

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm				Telephone Number	Date of In	spection	ID#
Linco	In Ma	ark	cet .	_	(mm/dd/y		· ·
			mber and street, city, state, zip code)	⁽ 812 [⊑] 746 [™] 170	04/12	2/2017	13232
751 l i	ncoln	A۱	ve, Evansville, İndiana, 47713	(812 ⁻⁷ 46-1170			
Owner		7 \	vo, Evansvine, malana, 47715			15.	
	a Kha	n 8	& Maquesood A Khan	Purpose:	Follow-u No		
Owner's Ac			A Madacood / (Mail	√ Routine	140	04/	22/2017
		Α١	ve, Evansville, Indiana, 47713	Follow-up	Summary	of Violation	S:
Person in C			o, <u></u> , natura, n	Complaint	1	_ _{NC_} 1	\cap
Fouzia	a Kha	n 8	& Maquesood A Khan	Pre-Operational	C	NC	R
Responsible				Temporary	Menu Tv	pe (See addit	ional page)
				HACCP	wiena ry	po (pee dadii	ionai pugej
Certified Fo	ood Handle	- -		Other (list)	10°	\bigcirc	0.00
Fouzia	Khar)			1 <u>~</u>	<u> </u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		1		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative Narrative			To Be Co	rrected By
232	NC		Basement refrigerator ne	eds cleaned		04/1	3/2017
294	O		Sanitizer for warewashing not	in establishement		04/1	3/2017
							
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Fouz				<u>David Hornir</u>	ng		
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Establishm	ent Name			TP-1	N		
Kona		Tra	iler	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	⁽ 812 [⊑] 965=6620	04/15	/2017	13005
<u> 1911 I</u>	Bell R	<u>d,</u>	Chandler, IN, 47610	⁽ 812 ⁻⁹⁶ 5-6620		/	
Owner				Purpose:	Follow-up		
Derek		or_		√Routine	No	04/	25/2017
Owner's Ad		_1 4	01	Follow-up	Summary	of Violation	ıs.
1911	sell K	<u>a, (</u>	Chandler, Indiana, 47610-9239	Complaint	\mathbf{a}	_	
Person in C				Pre-Operational	$_{\rm C}$ \mathbf{U}	NC C) RO
Derek				Temporary			_ ``—
Responsible	Person's	E-mai		HACCP	Menu Typ	e (See addit	ional page)
Certified Fo	d TT			Other (list)		\bigcirc	\sim
Certinea Fo	oo Handle	er.		Other (1151)	1 2		<u> 4050 </u>
• CDITTO AT	ITEMS 17	D 10.00	NETERIN IN THE CHINGS OF THE				
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
		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 noted violation	ons.			
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Received by	•	•		Inspected by (name and title pri	•		
Kim 7				<u>David Hornir</u>	<u>ıg</u>		
Received by	(signature)	:		Inspected by (signature):			-
cc:			сс:		cc:		·



State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

T 1 D 1	4 37		-					
	os G		Mexican Resta	-	Telephone Number 812=459=3871	Date of Ins (mm/dd/yr)	1D# 12377
Establishme	ent Addres	ss (nu	nber and street, city, state, zip cod	le)	() Owner	04/10	/201/	
821 S	<u>Gree</u>	<u>n F</u>	<u>River Rd, Evansvil</u>	lle, IN, 47715	⁽ 812 ⁻ 480-6580			
Owner Jose N	л И Мо:	saı	ieda-Lopez		Purpose:	Follow-up		e Date 20/2017
Owner's Ac								
825 S	Gree	n F	River Rd, Evansvil	lle. IN. 47716	✓ Follow-up	Summary	of Violation	s:
Person in C				, , , , , ,	Complaint	_ ()	$_{\rm NC}$ () ()
Jose N	M Mos	sat	ieda-Lopez		Pre-Operational	C	NC	R
Responsible		_			Temporary	Menu Typ	e (See addir	ional page)
					HACCP			7
Certified Fo			· .		Other (list)	10^{2}	$\bigcirc_3(\bullet)$	0 ₄ () ₅ ()
Padro	Lopez	Z		•		- <u></u> -	<u> </u>	<u>, </u>
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS M	ARKED "C"	_	_	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN VIOLATION'S DEPEATED FROM PREVIOUS INSPECTIONS ARE DEPOCTED IN THE								
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section# C/NC R Narrative					IMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	A 11 - 1 - 4 -	Narrative			To Be Co	rrected By
			All violatio	on from 04/03/20	17 corrected.			
