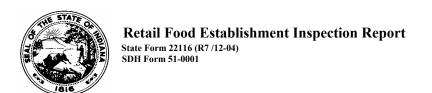
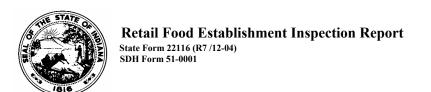


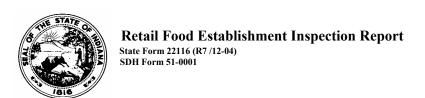
Establishm		40		Telephone Number	Date of Ins (mm/dd/yr		ID#
Al .	eferi			812-471-9057	04/03	/2017	13220
			mber and street, city, state, zip code)	() Owner	0 1,00	,_0	
4	Green	ΚIV	ver Rd, Evansville, Indiana, 47715		T 11	I n ı	
Owner Uriel S	Sarmi	ent	0	Purpose: Routine	Follow-u		te Date 13/2017
Owner's Ac	ddress			Follow-up	Summary	of Violation	ıs.
PO Bo	ox 560	66,	Evansville, Indiana, 47716	Complaint		_	
Person in C	Charge			Pre-Operational		NC_	$\bigcup_{\mathbf{p}} \mathbf{Q}$
Uriel S	Sarmi	ent	0	 	C	. NC	K
Responsible	e Person's	E-mai	1	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	<u> </u>	<u>)4U5U</u>
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	/ (name and	l titla +	printed):	Inspected by (name and title p	rinted):		
-		_		Kelly Holzm			
Received by	y (signature):		Inspected by (signature):			
cc:			ce:		cc:		



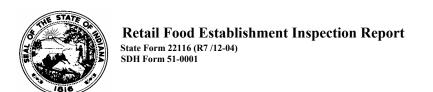
Establishm	ent Name			Telephone Number	Date of Ins	pection	ID#
Pang		itcł	nen	(812-401-2405	(mm/dd/yr)	12480
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(a.4.)Owner	0-7/00	/2017	
111 S G	Freen F	Rive	er Rd Suite E, Vanderburgh, IN, 47715	⁽ 812-459-3230			
Owner RAND	Y HC	BS	SON	Purpose:	Follow-up No		se Date 16/2017
Owner's Ac				Follow-up	Summary	of Violation	ns:
		<u>N</u> C	PL, EVANSVILLE, IN, 47714	Complaint		() ()
Person in C		BS	SON	Pre-Operational	$C \overline{C}$	NC_	J _R U
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		\bigcirc 6	
Certified For Randy			arah, Kory Miller, Aalessio, Wanphen	Other (list)	1 2	<u>3</u>	<u>/4</u> 05
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	AARKED "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 violations				
			THE THE MAINTE	•			
Received by	(noma 1	+;+1 -	arintad):	Inspected by (name and title p	rintad):		
	,			Kelly Holzm			
Received by			<u>u - </u>	Inspected by (signature):	<i>- , •</i> .		
cc:			cc:		cc:		



Establishm Nach		rill	Mexican Restaurant	Telephone Number (812-459-3871	(mm/dd/yr)		тв# 12377
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	(-, 10wner-	04/03	/2017	12077
821 S	Gree	n F	River Rd, Evansville, IN, 47715	⁽ 812-480-6580			
Owner	1110	2 21	rada Lanas	Purpose:	Follow-u		se Date
JOSE I		squ	ıeda-Lopez	Routine	Yes		13/2017
		n F	River Rd, Evansville, IN, 47716	Follow-up	-	of Violation	
Person in C				Complaint	_ 1	NG A	$\frac{2}{R}$
		squ	ıeda-Lopez	Pre-Operational	C	NC	_ R
Responsible	e Person's	E-mai	al .	Temporary HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified For Padro					1 2	$\bigcirc 3$	<u>/405</u>
	•		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED «C»			
					D IN THE N	ADDATIVE	DELOW AC "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MMARY OF VIOLATIONS" AN	DINTHEN		orrected By
294	С	K	Chemical dishwasher no	nt canitizina			10/2017
177	NC		Improper storage of beverage	<u>-</u>			05/2017
346	NC		Hand washing sinks lad				rrected
340	INC		Hariu washing siriks lad	oking soap.		Co	necleu
Received by Jose			orinted): Squeda-Lopez	Inspected by (name and title p			
Received by			1	Inspected by (signature):	- <u>, </u>		
cc:			cc:		cc:		



