

Vanderburgh County Department of Health Telephone 812-435-5695

Fax 812-435-5871

Establishme 14134 Owner Victori Owner's Ad	Flat ent Address Darms a Lar ddress St Jos harge a Lar e Person's	s (nun stac ngtc sepl ngtc	h Ave, Evansville, Indiana, 47725 on	Purpose: Routine Follow-up	c_0	Release 07/of Violation	13007 13007 12017 13007 150 150 160 160 160 160 160 160 160 160 160 16
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Section#	C/NC	R	Narrative Narrative			To Be C	orrected By
			@Franklin Street Bazaar - No	noted violations.			
							
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Vanderburgh County Department of Health Telephone 812-435-5695

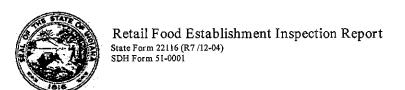
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Section#	C/NC	R	@Franklin Street Bazaar - No	noted violations		TO BE C	orrected By
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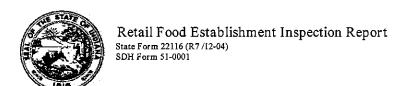
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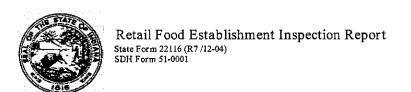
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Jack F	R Stie	rwa	alt II		Purpose:	Follow-u		se Date 22/2017
Owner's Ac	ddress		Drive, Newburgh, IN, 47630		Follow-up	Summary	of Violation	ns:
Person in C	Charge			\dashv	Complaint Pre-Operational	0	NC (0 , (
Jack F				_	Temporary			
Responsible	e Person's	E-mai	1		HACCP	Menu 1y	pe (See addi	tional page)
Certified For					✓ Other (list) Final	1 2	<u>)</u> 3	<u> 4050</u>
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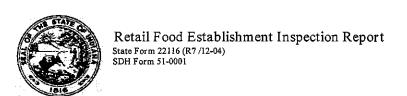
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Establishme 6525	ent Addres Hogue	s (nui e R	mber and street, city, state, z Rd, Evansville,	ip code) Indiana, 47712	⁽ 812 ⁻ 480-1787				
		ilia	Reising		Purpose: √ Routine	Follow-up No		21/2017	
Owner's Ad 6525 I		e R	d, Evansville,	Indiana, 47712	Follow-up Complaint	Summary	Summary of Violations:		
Person in C	harge		Reising		Pre-Operational	_c_U	NC_	<u> </u>	
Responsible	e Person's l	E-ma	ii		Temporary HACCP	Мепи Тур	e (See addir	tional page)	
Certified Fo	ood Handle	er			Other (list)	$1 \bigcirc 2$	<u>O</u> 3 <u>C</u>) ₄ O ₅ O	
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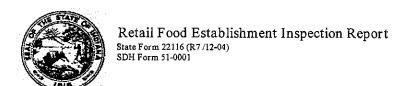
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			NTIFIED IN THE CHECKLIST AND NARRATIVE					
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Owner Kent Cowner's Ac 302 S Person in Company	City ent Addres Boss Greath ddress Boss charge Freath Person's	s (num e / nou e / nou E-ma	Noter and street, city, state, zip code) Ave, Evansville, IN, 47712 USE Ave, EVANSVILLE, IN, 47712 USE	Telephone Number (812-306-1487) (812-306-1487) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	P Releas 07/	21/2017
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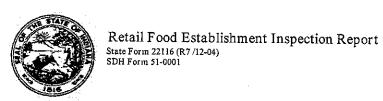
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			mber and street, city, state, a	zip code)		07/11	/2017	11080
501 N	Main	St	uite A, Evansv	ille, IN, 47711	⁽ 812 ⁻ 573-7777			
Owner PATH	II A N	41 N I			Purpose:	Follow-up	Releas	e Date
Owner's Ac		IIIN			✓ Routine	No	_	21/2017
		ECI	REEK CIR, NEW	BURGH, IN, 47630	Follow-up	Summary	of Violation	is:
Person in C	harge			<u> </u>	Complaint Pre-Operational	$ _{C} \mathbf{U} $	NC () _R ()
PATH					Temporary			_ ``
Responsible	Person's	E-ma	il		НАССР	Menu Typ	oe (See addi	tional page)
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Establishme	ent Addres	s (nu	mber and street, city, state, ze, Evansville, I	zip code) N 47715	(812-480-7555	07/12	/2017	11010
Owner			er Hornbrook	14, 17710	Purpose:	Follow-up		L te Date 22/2017
Owner's Ad 4500 \		— ey	Cove, Evansv	ille, IN, 47725	Follow-up Complaint	Summary	of Violation	ns:
Person in C Rober		ing	er Hornbrook		Pre-Operational	c <u>U</u>	NC_	<u>J</u> R <u>U</u>
Responsible	Person's	E-ma	il		Temporary HACCP	Мепи Тур	e (See addi	tional page)
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701 N	ent Addre Burk	ss (nu ha	mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715	⁽ 812 ⁻ 437-8833	1 1///16	1/2017	
Fei Er				Purpose: ✓ Routine	Yes		^{e Date} 24/2017
Owner's A		v [Or, EVANSVILLE, IN, 47711	Follow-up	Summary	of Violation	
Person in C	harge	<u>, </u>	, <u> </u>	Complaint Pre-Operational	_c _11	_ NC_	5 _R 12
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Section#	C/NC	R	Narrative			To Be Co	rrected By
173	С	R	Improper storage of raw a	nimal product.		07/1	4/2017
177	С	R	Food items in walk-in coole	er not covered.		07/14/2017	
187	С	R	Food items in kitchen reach-in not held at 41	degrees Fahrenheit o	r lower.		
191	С	R	Food items lacking date marking in w	valk-in refrigeration	units.	07/1	4/2017
295	_ C	R	Can opener and knives s	stored soiled.	·	Cor	rected
344	С	R	Hand sink not acce	essible.		Corrected	
345	_ C	R	Hand sink utilized for purposes oth	er than hand wash	ning.	07/14/2017	
171	С	R	Employees not washing hands	when necessary.		07/14/2017	
438	С		Chemical spray bottles	not labeled.		Cor	rected
294	С	R	Chemical dish machine not adequate	ely dispensing san	itizer.	Cor	rected
441	С		Chemical sanitizer for wiping	cloths too strong.		Cor	rected
430	NC		Vent cover missing. Opening in drop ceili	ing with duct work ex	posed.	07/2	1/2017
204	NC	R	Duct work with exposed insulati	on near hood vent	s.	07/1	4/2017
297	NC		Beverage dispensers			07/1	4/2017
218	NC	R	Knives in poor re	pair.		Cor	rected
431	NC	R	Facility in need of cl	leaning.		07/3	1/2017
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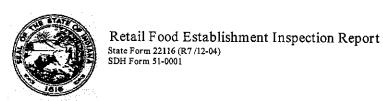