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Received by					Inspected by (name and title pr	inted):		
Jose	M N	los	squeda-Lopez		Kelly Holzmo	eyer		
Received by	(signature)):			Inspected by (signature):			
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cc:			cc:			CC:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishmo Walm		laı	ket #5452	Telephone Number (812 647 9499	Date of Ins (mm/dd/yr)	1D# 12349
Establishme	ent Addres	s (nu	nber and street, city, state, zip code) Ve, Evansville, IN, 47710	⁽ 479 ⁻ 209-4738	04/11	/2017	12543
Owner Wal-m Owner's Ac		tor	es East, LP	Purpose:	Follow-u		e Date 21/2017
	N 8th	S	T, Bentonville, AR, 72716-0500	Follow-up Complaint	Summary	of Violation	s:
	art S		es East, LP	Pre-Operational Temporary	c	NC_C	, _R O
Certified Fo				HACCP Other (list)	Menu Typ	c (See addit	ional page)
Heathe	er Mod	ore			1 2	<u> </u>	4050
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative Narrative			To Be Co	rrected By
	_		No violations not	ted.			
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Received by	(name and	title r	rinted):	Inspected by (name and title pr	inted):		
Alexa	andri	a l		David Hornir			
Received by	(signature)	:		Inspected by (signature):			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

	Ice o		Evansville 'Kiosk'	Telephone Number (812-965-6620	Date of Ins (mm/dd/yr	r)	ъ# 12256
1911 I	ent Addres 3ell R	s (nui ld,	mber and street, city, state, zip code) Chandler, IN, 47610	⁽ 812 ⁻ 965-6620	04/15	5/2017	
Owner Derek		or_		Purpose: ✓ Routine	Follow-uj No		25/2017
	Bell R	ld,	Chandler, IN, 47610-9239	Follow-up Complaint	Summary	of Violation	ns:
Person in C Derek	Taylo			Pre-Operational Temporary	<u>c_U</u>	NC_	<u> </u>
Responsible			1	HACCP	Menu Typ	pe (See addir	tional page)
Certified Fo	od Handle	:r		Other (list)	1 2	<u> </u>) <u>4U5U</u>
• CRITICAL	ITEMS AR	Æ IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
	<u> </u>		No noted violation	ons.			_
							
		<u> </u>					
				<u>. </u>			
Jeff (Coats	S_	· · · · · ·	Inspected by (name and title pr David Hornir			
Received by	(signature)):		Inspected by (signature):			
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Establishm					Telephone Number	Date of In		ID#	
Lydia	Movi	ng	Kitchen LLC	"Chef Bruce Li"	⁽ 812 <u>°</u> 618°6816	(mm/dd/y	′	13198	
Establishm	ent Addres	s (nu	mber and street, city, state, z	ip code)		L/44/IN)/2017	10100	
4005 F	Hunte	r Tı	race, Evansville	e, Indiana, 47715	⁽ 812 ⁻ 618-6816				
Owner				<u> </u>	Purpose:	Follow-u	p Releas	e Date	
<u>Hu</u> Li					√ Routine	Yes	04/	20/2017	
Owner's A		_			Follow-up	Summary	of Violation	s:	
4005 I	Hunte	r T	<u>race, Evansvil</u>	le, IN, <u>4</u> 7715	Complaint	4	_		
Person in C	harge				Pre-Operational		_ NC_1	l _R U l	
Hu Li			<u> </u>		Temporary				
Responsible	e Person's l	E-ma:	il		HACCP	Menu Ty	pe <i>(See addit</i>	ional page)	
- 10.15				<u> </u>		100000			
Certified Food Handler Hu Li					Other (list)	$1 \bigcirc 2$		<u> 4050 </u>	
