

Establishm Burge		าต 	#1075		Telephone Number	Date of In (mm/dd/y		ID#
Establishm	ent Addre	ss (nu	mber and street, city, state	zip code)	(812 <sup>E</sup> 471 <sup>E</sup> 9730		5/2017	13340
2501 N	<i>l</i> lenar	<u>ds</u>	Drive, Evansvil	le, Indiana, 47715	<sup>(</sup> 315 <sup>-</sup> 424-0513	}		
Owner Carrol		•			Purpose:	Follow-u		
Owner's Ac		<u> </u>	<del></del>		Routine	No.	109/	04/2017
		St	reet, Syracuse	e. NY. 13203	Follow-up	Summary	of Violation	s:
Person in C	harge		<u>, , ,</u>		Complaint	ار 0	, , (	) _()
Carrol					Pre-Operational Temporary	<sup>_</sup>	_ NC_ <del>_</del>	- R -
Responsible	e Person's	E-ma	il		HACCP Menu Type (See additional page)			
Certified Fo			<del></del>		Other (list)	$10^{\circ}$	$\bigcirc$	1000
Lisa M	arcun	<u>1</u>				1 <u> </u>		<u> </u>
<b>E</b> RITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS M.	ARKED "C"			
∰ IOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECT	TONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative	·			rrected By
			<del></del>	No Violations.	<u> </u>			
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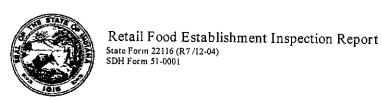
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ent Name		<u> </u>		1 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>,</del>		
Sass	y Sw	ee	t Confection	S	Telephone Number (812-760-8824	Date of Ins (mm/dd/yr	)	13014
Establishm 3001	Thorn	ss (nu hill	mber and street, city, state Dr, Evansville	, zip code) e, Indiana, 47713	1	I VOIZO	/2017	, , , ,
Owner Christ					Pur pose:	Follow-up		
Owner's A		301	<u> </u>		✓ Routine	No	[ 09/	04/2017
		hill	Dr. Evansville	e, Indiana, 47713	Follow-up	Summary	of Violation	is:
Person in C	Charge	_		<u> </u>	- Compianii	1	(	$\cap$
Christ	y Gib	sor	า		Pre-Operational	C	NC_	, <sub>R</sub> ,
Responsibl	e Person's	E-ma	il		Тетрогагу	Menu Typ	(See addit	ional page)
					НАССР		~ (000 000)	ional page)
Certified F	ood Handl	er .		·	Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <u>C</u>	<u>4O5O</u>
ECRITICAL	. ITEMS AR	E IDE	NTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS M	(ARKED "C"	<u> </u>		
				TIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				rrected By
324	С	i		Plumbing needs f	ixing.			rected
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D. 11 (1 / 1 )					<u>Ricardo Zac</u>	<u>ar</u> ıas		
Received by	(signature):				Inspected by (signature):			
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Stablishment Name NOM Food Truck		Telephone Number	Date of Inspec	tion	ID#
Establishment Address (number and street, city, state		_ <sup>(</sup> 812 <u>-</u> 483 <u>-</u> 4038	08/29/2	017	12251
<u>[3714 Herrman Rd, Evansvi</u>	lle, IN, 47711	<sup>(</sup> 812 <sup>-</sup> 483-4038	00,20,2		
MATTHEW HOOPER	-	Purpose: ✓ Routine	Follow-up	Releas	e Date 08/2017
3714 Herrmann Rd, Evans	illo IN 47711	Follow-up	Summary of		
Person in Charge	7111E, 111, 47711	Complaint	n	$\mathcal{C}$	<b>)</b>
MATTHEW HOOPER		Pre-Operational	c	NC_	, <sub>R</sub> , 0
Responsible Person's E-mail		Temporary HACCP	Menu Type (	See addit	ional page)
Certified Food Handler  Matt Hooper	<del>-</del>	Other (list)	1 <u>0</u> 2	) <sub>3</sub> O	<u>4</u> 050
EDRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLI	IST AND NARRATIVE COLUMNS N	ARKED "C"			
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Section# C/NC R	Narrative				rrected By
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Received by (signature):		Inspected by (signature):			<del></del>
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Establishm	ent Name			Telephone Number	Date of Inspec	tion	ID#
Twice	e the	Ice	9	(812 <u>-582-1473</u>	/ /17/ \	tion	
			mber and street, city, state, zip code)			017	12204