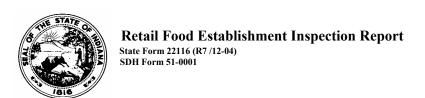
Establishm River		F	ood Mart	Telephone Number	Date of Ins (mm/dd/yr		то# 12366	
			mber and street, city, state, zip code)	812-431-5373	04/07	/2017	12300	
			cky Ave, Evansville, IN, 47714	812-431-5373				
Owner				Purpose:	Follow-u		se Date	
Gulsh		ora		✓ Routine	No	04/	17/2017	
Owner's Ac 2583		Αv	e, Evansville, IN, 47711	Follow-up	-	of Violation		
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC_	2 , 0	
Gulsh				Temporary				
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)	
Certified F	ood Handle	a r		Other (list)	10,	\bigcirc_3 (\bullet),(),()	
Certifica	oou manun	.1			102	<u> </u>	<u>/4030</u>	
• 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	orrected By	
347	NC		Disposable towels needed at co	ustomer hand sink		04/0	08/2017	
295	NC		Cabinet shelves under drink of	dispensers soiled.		04/08/2017		
118	С		Certified food safety employee of	ould not be shown		05/0	08/2017	
Received by	(name and	title p	printed):	Inspected by (name and title p				
				David Horni	ng			
Received by	(signature)):		Inspected by (signature):				
		_						
cc:			cc:		cc:			
ĺ								



Establishm	ent Name			Telephone Number	Date of Ins		ID#
The L	unch	า B	OX	812-430-1993	(mm/dd/yr	•	12213
			mber and street, city, state, zip code)	(a.)Owner	04/07	/2017	
	3 Weir	nba	ch Ave, EVANSVILLE, IN, 47715				
Owner GKSK	-LLC			Purpose:	Follow-up No		se Date //17/2017
Owner's Ac				Follow-up	Summary	of Violation	ns:
		ng	side Dr, Newburgh, IN, 47630	Complaint		() (
Person in C				Pre-Operational	c_U	NC_	0_{R}
Responsible		E-ma	il	Temporary	Menu Tyr	oe (See addi	tional page)
				НАССР		\bigcirc G	
Certified For			on	Other (list)	1 <u>0</u> 2	\bigcirc_3	<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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
			No violations				
Received by	(name and	title 1	orinted):	Inspected by (name and title p	rinted):		
	,			Kelly Holzm			
Received by				Inspected by (signature):	<u> </u>		
	(=-0-1414)	, -		- _F			
cc:			cc:		cc:		
					1		



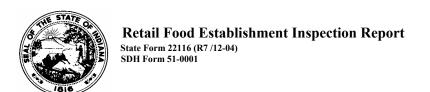
Establishm		_		Telephone Number	Date of Ins		ID#
Crazy	∕ Buf	fet	II	812-437-5050	(mm/dd/yr	·/2017	12048
			mber and street, city, state, zip code)	917-770-4643	1 U 1 /U 1	/2017	
	Pearl	<u>Dr</u>	Ste 3D, Evansville, IN, 47712				
Owner Yong	Hua I	in		Purpose:	Follow-up Yes		se Date 714/2017
Owner's A		<u>-1u</u>		Routine			
		rfro	nt Way, Evansville, IN, 47715	Follow-up Complaint		of Violation	
Person in C	Charge			Pre-Operational	_c 3	NC_($J_{R}3$
Yong				Temporary			
Responsible	e Person's	E-mai	d .	HACCP	Menu Typ	e (See addi	tional page)
Certified F	and Handl			Other (list)	100	\bigcirc_3),()
Yao C		er					<u>/4050</u>
• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPF	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	R	Food stored unprotected from c	ross contamination	١.	Со	rrected
187	С	R	Hot food not held at	135 F.		Со	rrected
171 C R Bare hand contact with ready to				dy to eat food.		Со	rrected
					-		
Received by	·		orinted):	Inspected by (name and title pr			
Yao	Cher	1		Ricardo Zac	arias	}	
Received by	y (signature):		Inspected by (signature):			
cc:			ес:		cc:		
					1		



Establishm		,	0.5	Telephone Number	Date of Ins (mm/dd/yr		ID#
Pinch				812-476-7650	04/06	/2017	11978
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	() Owner	0 1,700	,	
Owner			,	Purpose:	Follow-up	Releas	se Date
Diann	e Mile	es		✓ Routine	No	04/	16/2017
Owner's A				Follow-up	Summary	of Violation	ns:
		<u>e R</u>	d, Newburgh, IN, 47630	Complaint	\mathbf{a}	() (
Person in C Diann		35		Pre-Operational	C_{C}	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)
•				НАССР			
Certified For Mary N		er		Other (list)	1 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
†		E IDI	NUMBER OF THE CHECKLEST AND NADDATINE COLUMNS AND A	LADIZED 4CM			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVF	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
Sections	0,110		No noted violation	ons		1020	Arrected By
			140 Hoted Violance	5110.			
Received by Mary				Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