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Amma Owner's A		vai	<u> </u>	√ Routine	No	07/	22/2017	
		nha	ard, Evansville, IN, 47714	Follow-up	Summary	of Violation	ns:	
Person in C		-	ard, Evansyme, III, 47714	Complaint	\cap	NC 3	\	
Amma		vab	orah	Pre-Operational	c	NC_	P_R	
Responsible				Temporary	Menu Tyr	e (See addi	tional page)	
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Section#	C/NC	R	Narrative			To Be Co	rrected By	
413	NC	R	Screens needed to protect	outer openings.		07/2	1/2017	
245	NC	R	Improper storage of wet	wiping cloths.		Corrected		
430	NC	R	Facility floors and baseboards				1/2017	
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Larry		_			✓ Routine] No	07/	23/2017
Owner's A				11.1 47744	Follow-up	Summary	of Violation	
725 L	ancei	ot i	<u> Dr, Evansville,</u>	<u>, IN, 4</u> 7711	Complaint		OI VIOIDIOI	
Person in C					Pre-Operational	l, U	\;\tag{\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\) "()
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Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	⁽ 812 ⁻ 433-4034	07/12	2/2017	
	W RI	<i>y</i> er	side Dr, Evansville, IN, 47708				
Owner Aztar In	diana (3an	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-u		22/2017
Owner's Ac		Jan	Tropicaria Evansville	₽ ₩ i			
		/er	side Dr, Evansville, IN, 47708	✓ Follow-up	Summary	of Violation	15:
Person in C	harge			Complaint Pre-Operational	$\int_{\mathbb{R}} \mathbf{U}$	NO ()
			ning Co LLC / dba Tropicana Evansville	Temporary	<u> </u>	- NC	_ ^
Responsible	Person's	E-ma	il	HACCP	Menu Ty	pe (See addi	tional page)
Certified Fo	ood Handle	er.	 	Other (list)	10°	O .C	0.00
Stephe			ır		1	<u> </u>	<u>4</u>
RITICAL	ITEM\$ AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			-
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		_		orrected By
			Previous violations co	orrected.			
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Received by Chuc			· •	Inspected by (name and title properties David Horning			
Received by				Inspected by (signature):	<u>'</u>		
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cc;	-		ce:		cc:		