					<u></u>				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					ARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SUP	MMARY OF VIOLATIONS" AN	D IN THE N	IARRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative			To Be Co	rrected By	
256	NC		Reach	n in coolers lacking t	hermometer.	04/10/2017			
294	С			entration in wiping c		ak		0/2017	
				<u> </u>		- Cark.	0 17 1	0,2011	
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm					Telephone Number	Date of In	enection	ID#	
			Evansville II		_ (812 <u>-</u> 965 <u>-</u> 6620	(mm/dd/yr	r)	12095	
Establishm	ent Addre	ss (nu	mber and street, city, state,	zip code)		04/15	5/2017	12035	
<u> 191</u> 1	Bell R	₹d,	Evansville, IN	, 47610	⁽ 812 ⁻ 965-6620				
Owner					Purpose:	Follow-u	p Releas	e Date	
Derek	<u>Tayl</u>	<u>or</u>			Routine	No		25/2017	
Owner's Ac					Follow-up		of Violation		
1911	<u> 3611 F</u>	(d,	Chandler, IN,	<u>4</u> 7610-9239	Complaint		OI VIOIALIOI	is.	
Person in C					Pre-Operational	CU	NC (JU	
Derek			<u> </u>		Temporary	\	. NC	K	
Responsible	: Person's	E-ma	il		HACCP	Menu Typ	e (See addit	ional page)	
G (100) 7									
Certified Fo	od Handle	er			Other (list)	1 2	<u> </u>	<u> 4050 </u>	
• CRITICAL	ITEMS AR	Œ IDF	ENTURIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS I	MARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECT	TIONS 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	
				No noted violation	ons.			_	
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T					<u>David Hornir</u>	<u>1g</u>			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ent Name				Telephone Number	Date of In	Spection	ID#
			Evansville I		⁽ 812 <u></u> 965 <u></u> 6620	(mm/dd/y	r)	12094
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)			04/15	5/2017	12001
1911 I	Bell R	d,	Chandler , IN, 47610		⁽ 812 ⁻ 965-6620			
Owner					Purpose:	Follow-u	p Releas	e Date
Derek		or			Routine	No		25/2017
Owner's Ac					Follow-up	Summary	of Violation	
<u> 1911 I</u>	<u> 3ell R</u>	ld,	<u> Chandler, IN, 47610-923</u>	9	Complaint			· ^
Person in C					Pre-Operational		NC ()
Derek	<u>l ayl</u>	or_				<u> </u>	NC	_ K
Responsible	Person's	E-ma		· ·	Temporary	Menu Typ	oe (See addii	ional page)
	_				НАССР		~ ~	
Certified Fo	ood Handle	er			Other (list)	$_{1}(\bullet)_{2}$	$\bigcirc_3\bigcirc$) ₄ () ₅ ()
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• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE C	COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED I	N THE "SUP	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Nar	rative			To Be Co	rrected By
			No noted	violatio	ons.			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Craz	-	fet	.11	Telephone Number (812-437-5050	Date of Ins (mm/dd/yr	•)	то# 12048
			imber and street, city, state, zip code)		04/13	/2017	12040
5435 I	^{>} earl	<u>Dr</u>	Ste 3D, Evansville, IN, 47712	(91 7 -770-4643			
Owner		_		Purpose:	Follow-up	Releas	se Date
Yong	H <u>ua l</u>	_iu_		Routine	No	104/	23/2017
Owner's Ac				./ Follow no		of Violation	
2433 \	Nate	fro	ont Way, Evansville, IN, 47715		Submary	UI VIOIAUGI	is.