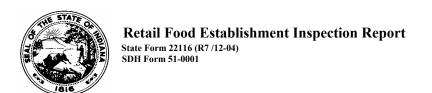
Establishm Bar L				Telephone Number	Date of Ins (mm/dd/yr		ID#	
1		se (nu	mber and street, city, state, zip code)	812-213-6838	04/04	/2017	11754	
			est Blvd, Evansville, IN, 47715	812-213-6838				
Owner			, ,	Purpose:	Follow-u		se Date	
7700 I				✓ Routine		04/	14/2017	
Owner's A		an	a St. Evansvilla IN 47715	Follow-up	-	of Violation		
Person in C		an	a St, Evansville, IN, 47715	Complaint	\cap		$\frac{1}{R}$	
7700 I				Pre-Operational	C_O	NC	R	
Responsible		E-ma	il	Temporary	Menu Tyj	oe (See addi	tional page)	
				НАССР		\bigcirc G		
Certified F				Other (list)	1 2	\bigcirc_3	<u>)4U5U</u>	
Chase	USW	alu						
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative				orrected By	
347	NC	R	Hand drying provisions not provided f				rrected	
295	NC	R	The bottom of the inside of the bar	reach-in cooler so	iled.	04/0	06/2017	
389	NC		Refuse area not properly	Refuse area not properly maintained.				
413	NC		Gap at threshold at ba	ack door.		04/1	11/2017	
Received by	(name and	l title i	orinted):	Inspected by (name and title p	rinted):			
Chas				Colin Ward				
Received by			ara -	Inspected by (signature):				
]		-						
cc:			cc:		cc:			



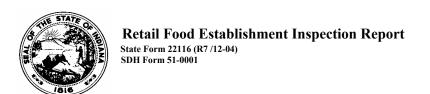
Establishm Show		c E	-aet	Telephone Number	Date of Ins (mm/dd/yr		ID#
1			mber and street, city, state, zip code)	812-401-7469	04/07	7/2017	11683
			Center, Evansville, IN, 47715	⁽ 812-430-5194			
Owner				Purpose:	Follow-u		se Date
STEV		ZLI	<u> </u>	✓ Routine	Yes	04/	10/2017
Owner's Ac		200	Ct, Evansville, IN, 47711	Follow-up	_	of Violation	
Person in C		,33	Ct, Evansvine, III, 47711	Complaint	1 1	1	1_{R}
STEV		ZLI	ΞΤΤ	Pre-Operational	C	_ NC	<u> </u>
Responsible	e Person's	E-mai	a	Temporary HACCP	Menu Tyj	pe (See addi	tional page)
				Other (list)			
Certified Fo					1 2	$\bigcirc 3 \bigcirc$	<u>/405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	JARRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	MARIOT VIOLATIONS THE	D II (THE I		orrected By
173	С		Food stored unprotected from c	ross contamination).		rrected
431	NC		Facility walk in and reach in cooler				13/2017
101					1191		
Received by Tyler				Inspected by (name and title position Kelly Holzm			
Received by			ان ا	Inspected by (signature):	C y CI		
Received by	Signatule	<i>)</i> ·		inspected by (signature).			
cc:			cc:		cc:		



Establishm				Telephone Number	Date of Ins		ID#	
Golde	en Bu	ıdo	dha	812-473-4855	`	5/2017	11660	
			mber and street, city, state, zip code)	812 ⁻⁴⁷ 3-4855	04/03	<i>//</i> 2017		
1	l aylo	r A	ve, Evansville, IN, 47714					
Owner YOU I	RI HE	NIC	3	Purpose:	Follow-up Yes		se Date /15/2017	
Owner's A		110		Routine				
		r a	ve, Evansville, IN, 47714	Follow-up Complaint	_	of Violation		
Person in C	Charge		·	Pre-Operational	_c 2	NC 7	$1_{\rm R}0$	
YOU I				Temporary				
Responsible	e Person's	E-ma	ıil	HACCP	Menu Typ	e (See addi	tional page)	
Certified F	and Handl			Other (list)	100	\bigcirc_3),()	
Bi Lei		er			1 2		<u> </u>	
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"	<u>I</u>			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
191	С		Ready to eat and potentially hazardous	s foods lacking date	mark.		05/2017	
413	NC		Exterior door lacking tig			Corrected		
295	С			Food contact surface soiled.				
							05/2017	
								
								
								
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted):			
llvy C	hen		,	Kelly Holzm	ever			
Received by):		Inspected by (signature):	<u>- </u>			
cc:			cc:		cc:			



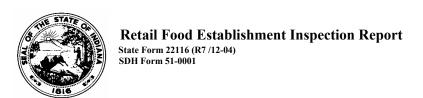
Establishm Cafe		FI	even	Telephone Number	Date of Ins (mm/dd/yr		то# 11611
			mber and street, city, state, zip code)	812-401-8111	04/06	/2017	11011
111 S	Gree	n F	River Rd, Evansville, IN , 47715	812-476-0651			
Owner BRINK	KERS	JE	WELERS	Purpose:	Follow-up NO		se Date // 16/2017
Owner's Ac				Follow-up	Summary	of Violation	ns:
		n ŀ	River Rd, Evansville, IN, 47715	Complaint		_	
Person in C BRINK		JE	WELERS	Pre-Operational Temporary	$C \cap C$	NC_	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)	-		\bigcirc
Certified For Stepha					1 2	<u>3</u>	<u>/4_5_</u>
• CRITICAL	L ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by Step	*			Inspected by (name and title p Kelly Holzm			
Received by			·~ <i>j</i>	Inspected by (signature):	<u> </u>		
cc:			ce:		cc:		