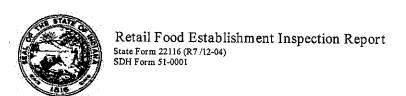
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishme				Telephone Number	Date of Ins	pection	ID#
			et/Tropicana Hotel/Conference Center	⁽ 812 [©] 433°4000	(mm/dd/yr) 2/2017	11132
			mber and street, city, state, zip code) Side Dr, Evansville, IN, 47708	⁽ 812 ⁻ 433-4034	07/12	12011	
		3an	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-up No		^{e Date} 22/2017
	W Riv	/er	side Dr, Evansville, IN, 47708	Follow-up Complaint	Summary	of Violation	is:
	diana (ning Co LLC / dba Tropicana Evansville	Pre-Operational	c <u>U</u>	NC_	<u>)</u> R O
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo				Other (list)	1 2	<u>U</u> 3 <u>C</u>)4 <u>©</u> 5 <u></u>
ETRITICAL	, 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 "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			Previous violations co	orrected.			
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Received by	k Si	ıbr	•	Inspected by (name and title price David Hornia			-
Received by	(signature)	r:		Inspected by (signature):			
cc:			ce:		cc:		

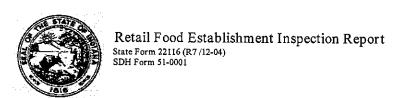


Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishme Canto	n Ini		mber and street, city, state, zip code)	Telephone Number (812=428=6611	Date of Inc (mm/dd/yr		ID# 11127
			k Dr, Evansville, IN, 47710	⁽ 812 ⁻ 428-6611			
^{Owner} Wai Y		to		Purpose:	No Release Date 07/23/2017		
Owner's Ac		Par	k Dr, Evansville, IN, 47710	Follow-up	Summary	of Violation	ış.
Person in C Wai Y	harge		K DI, Evansville, 114, 477 10	Complaint Pre-Operational	$_{\rm c}$ 1	_ NC	_ _R _1
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Ty	pe (See addit	ional page)
Certified Fo	ood Handle			Other (list)	100	\bigcirc	\bigcirc
Mary A					1 2		4 <u>0</u> 3 <u>0</u>
CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MARKED "C"			
™iolatio		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	NC	R	Some items not under snee			Coi	rected
205	С		Scoops needed for bulk i	items dispensing.		07/1	3/2017
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Received by	(name and	title p	printed):	Inspected by (name and title p	rinted).		
Wai `	Yim :	Se	to	Carol Coudr			
Received by	(signature)):		Inspected by (signature):		·	
ce:			cc;	•	cc:		