Person in C	harge			Ecomplaint	()	() _ ()
Yong	Hua I	_iu		Pre-Operational	C	NC_	<u>R</u>
Responsible			il	Temporary	Menu Tyr	e <i>(See addi</i>)	tional page)
				HACCP		_	
Certified Fo		er		Other (list)	10^{2}	$\bigcirc_3(\bullet)$	$)_4\bigcirc_5\bigcirc$
Yao Cl	nen				1 <u>~~~</u>	<u> </u>	<u> </u>
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"	<u> </u>		
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		N IN THE N	. DD a TIME	DELOW AC SDR
Section#	C/NC	R	Narrative	MINIARI OF VIOLATIONS AIN	D IN THE W		
Dection	CITC			047		To Be Co	rrected By
	 	\sqcup	All violations from 04-04-20	J1/ corrected.		<u> </u>	
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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					phone Number	Date of Ins (mm/dd/yr		ID#	
Taj M				(81	12547655000		•	11724	
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)			04/10	/2017	ĺ	
1900 F	Tuto	r Li	n, Evansville, IN, 47715	30	ວ9 ⁻ 533-5322				
Owner				Pur	pose:	Follow-u	Releas	e Date	
Harjit :	Singh)			Routine	No		20/2017	
Owner's Ac		_							
3788 ⁻	Trev (Ct	Newburgh, IN, 47630		'ollow-up	Summary	of Violation	is:	
Person in C	harge	,	1. (a. (a. (a. (a. (a. (a. (a. (a. (a. (a	— <u>L</u> c	Complaint	\cap	() N	
Harjit		ì		P	re-Operational	C_{C}	NC_	<u> </u>	
Responsible				— □r	'emporary				
Responsible	e Person's	tma	•		IACCP	Menu Type (See additional page)			
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Certified Fo				Lp	Other (list)	1 <u> </u>	<u> </u>	<u> 1</u> 4 <u>U</u> 5 <u>U</u>	
Dharm	ınaer	<u>SII</u>	<u>ign</u>						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				MNS MARKE	D "C"				
Ī			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH					DEL CI II : 6 "DII	
	_	_			Y OF VIOLATIONS" AN	DINTHEN			
Section#	C/NC	R	Narrativ				To Be Co	rrected By	
			Follow-up from inspection on 3/2	<u> 22/17. V</u>	<u>/iolations corre</u>	cted.			
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Establishm				Telephone Number	Date of In		ID#
Show				⁽ 812 [⊑] 401°7469	(mm/dd/yr	•	11683
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	⁽ 812 ⁻ 430-5194	04/13	/2017	
	iviorg	an	Center, Evansville, IN, 47715				
Owner STEV	E HA	ZL	ETT	Purpose: Routine	Follow-u NO		e Date 23/2017
Owner's Ac			01 = 111 111 1= 11	Follow-up		of Violation	
3010	_ypre	SS	Ct, Evansville, IN, 47711	Complaint	\mathbf{O}		<u>.</u> ^
Person in C		ZLI	ETT	Pre-Operational	c_ U	NC_	<u>)</u>
Responsible	Person's	E-ma	il	Temporary	Menu Typ	e (See addii	ional page)
				HACCP		\sim 6	\sim
Tyler F				Other (list)	1 2		14 <u>05</u> 0
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"		_	
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative Narrative				rrected By
			All violations from 4/7/201	7 corrected.	_		<u> </u>
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Received by				Inspected by (name and title pr	inted):		
Tyler	Frai	าต่	is I	Kelly Holzme	ever		
Received by	(signature)	:		Inspected by (signature):			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ont Moreo						
Golde		ماد	4h.a	Telephone Number	Date of Ins (mm/dd/yr		ID#
		_		」 ⁽812[⊑]473 °4855		•	11660
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)		04/10	/2017	
3221	<u>l aylo</u>	r A	ve, Evansville, IN, 47714	⁽ 812 ⁻ 473-4855			l
Owner				Purpose:	Follow-u	n Releas	se Date
YOU E	31 HE	NC	}	Routine	No		20/2017
Owner's Ac	idress						
3221 ⁻	Tavlo	r a	ve, Evansville, IN, 47714	✓ Follow-up	Summary	of Violation	IS:
Person in C				Complaint	L	ſ) <u> </u>
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Responsible				Temporary	34 =		
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• CRITICAL	ITEMS AF	Œ IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Evan	sville	C	hristian School - Aramark	Telephone Number	Date of In (mm/dd/y		ID#		
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4400	Linco	<u>In /</u>	Ave, Evansville, IN, 47715	⁽ 812 ⁻ 476-4973					
Owner Arama	ark			Purpose:	Follow-u				
Owner's A				Routine	No	04/	21/2017		
		ln /	Ave, Evansville, IN, 47714	Fellow-up	= . Summary St. 7 10				
Person in C	Charge			Complaint	1.0	Γ) ()		
Arama				Pre-Operational	C	NC_	, R .		