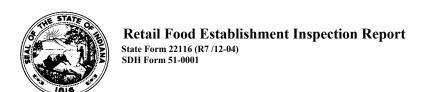
Establishm		c (School 6-8	Telephone Number	Date of Ins (mm/dd/yr)		ID#
1			mber and street, city, state, zip code)	812-435-8614	04/05	/2017	11403
			d., EVANSVILLE, IN, 47710	812-435-8453			
Owner	ا مالنہ ۱	/		Purpose:	Follow-up		se Date
Owner's A		var	nderburgh School Corp.	Routine	No	1	15/2017
		St	, Evansville, IN, 47713	Follow-up Complaint		of Violation	
Person in C	Charge			Pre-Operational	$_{\rm C}$ ${\rm O}$	$_{\rm NC}$ ($\int_{\mathbb{R}} 0$
			nderburgh School Corp.	Temporary			
Responsible	e Person's	E-ma	а	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl	er		Other (list)	10^{2}	\bigcirc_3 \bigcirc	$_{4}O_{5}O$
Cheryl	Coyle	9					
• 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>				
Received by Cher	*			Inspected by (name and title policy Ricardo Zac			
Received by	<u>, </u>			Inspected by (signature):			
cc:			ce:		cc:		



Establishm		<u> </u>	L L I Z E	Telephone Number	Date of Ins		ID#
			hool K-5	(812) 435-8608	04/04	,	11392
111 Te	ent Addres	ss (nui Oel	mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47712	8124358453			
Owner				Purpose:	Follow-up		se Date
		⁄ar	nderburgh School Corp.	Routine	No	1	14/2017
Owner's Ac 951 W		St	, Evansville, IN, 47713	Follow-up Complaint	Summary	of Violation	_
Person in C		/or	adorburgh School Corp	Pre-Operational	$ _{\mathcal{C}}$	NC_	$\bigcup_{R} \bigcup_{R}$
Responsible			nderburgh School Corp.	Temporary	Manu Tva	a (Saa addi	tional page)
Kesponsible	c i cison s	L-ma		НАССР	Wicha Typ	ic (see aaai	nonai page)
Certified Fo				Other (list)	102	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	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
			No noted violati	ons.			
Received by				Inspected by (name and title p			
Terri			ian	Ricardo Zac	arias	5	
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			ne - 30022004	812-473-7104	04/06/2	2017	11353
			mber and street, city, state, zip code)	(866-372-3035	U 1 /UU/	2017	
	John -	Str	eet, Evansville, IN, 47714				
Owner Sodex	,	tt:I	iotos	Purpose:	Follow-up		se Date
Owner's Ac		MIIII	iales	Routine	No		16/2017
		52.	Buffalo, NY, 14240	Follow-up	Summary of	_	
Person in C	harge			Complaint	$\mathbf{L}_{\mathbf{C}}\mathbf{U}$	$_{\rm NC}$)
Sodex	(0 & A	∖ffil	iates	Pre-Operational	\ <u></u>	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi:	tional page)
				HACCP		76	
Certified For Linda		er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u> <u>5</u> <u>5</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"	<u> </u>		
• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		-	Го Ве Со	orrected By
			No violations				
Received by	(nama and	titlo -	printed):	Inspected by (name and title p	rinted):		
Linda	•		Allicory.	Kelly Holzm			
Received by				Inspected by (signature):			
cc:			cc:		cc:		
ĺ							



Establishm St Ro		· _ (School		elephone Number	Date of In (mm/dd/y		тр# 11335
			mber and street, city, state, zip code)	8′ إ	312-422-1014) Owner	04/04	1/2017	11333
2031 V			an St., EVANSVILLE, IN, 47712		•			
Owner ST BC	MIF	/CI	E SCHOOL		rpose: Routine	Follow-u	1	se Date /14/2017
Owner's Ac		101	- 0011002		Koutine Follow-up	_	of Violation	
					Complaint		_	_
Person in C		/CI	E SCHOOL		Pre-Operational	$_{\rm C}$ $_{\rm U}$	NC_	$\frac{0}{\mathbf{R}}$
Responsible					Temporary	Menu Ty	pe <i>(See addi</i>	tional page)
					HACCP			
Certified For Mary J			end	<u> </u>	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4</u> 05 <u>0</u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ИARK	KED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ons).			
Received by leanr	*			_	ected by (name and title pricardo Zac		5	
Received by				Inspected by (signature):				
cc:			cc:			cc:		