Establishm Libby Establishm	& M	on	n's Cafe mber and street, city, state, zip code)	Telephone Number (812 437 3040	Date of In (mm/dd/yr 07/13		^{ID#}	
2 N. R	lichar	άt,	Evansville, IN, 47711	⁽ 81 ² -437-3040				
Owner ELIZA		1 V	OLK	Purpose:	Follow-u Yes		e Date 23/2017	
Owner's Ac		Εv	ansville, IN, 47711	Follow-up	Summary	of Violation	ns;	
Person in C	harge			Complaint Pre-Operational	c_2	NC_	0_{R}	
Responsible	Person's	E-ma	il	Temporary HACCP	Мепи Ту	oe (See addi	ional page)	
Certified Fo				Other (list)	102	<u>O</u> 3 <u>C</u>	<u>4</u> _5	
ETRITICAL	ITEMS AR	E IDE	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	IARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative S.				rrected By	
191	С	_	Items in slide refrigerator lack				rected	
173	С		Improper storage of raw m	eat products.		Col	rected	
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Received by	(name and	title r	orinted):	Inspected by (name and title pr	inted):			
			· · · · · · · · · · · · · · · · · · ·	Inspected by (name and title printed): Carol Coudret				
Received by				Inspected by (signature):	- •			
ce:			cc:		cc:			

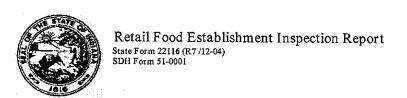


Establishme Fazol	i′s#			Telephone Number (812=474=9167	Date of Inc (mm/dd/yr		ID# 10964
899 N	Gree	n F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	⁽ 859 ⁻ 825-6200	07710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_		JOI	NT VENTURE, LTD	Purpose: Routine	Follow-u Yes		e Date 23/2017
	Palun	1bc	Dr, LEXINGTON, KY, 40509	Follow-up Complaint	Summary	of Violation	ıs:
	LľS ر		NT VENTURE, LTD	Pre-Operational Temporary	c_4	NC_	J _R U
Responsible			il	НАССР	Menu Type (See additional page)		
Certified Fo				Other (list) 	1 2		4050
ETRITICAL	ITEMS AR	Ē IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
⊠⁄IOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	IARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
415	_ C		Fruit flies present near mop sink and in north east co	rner of facility. Pest contro	ol called.	07/2	27/2017
294	С		Chemical sanitizer strength for wi	iping cloths too weak. Corrected			
345	С		Hand washing sink near dish machine used for pu	rposes other than hand v	vashing.	07/1	3/2017
118	С		Facility lacking a certified	food handler.			1/2017
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Received by Larry	_	_	·	Inspected by (name and title pr Colin Ward	inted):		
Received by	(signature)):		Inspected by (signature):			
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2400	ond ent Addre	ss (nu	nes nber and street, city, state, zip code) ay 41, Evansville, IN	N, 47711	Telephone Number 6812=424-4679 812-426-0151	Date of Inspection (mm/dd/yr) 07/12/2017		10908
Owner Georg	e Are	end	ell		Purpose: ✓ Routine	Follow-u No		e Date 22/2017
Owner's Ac	ddress		d, Newburgh, IN, 4	7630	Follow-up		of Violation	ıs:
Person in C	harge		<u> </u>		Complaint Pre-Operational	c_0	NC_	$\begin{bmatrix} & 1 \end{bmatrix}$
Responsible	e Person's	E-ma	1	Temporary HACCP	Menu Ty	pe (See addit	ional page)	
Certified For Pam R				Other (list)	$1 \bigcirc 2$	<u>O</u> 3 <u>C</u>	<u>4</u> 050	
			NTIFIED IN THE CHECKLIST AND NAR					
			FROM PREVIOUS INSPECTIONS ARE D		MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC NC	R		Narrative	1 r1		_	rrected By
450	NO		Replace	broken/miss	sing tiles.		07/3	1/2017
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Received by				T	Inspected by (name and title pri	inted):		
Georg			ndeli		Carol Coudre	et		
Received by	(signature)	:		Inspected by (signature):				
cc:			cc:		cc;			

