

## Retail Food Establishment Inspection Report

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

Establishme	Haw	s (nui	ian Shaved Ice LLC  mber and street, city, state, zip code)  ch Ave, Evansville, Indiana, 47714	Telephone Number (812-568-7709) (812-568-7709)	1 00/03/2017		ъ# 13059			
Owner Teresa	a Gris			Purpose:	Follow-uj No		e Date 19/2017			
	rest G	len	Drive, Evansville, Indiana, 47712	Follow-up Complaint	Summary	of Violation	s:			
Person in C		ha	ım	Pre-Operational	c_U	NC_	/ <sub>R_U</sub>			
Responsible	: Person's l	E-mai	1	Temporary HACCP	Menu Typ	e (See addit	ional page)			
Certified Fo	od Handle	r		Other (list)	1 2	<u>)</u> 2 <u>O</u> 3 <u>O</u> 4 <u>O</u> 5 <u>O</u>				
	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"									
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N					
Section#	C/NC	R	Narrative No violations.			To Be Co	rrected By			
			ino violations.	•						
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Glenn Grisham				Inspected by (name and title pr Kelly Holzme						
Received by	(signature)	i;		Inspected by (signature):						
oc:			co:		cc:	<del>,</del>				



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Establishm Grand	d Bul			Telephone Number (812-476-6666	Date of Ins (mm/dd/yr	r)	ъ# 11901		
1356 N	Establishment Address (number and street, city, state, zip code) 1356 N Green River Rd, Evansville, IN, 47715			(	Ub/Ud	3/2017			
Owner Yun Li	in			Purpose:	Follow-uj No		e Date 18/2017		
	V Gre	en	River Rd, Evansville, IN, 47715	Follow-up Complaint	Summary	of Violation	ns:		
Person in C Yun L	in			Pre-Operational Temporary	<u>c_U</u>	NC	) <sub>R</sub> U		
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	pe (See addii	rional page)		
Certified Fo		er		Other (list)	1 2	<u>_</u> 3 <u>_</u>	) <u>4</u> 0 <u>5</u> 0		
l	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative	THE PARTY OF THE P			rrected By		
			Remaining violation from 5/25	5/2017 corrected		10 De Co	Frected Dy		
		,	. torraining troubert from 0.20	72017 001100000.					
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				Inspected by (name and title pro					
Received by	(signature)	I.		Inspected by (signature):					
cc:			cc:		cc:				



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Establishm	ent Name			Telephone Number	Date of In		ID#	
Hornets Nest			<sup>(</sup> 812 <sup>-</sup> 867-2386	(mm/dd/y	· .	11042		
Establishment Address (number and street, city, state, zip code)				06/09	9/2017			
11845 Petersburg Rd., Evansville, IN, 47725			<sup>(</sup> 812 <sup>0</sup> -746-7081					
Owner				Purpose:	Follow-u			
Derek	Unge	eth.	iem	Routine	Yes	s  06/	19/2017	
Owner's Ac			December 21 10 10 10 10 10 10 10 10 10 10 10 10 10	Follow-up	Summary	of Violation	ıs:	
		e t	Brook Rd, Evansville, IN, 47725	Complaint	1	4	$\cap$	
Person in Co Derek		٠ <del>t</del> h:	iom	Pre-Operational	CI	NC	R U	
Responsible				Temporary	) ( m	(C) 11:		
Kespousible	FEISON S	Б-ша	ш	HACCP	Menu Iy	pe <i>(See addii</i>	ionai page)	
Certified Fe	ood Handle	er		Other (list)	$10^{2}$			
Jeremi			/	<del></del>	1 2 2		4 <u>0</u> 3 <u>0</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	LARKED "C"	<b></b>			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		n in the r	VARRATIVE.	RELOW AS 4P7	
Section#	C/NC	R	Narrative	MINIMINION FIOLISTICAL AND	DECTINE!			
177	C		Food not stored 6 inches of	off the ground		To Be Corrected By		
352	NC		Restroom door lacking self	<del></del>			06/09/2017 06/23/2017	
002	140		Restroom door lacking sen	ciosure device.		00/2	.3/2017	
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Received by	(name and	titla v	printed):	Increated by (name and title	antad):	<u> </u>		
Received by (name and title printed):  Jeremiah Galey  Inspected by (name and title printed):  Kelly Holzmeyer								
Received by	(signature)	);		Inspected by (signature):				
cc: cc:			cc:					
<u> </u>								



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Establishm Gaso	line /		mber and street, city, state, zip code)	Telephone Number 812 47 1-5764	Date of In (mm/dd/y 06/09		ъ# 10981	
3526	nters	tat	e Dr, Evansville, IN, 47715	<sup>(</sup> 812 <sup>-</sup> 471-5764				
<sub>Оwлег</sub> Muhai	nmed	d R	aza	Purpose:  ✓ Routine	Follow-up Release I Yes 06/1		e Date 19/2017	
Owner's Ac 3526		tate	e Dr, Evansville, IN, 47715	Follow-up  ✓ Complaint	Summary	of Violation		
Person in C Muhai	harge			Pre-Operational	$c_{2}$	NC_	$\frac{1}{R}$	
Responsible				Temporary HACCP	Menu Ty	pe (See addi	ional page)	
Certified For Muhan			aza	Other (list)	(list) 1 2 3 4 4			
• CRITICAL	ITEMS AF	Œ IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"	-			
		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	<u></u>	To Be Corrected By			
187	С	R	Food not being maintained at re	<del></del>	c. Corrected			
431	NC	R	Walk in freezer fans in nee	need of cleaning. 06/09/2011			9/2017	
118	С		Facility lacking certified food safety handler.			09/08/2017		
	<u>.</u>	:						
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							<del></del>	
Willie	Received by (name and title printed):  Willie Henderson  Inspected by (name and title printed):  Kelly Holzmeyer							
Received by	(signature)	):		Inspected by (signature):				
cc:			, co:		cc:			