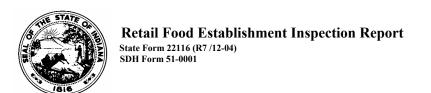


Tattoo, Piercing & Permanent Make-Up Inspection Report

Vanderburgh County Health Department Phone (812) 435-5695

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

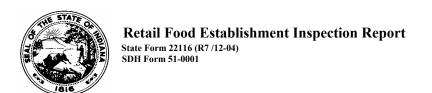
Establishment N	Name						Establishment	Phone	Inspection Da	te:	ID#		
Microblading	by A	shle	ey Hardy						04/06/2017	•			
Establishment A	Addres	s (Nı	umber & Street, C	ty, State, Zip)			Purpose:		Follow-up:				
							Routine		Yes				
Establishment E	mail A	Addre	ess				Follow-u	р	Violation Sum	mary	:		
							Complair	nt	NC	R_			
							Pre Oper	ational					
Manager Name							☐ Tempora	ry	Operation Typ	oe:			
							Other		Piercing				
Manager Email	Addre	SS							Permaner	nt Mal	ke-up		
J									Tattoo &		•		
									Tattoo, Pi	ercing	g & Perm. N	lake-	up
			FED IN THE FOLLO					OMPLIAN ATIONS"				AS "	R"
1102/11011(0)1	<u> </u>		ection	1	C NC NO		Section C					NO	
Work area isolate	ed (5.4					Sharp	s containers and			.37)			
Surfaces; intact,	smooth	ı, cle	anable (1.5.36)			Wast	e storage-locked/	symbol (1	1.5.37)				
Surfaces disinfec	ted as	requi	red (1.5.36)			Wast	e transport/dispo	sal (1.5.3	8)				
Proper lighting (5	5.45.06)				Single	le use razor & stencils (1.5.32)						
Proper ventilation (5.45.26)					Single	e use needles (1.5	.33)						
Restrooms Clean & Available (5.06.25; 5.45.06)				Reusa	able equip. autocl	aved in se	eparate area (5.4	5.26;	5.6.17)				
Handwashing facilities (1.5.30; 5.45.06; 5.6.16)				Single	Use Packaging u	sed (1.5.3	34)						
Eating, drinking, smoking prohibited (1.5.36) Autoclave Spore Log & maintenance record				ance records (5.4	5.26;	5.6.17)							
			ing Training Record				ired Disinfectant (• •	5.6.25)		
•	•		3 Records (5.06.24;	· ·			lry quality/sterilize	•					
			se displayed (5.06.2	24; 5.45.30)		Personal Protective equipment provided (1.5.25)							
Operator Writter						Personal Protective equipment used (1.5.31)							
Patron's rights di		•				Handwashing (1.5.30)							
			cords (5.45.04/05/	06; 5.6.11)		Conditions/illness/impairment (1.5.29)							
			ars (1.5.28/5.6.10)				o/piercing site pro		<u> </u>				
(5.45.22; 5.6.22/		are ir	nstructions given to	patrons		Clean	dressing applied	(5.45.06)					
<u> </u>	-,					Clean	Protective Clothi	ing (5.6.14	4/24; 5.45.25)				
Section#	NC	R	Narrative	1						To E	Be Correct	ed By	,
			Facility inspec	tion passed.	Hepatitis B va	ccina	ation or signed	d refusa	l needed. Pa				
			and license	will need disp	played. Steric	ycle	to be used for	waste	disposal.				
Received by (name and title printed): Ashley Hardy					Inspected by (r	name and		/id H	orning				
Received by (signature):					Inspected by (signature):								
сс: сс:					cc:								



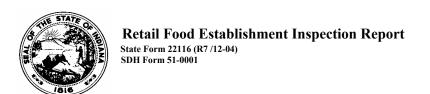
Establishment Name		Telephone Number	Date of Ins	ection	ID#
St Agnes School		8124239115	(mm/dd/yr)		11333
Establishment Address (number a		0124239113 ()Owner	04/04	/2017	11000
1600 Glendale Av	e, EVANSVILLE, IN, 47712	() Owner			
Owner	<u> </u>	Purpose:	Follow-up	Releas	se Date
ST AGNES SCHO	OOL	Routine	No		14/2017
Owner's Address		Follow-up	Summary		
		Complaint	_ `	_	
Person in Charge		Pre-Operational	$ C \cup C $	$_{\rm NC}$ (
ST AGNES SCHO	OOL	Temporary	<u> </u>	110	^
Responsible Person's E-mail		НАССР	Menu Typ	e (See addi	tional page)
		Other (list)			
Certified Food Handler			1 <u>U</u> 2 <u>V</u>		<u> 405</u>
Mary Jo Townsend					
• CRITICAL ITEMS ARE IDENTIFIE	ED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATION(S) REPEATED 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 printed)		Inspected by (name and title pr	rinted):		
Mary Jo Towns		Ricardo Zac			
	SCHU		anas	l	
Received by (signature):		Inspected by (signature):			
Ī					
cc:	cc:		cc:		