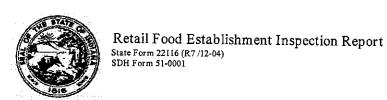


Establishme	Kitch ent Addres	s (nu	Konnection mber and street, city, state, z	rip code) N, 47711	Telephone Number (812=464=3003) (812-425-1645)	Date of Ins (mm/dd/yr 07/11) /2017	10855	
Owner Billie F	aulst	ick			Purpose: ✓ Routine	Follow-up		e Date 21/2017	
Owner's Ad 4518 N)WC	ridge Rd. Evan	sville, IN, 47710	Follow-up	Summary	of Violation	_	
Person in C Billie F	harge aulst	ick	,		Complaint Pre-Operational Temporary	c_ 0	NC_		
Responsible	Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)		
Certified Fo	ood Handle	er		Other (list)	102	<u>O</u> 3 <u>C</u>) ₄ O ₅ O		
ERTRITICAL	ITEMS AR	E IDE	INTIFIED IN THE CHECKLIS	IARKED "C"					
∰iolatio	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS 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	
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Received by				·	Inspected by (name and title pr	rinted):	_		
Billie	Fau	lst	ick		David Horning				
Received by	(signature):			Inspected by (signature):				
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

	cana		vansville Pavillion	Telephone Number (812=433=4000	Date of In (mm/dd/yr		10853
450 N	ent Addres NRiv	ss (nu CIS	mber and street, city, state, zip code) side Dr, EVANSVILLE, IN, 47708	() Observer	07/12	22011	
		Gan	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-u No		e Date 22/2017
	W Riv	ver	side Dr, Evansville, IN, 47708	Follow-up Complaint	Summary	of Violation	ns:
	diana (ning Co LLC / dba Tropicana Evansville	Pre-Operational Temporary	c_ I	NC_	<u> </u>
Responsible			ii	НАССР	Menu Ty	pe (See addi	ional page)
Certified For Chuck				Other (list)	1 <u> </u>	<u>O</u> 3 <u>©</u>	
TERRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				IARKED "C"		•	
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Section#	C/NC	R	Narrative			To Be Co	rrected By
- 407		_	No noted violations for Cavanough's, Hoosis		-		
187	С	R	Max & Erma's: Fridge unit in front prep area of kitchen not holding 41 degrees Fah	venheit or below; foods transferred to dif	ferent cooler.	Col	rected
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Received by		_	•	Inspected by (name and title pr			
Chuc	<u>κ S</u> ι	<u>1D</u> 1	<u>a </u>	David Hornii	ng		
Received by	(signature)):		Inspected by (signature):			
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Establishm					$T_{\overline{1}}$	elephone Number	Date of In:	en ection	ID#
Jimm		าท'	S			812 <u>°</u> 402 <u>°</u> 5747	(mm/dd/yr	г)	13352
Establishm	ent Addre	ss (nu	mber and street, city, state, zi	p code)	\Box ,		07/13	3/2017	13332
	Gree	nriv	er Road, Evansvil	<u>lle,</u> Indiana, 4771	5 3	812 <mark>-</mark> 319-1558	ŀ		!
Ken B	utlar	н				urpose:	Follow-u		
Owner's Ac		**			_ -	Routine	<u>No</u>		<u>23/2017</u>
		72,	Evansville, Ind	liana, 47706	H	Follow-up	Summary	of Violation	15;
Person in C	harge	_				Complaint Pre-Operational	0	_ NC_)
Ken B		_			┢	Temporary	L	. NC_ -	R
Responsible	Person's	E-ma	il		-	HACCP	Menu Typ	pe (See addit	ional page)
Certified Fo	ood Handl				╌	Other (list)		\bigcirc	0.00
John Sheehan						-	1 2		<u>'4</u>
EXTRIPICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					S MARI	KED "C"			· · · · · · · · · · · · · · · · · · ·
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Section#	C/NC	R		Narrative					rrected By
	<u> </u>		<u> </u>	No noted viola	tions	3.			
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	Received by (name and title printed): Brett Meriweather					pected by (name and title pro olin Ward	inted):		
Received by	eceived by (signature):					pected by (signature):			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Starbucks Coffee Co. #29444					Tel	lephone Number) Establishment	Date of Ins (mm/dd/yr		13755
Establishment Address (number and street, city, state, zip code) 4700 W Lloyd Expressway, Evansville, IN, 47712					() Owner			
Starbu	icks				h-	Purpose: Follow-up Release I Yes 07/2			e Date 20/2017
Owner's Ac	ldress				=	Follow-up	Summary	of Violation	_
Person in C Taylor		r				Complaint Pre-Operational	$_{\rm c}$ 0	NC_	$\frac{1}{R}$
Responsible			I			Temporary HACCP	Мели Тур	e (See addir	ional page)
Certified Fo					fina	Other (list)	1020304050		
RITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST A	AND NARRATIVE COLUMNS N	MARK	ED "C"			
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Section#	C/NC	R	·	Narrative				To Be Co	rrected By
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			ŏ	Inspected by (name and title printed): Carol Coudret					
Received by (signature):					Inspe	ected by (signature):			
ee:				oc;			cc:		



Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishme 226 M Owner Annet Owner's Ac 1709 I Person in C	Kitty ent Address ain S te Gri ddress Rivery harge te Gri e Person's	es (numers) es (nu	at Cafe, LLC mber and street, city, state, zip code) Evansville, IN, 47708 /Nancy Drake w Court, Evansville, IN, 47713 /Nancy Drake il	Telephone Number (812-480-8861 () Owner Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Jother (list) Final	Follow-u Summary	r) 0/2017 p Releas	20/2017 is: DR0
	<u> </u>		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				rrected By
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Annette Gries			Inspected by (name and title printed): David Horning				
Received by	(signature)	:		Inspected by (signature):			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm Cooll		Sh	aved Ice	Telephone Number (812=760=2396	Date of Inspection (mm/dd/yr)		13758	
Establishment Address (number and street, city, state 773 Lincoln Ave., Evansville				zip code) e, IN, 47713	(812-760-2396			13736
Owner Kamill	e Bur				Purpose:	Follow-u		e Date 23/2017
Owner's Ac 4125	^{ddress} Pollac	ck /	Ave, Evansville	e, IN , 47714	Follow-up Complaint	Summary	of Violation	ış:
Person in C Kamill	harge				Pre-Operational	c_0	NC_	$\frac{0}{\mathbf{R}}$
Responsible	e Person's	E-ma	il		Temporary HACCP	Menu Typ	e (See addit	ional page)
Certified For Not rec					Other (list)	102	<u>O</u> 3 <u>C</u>	<u>4</u> 050
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			FROM PREVIOUS INSPECT	IONS 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
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Received by	(name and	title p	rinted):	 	Inspected by (name and title pr	inted):	_	
Kami	Kamiille Burrowes David Horning							
Received by (signature):					Inspected by (signature):	<u> </u>		
ce:				cc:		cc:		 .



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Establishm		. 0		Telephone Number	Date of In (mm/dd/y	spection	ID#
Spicy	' i na		uisine	⁽ 812 ^E 867 ^E 2741		•	13759
Establishm	ent Addre:	ss (nu	mber and street, city, state, zip code)	1	07/14	1/2017	10700
			New Harmony Rd, Evansville, IN, 47725	⁽ 812 ⁻ 867-2741			
Owner				Purpose:	Follow-u	n Releas	se Date
				Routine		07/	24/2017
Owner's Ac	ldress						
				Follow-up	Summary	of Violation	is:
Person in C	Нагре			Complaint		NC () N
	50			Pre-Operational	C	NC_	, R O
Responsible	Person's	E-ma	il	Temporary		(0 1 P	. ,
Kosponsion	0 1 01 3011 3	L-1116	u	HACCP	Menu Iy	pe (See addi	nonai page)
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Certified Fo	ood Hanui	EI		final	1 <u> </u>		<u>′4<u>U</u>5<u>U</u></u>
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LECTRITICAL LECTRICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
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Received by				Inspected by (name and title pr			
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