2017 |
| Owner's A | | ∨I-I∨ | NH Rd, Evansville, IN, 47725 | Follow-up Complaint | Summary | of Violation | • |
| Person in C | | 7 | | Pre-Operational | $ _{\mathrm{C}}$ | NC_ | $\bigcup_{R} \bigcup$ |
| Andy Responsible | | | 1 | Temporary | М Т | | |
| Kesponsibi | e Person's | L-ma | .11 | П НАССР | Menu Typ | se (see aaai | itional page) |
| Certified F | ood Handl | er | | Other (list) | 10^{2} | \bigcirc_3 \bigcirc | $_{4}O_{5}O$ |
| Andy (| <u>Guard</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 C | orrected By |
| | | | No noted violation | ons. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Andy | | | | Inspected by (name and title p Ricardo Zao | | | |
| Received by | | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | , | |



| Buffalo Wild Wings #50 | | | | Telephone Number (812-423-9464 | Date of Inspection (mm/dd/yr) 03/06/2017 | | 10# 10888 |
|--------------------------|------------|--------|--|---|---|--------------|--------------------|
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) , Evansville, IN, 47712 | (952-593-9943 | | /2017 | |
| Owner Buffalo | | | | Purpose: | Follow-uj | | se Date // 16/2017 |
| Owner's Ac 5500 W | | a Blv | vd Ste 1600, Minneapolis, MN, 55416 | Follow-up Complaint | - | of Violation | |
| Person in C Buffalo | | W k | /ings | Pre-Operational | $_{\rm C}$ $_{\rm U}$ | NC_ | 0_{R} |
| Responsible | e Person's | E-ma | il | Temporary HACCP | Menu Typ | e (See addi | tional page) |
| Certified For | | | ′Dan | Other (list) | $1 \bigcirc 2$ | <u>3</u> | <u>4</u> 050 |
| • CRITICAL | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "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. | | | |
| - | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Inspected by (name and title policy Ricardo Zac | | - <u></u> | |
| Received by (signature): | | | | Inspected by (signature): | | | |
| cc: | | | сс: | | cc: | | |



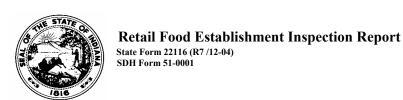
| Establishment Name | | | | Telephone Number | (mm/dd/yr) | | ID# |
|--|------------|--------|---|---|--------------|--------------|--------------|
| Biaggi's Establishment Address (number and street, city, state, zip code) | | | | 812-421-0800 | 03/00/2017 | | 10863 |
| 6401 E Lloyd Expressway, Evansville, IN, 47715 | | | (309-445-6632) | | | | |
| Owner | | | · · · · · · · · · · · · · · · · · · · | Purpose: | Follow-uj | | se Date |
| | | sta | urante Italiano LLC | ✓ Routine | Yes | 03/ | 18/2017 |
| Owner's A | | wat | er Ave, Bloomington, IL, 61704 | Follow-up | Summary | of Violation | ns: |
| Person in C | | wai | er Ave, bloomington, ic, 01704 | Companie | 1 1 | (| $)_{R} 1$ |
| | | sta | urante Italiano LLC | Pre-Operational | C | NC_ | R |
| Responsible | | | | Temporary | Menu Typ | se (See addi | tional page) |
| | | | | HACCP | | | |
| Certified For Cory F | | er | | Other (list) | 1 <u>0</u> 2 | <u>3</u> | <u>/4</u> 05 |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | 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 |
| 294 | С | R | Bar dish machine not properly dispensing | sanitizer. Called for s | service. | 03/1 | 10/2017 |
| | | | | | | r . | |
| | | | | | | 1 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | · | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | | | | | | | |
| | | | | | | 1 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | | | | | | | |
| | | | | | | | |
| Received by Adan | | | | Inspected by (name and title p Colin Ward | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |



| 6401 E Owner Biaggi | gi's ent Addres Lloyd is Res ddress Cleary | d E sta | mber and street, city, state, zip code) xpressway, Evansville, IN, 47715 urante Italiano LLC eer Ave, Bloomington, IL, 61704 | Purpose: Routine Follow-up Complaint | Follow-uj |) /2017 Releas | |
|---------------------------|--|------------|---|--------------------------------------|---------------------------------|----------------------|--------------|
| Biaggi | is Re | | urante Italiano LLC | Pre-Operational Temporary | C | | |
| Responsible | e Person's | Ł-ma | 11 | НАССР | Menu Type (See additional page) | | |
| Certified For Cory F | | er | | Other (list) | 1 <u>0</u> 2 | | <u>/4050</u> |
| | | RE IDI | 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 |
| | | | Follow-up from inspection on 3/8/17. | All violations corre | ected. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| * 1 | | | Inspected by (name and title processing Ward) | inted): | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | ce: | | cc: | | |



| Establishm | | Stur | ff | Telephone Number | $OGO = \frac{(mm/dd/yr)}{1340}$ | | |
|--|------|------|--|---|---------------------------------|--------------|---------------------------------|
| Spudz N Stuff Establishment Address (number and street, city, state, zip code) | | | | 812-228-1068 | 03/06 | /2017 | 13402 |
| | | | ve, Evansville, IN, 47710 | 812-480-0344 | | | |
| Owner Craig | Ward | ല | | Purpose: | Follow-up | | se Date //16/2017 |
| Owner's A | | Ci | | - | | | |
| | | tate | e Rd, Evansville, IN, 47711 | Follow-up Complaint | | of Violation | |
| Person in C Craig | | el | | Pre-Operational | $_{\rm C}$ | NC_ | $\frac{\mathbf{J}}{\mathbf{R}}$ |
| Responsible | | | ı | Temporary | Menu Tvn | e (See addi | tional page) |
| P | | | | НАССР | | | |
| Certified For | | | | Other (list) | $1 \bigcirc 2$ | \bigcirc_3 | <u>)</u> 4 <u>0</u> 5 <u>0</u> |
| | | | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | MADKED "C" | | | |
| | | | | | D IN THE N | A DD A TIME | DELOW AC "D" |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MINIARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | ' | | 10 Ве С | orrected By |
| | | | Violation from 1-20-17 | corrected. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Craic Craic | | | | Inspected by (name and title processed in Coudr | | | |
| Received by | _ | | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |
| | | | | | | | |



| Establishment Name | | | | Telephone Number Date of Inc. (mm/dd/yr | | | ID# |
|---|------------|--------|---|---|------------------------------|--------------------|-----------------------------------|
| Home 2 | | | | (Q1⊅⊵®M®™4□Q∩∩ ` | | , 7/2017 | 13702 |
| Establishment Address (number and street, city, state, zip code) 7901 E. Walnut St, Evansville, IN, 47715 | | | | (812-303-1200 | | 72017 | |
| Owner Dunn | Hosp | ital | lity Group | Purpose: | Follow-u | | se Date 717/2017 |
| Owner's A | | - CO | ity Group | Follow-up | - | of Violation | |
| 7901 E | E. Wa | Inu | t St., Evansville, Indiana, 47715 | Complaint | Summary | _ | _ |
| Person in C | | | | Pre-Operational | $ _{\mathbf{C}} \mathbf{U} $ | NC_ | $\bigcup_{\mathbf{R}} \mathbf{U}$ |
| | | | lity Group | Temporary | | | |
| Responsible | e Person's | E-ma | il | НАССР | Menu Tyj | oe (See addi | tional page) |
| Certified F | ood Handl | er | | Other (list) | 102 | (•) ₃ (| $)_4\bigcirc_5\bigcirc$ |
| Cer uneu 1 | oou manur | | | Final | | <u></u> | <u>/4030</u> |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEI | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | ND IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | Approved for oper | ation. | | | |
| | | | · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by Bruc | | ` | | Inspected by (name and title p | orinted): | | |
| <u> </u> | | | | Inspected by (signature): | | | |
| | | | | | | | |
| cc: | | | cc: | | cc: | | |