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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	mer		olf Shop/Wesselmans Par 3	Telephone Number () Establishment	Date of In (mm/dd/y:	r)	то# 11 44 5
			mber and street, city, state, zip code) Rd., Evansville, IN, 47711	() Owner	04/10)/2017	
_{Оwлег} Micha	el Wa	iss	mer	Purpose:	Follow-u No		e Date 20/2017
Owner's Ac 2905		rga	n Ave, Evansville, IN, 47711	Follow-up		of Violation	
Person in C Micha	harge			Complaint Pre-Operational	c 0	NC_($\underbrace{0}_{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Ty	oe (See addii	ional page)
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Telephone 812-435-5695
Fax 812-435-5871

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Wend	tv's ŧ	#32	24	⁽ 812 ^E 425 ^E 2359	(mm/dd/y		11435	
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3351	First /	lνε	e, Evansville, ÍN, 47710	⁽ 812 ⁻ 482-3212				
Owner SERV	US. I	nc.		Purpose:	Follow-u No		e Date 23/2017	
Owner's Ac				Routine				
4201 N	/lannh	neir	m Rd Suite A, Jasper, IN, 47546	Follow-up	Summary	of Violation	ns:	
Person in C	harge			V Complaint	1	_ _{NC} _1	1	
SERV	US, I	nc.		Pre-Operational	C	NC	R	
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324	С	R		an not account			rrected By	
218	NC	1	Grease trap maintenance le				3/2017	
210	INC		Chest cooler in need of temper	rature adjustment.		Cor	rected	
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ent Name			<u> </u>	Telephone Number	Date of Ins		ID#
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Establishm	ent Addres	s (nu	mber and street, city, state,	zip code)	() Ourses	04/13/	2017	
Owner	o Οι. ι	Jan	nes Biva., Evar	nsville, IN, 47714				
Josh A	\dkin:	s			Purpose:	Follow-up No		e Date 23/2017
Owner's Ac				<u> </u>	Routine			
2224 F	<u>E Virg</u>	jini	a Street, Evan	sville, IN, 47711	Follow-up Complaint	Summary	_	
Person in C		_			Pre-Operational	$\begin{bmatrix} c & 0 \end{bmatrix}$	$_{\rm NC}$) _R ()
Josh A			er		Temporary			
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Josh A	dkins					1 2 2	<u></u>	<u> </u>
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<u>Josh</u>	<u>Adk</u>	ins	<u> </u>		Kelly Holzme	eyer		
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Plaza	Par	k A	Academy 6-8	Telephone Number (812 469 5089	Date of Ins (mm/dd/yr	•)	то# 11268
Establishm	ent Addres Linco	s (nu	mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47715	⁽ 812 ⁻ 435-8453	04/11	/2017	
Owner				Purpose:	Follow-u	n Releas	e Date
		∕ar	nderburgh School Corp.	√ Routine	No	04/	21/2017
0wner's A		St	, Evansville, IN, 47713	Follow-up Complaint	Summary	of Violation	15:
Person in C	harge				$\int_{\mathcal{L}} 0$,,, () ~ ()
			nderburgh School Corp.	Pre-Operational Temporary	<u> </u>	NC_	- R
Responsible	e Person's	E-ma	i)	HACCP	Мепи Тур	e (See addii	ional page)
O de la				F=		\bigcirc \bigcirc	\sim
Certified Fe Terry		er		Other (list)	1 <u> </u>	<u>3</u>	<u> 14050</u>
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Establishm	ent Addre:	s (nu	mber and street, city, state,	zip code)	()Owner	04/11/	/2017	11217
4611	<u> 4dam</u>	<u>s /</u>	\ve., EVANSV	'ILLÉ, IN, 47714	() Owner	1		
Owner					Purpose:	Follow-up		
		<u>Or</u>	RIACADEMY		√ Routine	No	04/	21/2017
Owner's Ac	Idress				Follow-up	Summary (of Violation	ıs,
Person in C	·				Complaint	0	r	۱ n
		\bigcirc E	RIACADEMY		Pre-Operational	$_{\rm c}$	NC_	/ RU
Responsible					Temporary	Mary To-	/O I.D.	