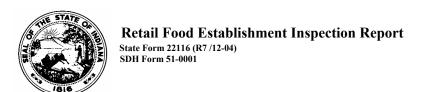
			<u> </u>				
Establishm Skate	_	d		Telephone Number (812-476-0586)	Date of Ins (mm/dd/yr	j	то# 11321
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	(812-305-0580	04/06	/2017	
	Fairfi	eld	Dr., EVANSVILLE, IN, 47715				
Owner Skate	world	Ind	c. Bill Werremeyer	Purpose:	Follow-up		se Date /16/2017
Owner's Ac	ddress			Follow-up	Summary	of Violatio	
		e S	St, Clinton, IN, 47842	Complaint	\cap	() ()
Person in C Skate		Ind	c. Bill Werremeyer	Pre-Operational Temporary	C	NC_	J _R U
Responsible	e Person's	E-ma	11	HACCP	Menu Typ	e (See addi	itional page)
Certified F	ood Handl	er		Other (list)	10,0	•),(),(),()
Bill We					12_	<u></u>	<u> </u>
• 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 noted violation	ons.			
Received by Tiffar				Inspected by (name and title processing Ward	rinted):		
Received by				Inspected by (signature):			
cc:			сс:		cc:		



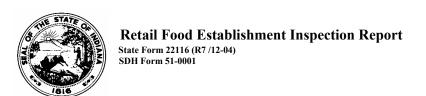
			<u> </u>				
Sacre Sacre		ar	t School	Telephone Number (812) 425-0874	Date of Ins (mm/dd/yr)	ъ# 11292
			mber and street, city, state, zip code) In St, EVANSVILLE, IN, 47712	() Owner	04/03	/2017	
Owner			ART SCHOOL	Purpose:	Follow-uj		se Date /13/2017
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
Person in C		IE <i>P</i>	ART SCHOOL	Complaint Pre-Operational	c_0	NC_	$\underline{0}_{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Mary J			end	Other (list)	102	<u></u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by Cath				Inspected by (name and title p		5	
Received by	(signature):		Inspected by (signature):			
cc:			ce:		cc:		



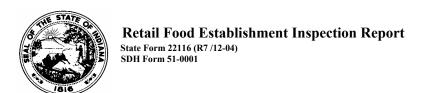
			•				
Establishm Outba	_	Ste	akhouse #1519	Telephone Number (812-474-0005)	Date of Ins (mm/dd/yr	•)	то# 11240
Establishm 7201	ent Addres E Indi	ss (nui	mber and street, city, state, zip code) a St, EVANSVILLE, IN, 47715	⁽ 813-282-1225	04/04	/2017	
Owner			khouse of Florida, LLC	Purpose:	Follow-up		se Date /14/2017
Owner's Ac 2202 N		Sho	ore Blvd 5TH FLR, Tampa, FL, 33607	Follow-up Complaint	Summary	of Violation	
	ck St		chouse of Florida, LLC	Pre-Operational Temporary	_c_ U _	NC	
Responsible	e Person's	E-mai	ıl	НАССР	Menu Typ	ne (See addi	itional page)
Certified For Trey S				Other (list)	1 2	<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 "SU		D IN THE N	ARRATIVE	E BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	nns			<u> </u>
			THE HOLOG VIOLATIO	5110.			
Trey	,	-		Inspected by (name and title processing or Colin Ward	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			ec:		cc:		



Establishm		u:	ah Sahaal	Telephone Number	Date of Ins (mm/dd/yr		ID#
Establishm	ent Addres	s (nu	gh School mber and street, city, state, zip code)	(812-426-2258)	04/05	/2017	11193
	Harmo	ony	Way, EVANSVILLE, IN, 47720				
Owner MATE	R DE	I	IIGH SCHOOL	Purpose:	Follow-up	Release 04/	se Date 715/2017
Owner's Ac				Follow-up	Summary	of Violation	
Person in C	harge			Complaint	. 0	(0_{R}
		<u> </u>	IIGH SCHOOL	Pre-Operational Temporary	[C	NC_	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified F				Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4$ \bigcirc_5 \bigcirc
Tonya	Sche	nk					
			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 No noted violatio	ane.		10 Be Co	orrected By
			No noted violation	JIIS.			
Received by	(nama and	titlo -	printed).	Inspected by (name and title pr	rinted):		
Tony	` _			Ricardo Zac		3	
Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishm Jimto		e e		Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-422-0803	04/05	/2017	11060
			St., Evansville, IN, 47711	812-204-3867			
Owner				Purpose:	Follow-up		se Date
Marlo	n Mod	ore		✓ Routine	No	04/	15/2017
Owner's A		-l (Transvilla INI 47744	Follow-up	Summary	of Violation	ns:
1/10		ai C	Ct, Evansville, IN, 47714	Complaint	\cap	() ()
Marlo		ore		Pre-Operational	$_{\rm C}$	NC_	0 R 0
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\sim	
Certified F	ood Handl	er		Other (list)	1 2	\bigcirc 3 \bigcirc	<u>)4050</u>
• CRITICAI	L ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I 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.			
Received by Mark				Inspected by (name and title proposed Horning Control of Control o			
Received by				Inspected by (signature):	<u>'∃</u>		
cc:			cc:		cc:		



Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
		•	erd School	812-476-4477	04/07		10990
			mber and street, city, state, zip code)	() Owner	04/07/	2017	
23011 Owner	1 5100	KW	ell Rd., EVANSVILLE, IN, 47715		E-11	D-I	se Date
GOO		EPI	HERD SCHOOL	Purpose: Routine	Follow-up No		/17/2017
Owner's A	ddress			Follow-up	Summary	of Violation	ns:
Person in C	Charge			Complaint	. 0	$_{\rm NC}$) _ ()
		ΞPŀ	HERD SCHOOL	Pre-Operational	C	NC_	<u> </u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	itional page)
Certified F	ood Handl	or		Other (list)	102	\bigcirc_3),(),()
Angela						<u></u>	<u>/4030</u>
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations				
Received by	, (nomo on d	l title a	anistad).	Inspected by (name and title p	rintad):		
Ange	,			Kelly Holzm			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		
					ĺ		



E (12.1	4 3 Y				D (CI		TD #
One N		Eu	rest Dining Service	Telephone Number (812-468-5737)	Date of Ins (mm/dd/yr		10837
Establishm 601 N	ent Addres W Se	s (nu COľ	mber and street, city, state, zip code) and St., EVANSVILLE, IN, 47708	⁽ 812-468-5737	04/03	/2017	
Owner OneM	ain F	ina	ncial	Purpose:	Follow-uj		se Date 15/2017
Owner's Ac		CO	nd St, Evansville, IN, 47708	Follow-up Complaint	_	of Violation	
Person in C	Charge			Pre-Operational	c_0	NC_	$I_{R} \underline{U}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Мепи Тур	oe (See addi	tional page)
Certified Fo			d	Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	L ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
146	NC		Refrigerated grab and go pies and trail mix nee	ed ingredients label or p	olacard.	04/	12/2017
Received by Debb				Inspected by (name and title p David Horni			
Received by	(signature)):		Inspected by (signature):	<u> </u>		
cc:			cc:		cc:		
ĺ							



Vanderburgh County Health Department 420 Mulberry Street

Evansville, Indiana 47713-1231

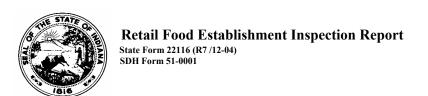
Phone: (812) 435-5695



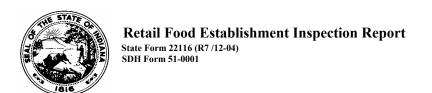




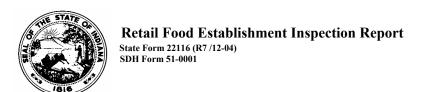
Pool Name	Telephone Number	Date of Inspection (mm/dd/yy)			
Establishment Address (number and street, city, state, zip code)	Purpose:	Reason for closure:			
	_				
19600 Elpers Rd, Evansville, IN, 47725		☐ Disinfectant ☐ Equipment ☐ Fecal ☐ Cvanuric acid			
Responsible Person's E-mail	☐ Follow-up	— —			
	☐ Complaint☐ Pre-operational☐	☐ Hand feeding ☐ VGBA☐ Spa temperature ☐ Cloudy			
Deal Valuma (callons) Fallow up	Closure	☐ Other: ☐ pH			
Pool Volume (gallons) Follow-up	Closuic	D other.			
☐ Indoor ☐ Outdoor	Wading	g Pool Spa			
Water Chen	nistry as Tested				
Main Pool Wading	g Pool	<u>Spa</u>			
Cl/Brppm	ppm	Cl/Brppm			
pH pH		pH			
TAppm	ppm	TAppm			
CYAppm CYA	ppm	Spa°F			
11	1	1			
VF: Violation found NV: No violation C: Correc	ted onsite NA:	Not applicable NO: Not observed			
VF		NV C NA NO			
1. WATER QUALITY					
a. Residual disinfectant levels below minimum					
b. Residual disinfectant levels above maximum	allowed				
c.					
d. pH outside allowable range of 6.8-8.0	\				
 e. Alkalinity outside acceptable range of 80-120 f. Cyanuric acid (stabilizer) level exceeds maxin 					
 g. Spa water temperature exceeds maximum allow h. Pool open within 1 hour after manual addition 					
2. DISINFECTION, CIRCULATION AND FILTRATIO					
a. Disinfection is not continuous and automatic		n) \square \square \square			
b. Main drain and/or pool bottom is not visible f					
c. Pump, filter or disinfectant feeder not operation					
d. Water level does not allow for adequate skim:					
e.	C				
f. Skimmer weir(s) or basket(s) missing or dama	aged				
g. Broken, missing or inadequate main drain gra					
h. Required anti-entrapment devices missing or					
3. TESTING AND RECORD KEEPING					
a.					
b. Pool or spa is not being tested as required					
c. \Bullet \text{Log book not maintained and/or available for}	review				
4. POOL AND CHEMICAL SAFETY					
a. Qualified lifeguard not on duty at pool side w					
b. Lifeguard performing other duties while on su	arveillance duty				
c. Missing or inadequate flotation device					
d. Missing or inadequate reach pole	immohili				
e.	mmoomzer				
g.	Feet in denth				
i. Improperly stored chemicals	eet in deptii				