			-		HACCP	wienu Typo	e (See addit	ionai page)
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Diane			<u>n</u>		Colin Ward			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm					Telephone Number	Date of In	anastion	тъл
McGa	ary N	lid	dle School 6-	-8	⁽ 812 ^E 469 ^P 5088	(mm/dd/y	г)	10# 11209
Establishm	ent Addre	ss (nu	mber and street, city, state	zin code)		04/11	/2017	11203
	Joyce	<u> </u>	ve, EVANSVIL	LE, IN, 47714	⁽ 812 ⁻ 435-8453			
Owner Evans	۱ مااند	/21	adarburah Sah	and Comm	Purpose:	Follow-u	`	
Owner's A	Idrace	vai	nderburgh Sch	iooi Corp.	Routine	No	04/	<u>21/2017</u>
951 W	<u>/alnut</u>	St	., Evansville, II	N, 47713	Follow-up Complaint	Summary	of Violation	ıs;
Person in C	harge				Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$) "()
Evans	VIIIe V	<u>var</u>	nderburgh Sch	ool Corp.	Temporary	<u> </u>	. NC	_ R
Responsible	Person's	E-ma	iI		HACCP	Мепи Туј	oe (See addit	ional page)
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Chris	t The	٠K	ina		(812 ^E 476 ^E 1792	(mm/dd/yı			
			mber and street, city, state, zip code)			04/13	3/2017	11152	
3101 E	3ayaro	<u>1 P</u>	ark Dr., EVANSVILLE, IN, 477	14	⁽ 812 ⁻ 476-3061				
Owner CHRIS	ST TH	ΗE	KING	- 1_	Purpose: Routine	Follow-u		e Date 23/2017	
Owner's A					Follow-up				
3010 i	E Cha	and	łler Ave, Evansville, IN, 4771	4	Complaint	Summary	of Violation	is:	
Person in C	harge			┰╬	Pre-Operational	~ 0	, () "()	
CHRIS				F	=	<u> </u>	. NC	_ R	
Responsible	e Person's	E-ma	il	┮	Temporary	Menu Typ	pe <i>(See addii</i>	tional page)	
G (# 17					HACCP	100000			
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• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	NS MA	RKED "C"				
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Lodg	e Co	mr	nunity Schoo	ol K-8	Telephone Number 812=469=5085	Date of In: (mm/dd/yr	r)	11090
Establishm	ent Addre	ss (nu arci	mber and street, city, state,	zip code) VILLE, IN, 47714		04/13	3/2017	11000
Owner	_ 1 (14 (<i>)</i> (3)	de DI, EVANS	VILLE, IN, 4//14				
Evans	ville \	√aı	nderburgh Sch	nool Corp.	Purpose: Routine	Follow-u		Date 23/2017
Owner's A		SI	, Evansville, II	N 17713	Follow-up	Summary	of Violation	
Person in C	harge		, Evansville, II	N, 711 IJ	Complaint	\cap	\boldsymbol{c}) (
		/aı	nderburgh Sch	nool Corn	Pre-Operational	c_	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il <u>Janaan</u>		Temporary	Menu Tvr	oe (See addit	tional page)
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Establishme	ent Addres Sellem	:s (nu 1 0 2	mber and street, city, state, zip code) de Ave., EVANSVILLE, IN, 4771	(-) Owner	I U47 I I	/2017	
Owner Evans	ville \	— √aı	nderburgh School Corp.	Purpose:	Follow-u		e Date 21/2017
Owner's Ac	dress		t, Evansville, IN, 47713	Follow-up		of Violation	
Person in C	harge			Complaint Pre-Operational	$_{\rm c}$ 0	_{NC} (
			nderburgh School Corp.	Temporary			
Responsible	: Person's	L-mai	il	HACCP	Menu Typ	pe (See addii	ional page)