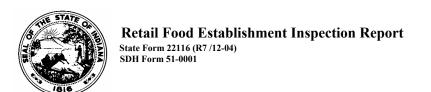
Establishm Hubb		ur	n Foods	Telephone Number (812-430-9377	Date of Ins (mm/dd/yr)	то# 13716
			mber and street, city, state, zip code)		04/07	/2017	10710
			Cir., Mt. Vernon, IN, 47620	812-430-9377			
Owner				Purpose:	Follow-uj		se Date
John I		ard		Routine		04/	17/2017
Owner's A		(Cir. Mt Vornon INI 47000	Follow-up	Summary	of Violation	18:
		e	Cir., Mt. Vernon, IN, 47620	Complaint		() ()
Person in O		ərd		Pre-Operational	$_{\rm C}$	NC_	0 R 0
Responsible				Temporary	Menu Tyr	ne (See addi	tional page)
Responsible	c i ci son s	L-ma		HACCP	- Wichu Typ	c (see aaai	nonui puge)
Certified F	ood Handl	er		Other (list)	$1\bigcirc_2$	\bigcirc_3 \bigcirc	$)_{4}\bigcirc_{5}\bigcirc$
John F					1	<u> </u>	<u></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
			Approved for oper	ration.			
Received by Adar				Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



				T			T
Claric		ገ ጸ	Suites	Telephone Number	Date of Ins (mm/dd/yr		то# 13714
			mber and street, city, state, zip code)	(812-477-6663	U 4 /U/	/2017	13/14
			a St., Evansville, IN, 47715	812-477-6663			
Owner				Purpose:	Follow-up		se Date
Georg		Ole	emou	Routine	No	04/	17/2017
Owner's Ac		on	St. Evansvilla Indiana 47715	Follow-up	Summary	of Violation	ns:
Person in C		an	a St., Evansville, Indiana, 47715	Complaint	\cap	(0_{R}
Georg		ole	emou	Pre-Operational	C_O	NC_	7 R O
Responsible				Temporary	Menu Tyr	ne (See addi	tional page)
				НАССР			
Certified F	ood Handl	er		Other (list)	$1 \underline{\bigcirc 2} \underline{\bigcirc 3} \underline{\bigcirc 4} \underline{\bigcirc 5} \underline{\bigcirc 5}$		<u>)4U5U</u>
• CRITICAL	L ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Approved for oper	ation.			
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
Amb	er Je	SS	sop l	Colin Ward			
Received by			'	Inspected by (signature):			
cc:			cc:		cc:		
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Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Nuthatch Hill BBQ Co.		217-737-3468	04/07/	2017	13715		
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(21 7 -737-3468	UT/UI/	2017	
1625 8	825th	A١	ve., Lincolin , Illinois, 62656	217-737-3468			
Owner				Purpose:	Follow-up		se Date
		Lu	ckhart	Routine	No	04/	17/2017
Owner's A		۸.	va Linaala Illinaia COCEC	Follow-up	Summary o	f Violation	ns:
		ΑV	ve., Lincoln, Illinois, 62656	Complaint		() (
Person in C			ckhart	Pre-Operational	C	NC_	0_{R}
Responsible				✓ Temporary	М Т	(C 11:	4:
Kesponsibio	e rerson's	c-ma	II	НАССР	Menu Type (See additional page)		
Certified F	ood Handle	er		Other (list)	1020304050		
Bradne			khart			<u></u>	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
						DD + 771175	DELOW AG ((D#
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Approved for oper	ation.			
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Received by				Inspected by (name and title pr	rinted):		
Brad	ney	<u>L</u> .	Luckhart	Colin Ward			
Received by	(signature)):		Inspected by (signature):			
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Establishm SWEE		ic	ious Kettle Corn	Telephone Number (812-789-3124	Date of Ins (mm/dd/yr	r)	13717
			mber and street, city, state, zip code)		04/07	7/2017	10717
			Rd. 64, Winslow, IN, 47598	812-789-3124			
Owner				Purpose:	Follow-u		se Date
Kelly I		ЭУ		Routine		04/	17/2017
Owner's A 2700		ate	Rd. 64, Winslow, IN, 47598	Follow-up		of Violation	
Person in C				Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC_)
Kelly I	Mabre	ЭУ		Pre-Operational Temporary	L	. NC	K
Responsibl	e Person's	E-ma	il	HACCP	Menu Typ	se (See addi	tional page)
						\bigcirc	
Certified F				Other (list)	1 <u></u> 2	\bigcirc 3 \bigcirc	<u>/4_5_</u>
• CRITICAL	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
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Received by Kelly				Inspected by (name and title processing Ward	rinted):		
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