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm 211 Fi Owner Evans Owner's Ac	son Fent Address	g F	h School The street, city, state, zip code) Rd., EVANSVILLE, IN, 47715 The street state, zip code) Address of the state, zip code) Rd., EVANSVILLE, IN, 47712	Telephone Number (812 477 2496 (812 435 8453 Purpose: Routine Follow-up	Follow-uj No	/2017	21/2017
Person in C	harge VIIIE \ Person's	/ar E-ma		Complaint Pre-Operational Temporary HACCP Other (list)	Menu Typ 1 2	NC_C e (See addii	$ \begin{array}{cccc} 0 & R & 0 \\ \hline 0 & & & \\ 0 & & & \\ 0 & & & \\ 0 & & & & \\ \end{array} $
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Received by	(signature)	•		Inspected by (signature):			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Eagle	· Vall	еу	Golf Course		(812 <u>-</u> 867 <u>-</u> 7888	(mm/dd/y	r)	то# 10938
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)		7	04/13	3/2017	10930
	<u>Pete</u>	rsk	ourg Rd., Évansville	, IN, 47725	⁽ 812 ⁻ 867-7888			
Owner					Purnose:	Follow-u	^	
Owner's Ac		_ <u>L Y</u>	GOLF COURSE/DEA	N BRINKER	Routine		04/	<u>23/2017</u>
		rst	ourg Rd, Evansville,	IN 47725	Follow-up	Summary	of Violation	is:
Person in C	harge				Companie	n	Γ) ()
EAGLE	: VALL	_EY	GOLF COURSE/DEA	N BRINKER	Pre-Operational	c	NC_	
Responsible	Person's	E-ma	il	Temporary	Menu Ty	pe <i>(See addis</i>	ional page)	
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ent Name			Telephone Number	Date of In	amostion	YD #
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			imber and street, city, state, zip code)	⁽ 812 ^E 867 ^E 0828	04/12	2/2017	13440
6401 N	l Gree	nri	ver Rd, Evansville, Indiana, 47725	⁽ 812 ⁰ 867-0828			
Оwпег			Tarana, maiana, mazo	Purpose:	Tallan	- I n.i.	<u> </u>
Houch	nen's	Fo	od Group	Turpose. ✓ Routine	Follow-u Yes		22/2017
Owner's A	ddress		<u> </u>				
6401 N	l Gree	nri	ver Rd, Evansville, Indiana, 47725	Follow-up	Summary	of Violation	is:
Person in C	harge			Combining	1	() N
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Responsible				Temporary	Menu Tvi	pe (See addii	ional page)
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Section#	C/NC	R		MINIARY OF VIOLATIONS" AN	D IN THE N		
334		K	Narrative Narrative				rrected By
334	_c_		Hose at three compartment sink in produce/o	deli prep area lacking a	air gap.	04/2	6/2017
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm				Telephone Number	Date of In	nection	ID#						
Burge	er Kir	ng	#115	(812=455-4545	(mm/dd/yı	•)	13718						
Establishm	ent Addre	ss (nu	mber and street, city, state, zin code)	7	04/10	/2017	13/16						
<u> 1100</u>	Hirscl	าla	nd, Evansville, IN, 47715	(315 ⁻ 424-0513	1								
Owner				Purpose:	Follow-u	n Releas	e Date						
Carrol		<u> </u>		Routine	Yes		20/2017						
Owner's Ac			F 0	Follow-up		of Violation							
968 J	\mes	<u>S</u>	Г., Syracuse, NY, 13203	Complaint		OI VIOIALIOI	·s.						
Person in C		· _		Pre-Operational		NC () "()						
Carrol	_	_		Temporary		NC							
Responsible	Person's	E-ma	il ————————————————————————————————————	HACCP	Menu Typ	e (See addit	ional page)						
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"													
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