<u>401 S</u>	Kent	uck	ky Ave, Evansville, IN, 47714	<sup>(</sup> 812-582-1473			
Owner Miller		LC		Purpose:  ✓ Routine	Follow-up	Releas	e Date 09/2017
Owner's A		<u> Ы</u>	wy, Evansville, IN, 47714	Follow-up	Summary of		
Person in C			vvy,vansvine, iiv, 477 14	Complaint	Λ	$\boldsymbol{c}$	$\cap$
Miller		LC		Pre-Operational	$c_{\underline{U}}$	NC_	, R_O
Responsible	e Person's	E-mai		Temporary	Мепи Туре (	See addit	ional page)
_				HACCP		_	
Certified Fo	ood Handl	er		Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u>(</u>	<u> </u>
<b>E</b> tritical	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP		D IN THE NARI	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			_	rrected By
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Craig	Mill	er		David Hornir			
Received by				Inspected by (signature):	<u>.a_</u>		
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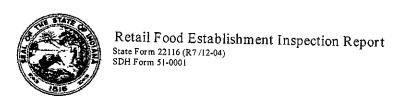
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm					Telephone Number	Date of Ir	an action	ID#	
McAl	ister'	s [	Deli			(mm/dd/s	rspection τ)	ID#	
			imber and street, city, state	zin code)	<b>_</b> <sup>(</sup> 812 <u>°</u> 6†8°2050	08/2	5/2017	12175	
2220	N Gre	en	River Rd, Eva	nsville, IN, 47715	(812 <sup>-</sup> 319-1714				
Owner LLD II	nvest	me	nts, Inc.	· · · · · · · · · · · · · · · · · · ·	Purpose:	Follow-u		e Date 04/2017	
Owner's A	ddress				Follow-up	<del></del>			
<u> 1141</u>	<u>Pine (</u>	Ga	te Rd, Evansv	ille, IN, 47725	F= '	Summary	of Violation	ns:	
Person in C	Charge				Complaint	L ()	(	) ()	
	<u>าvestı</u>	me	nts, Inc.		Pre-Operational	c	NC_	R	
Responsibl	e Person's	E-ma	il		Temporary	Menu Tv	pe (See addit	ional nage)	
					НАССР	Menu Type (See additional page)			
Certified F Clifton			rth		Other (list)	1 <u>0</u> 2	<u>O</u> 3 <u>©</u>	$0_4$ $0_5$ $0_5$	
RITICAL	. ITEMS AF	E IDE	ENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS M	ABVED				
Section#	C/NC	R	TROM FREVIOUS INSPECT	CIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	K		<u>Narrative</u>	<u> </u>		To Be Co	rrected By	
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Clifton Duckworth					Inspected by (name and title pr	ented): EVER			
Received by	(signature):				nspected by (signature):	_ ,		<del></del> -	
ec:		_	<del></del>		<u></u>				
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Establishm 1328 Owner	& G ent Addre Dresc	ss (nu den	Clubs  mber and street, city, state St, Evansville ce of Boys & C	e, IN, 47711		Telephone Number  ( ) Establishment  ( ) Owner  Purpose:	Date of Instance (mm/dd/yr 08/31	) /2017	12105 12105 te Date 10/2017
Owner's A 1328 Person in C	ddress Dresc Charge Da Alli e Person's	den and E-ma	St, Evansville	e, IN, <u>4771</u> 1		Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Summary C_O	of Violation	
			ENTIFIED IN THE CHECKLIS	TONS ARE DENOTED IN 1	THE "SUN	L MARKED "C" MMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	BELOW AS "R"
Received by Tonya	(name and a Sto	title pr		No noted vi	iolatio	inspected by (name and title p	printed):	To Be Co	rected By
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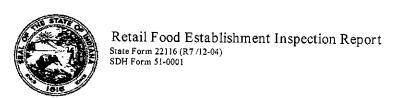


Establishn	nent Name				Te	lephone Number	Date of In	enaction	ID#
AIS [	<u> Diam</u>	on	d			312 <u>°</u> 435 <u>°</u> 3423	(mm/dd/y	τ)	
Establishn	nent Addre	ss (nı	imber and street, city, state	e, zip code)				1/2017	12057
2319	String	tov	<u>vn Rd, EVANS</u>	<u>ŠVILLE,</u> IN, 47711	8'	312 <sup>-4</sup> 35-8453	·}		}
Owner EVSC	•					rpose:	Follow-u	p Releas	se Date
Owner's A			<u> </u>		<b>√</b>	Routine	No	_   09/	10/2017
1951 V	Valnu	t St	t, Evansville, I	IN 47713		Follow-up	Summary	of Violation	ns:
Person in (	Charge		i, Evalisville, i	11, 41113	┺	Complaint		(	) n
EVSC	,				=	Pre-Operational	[ C	NC_	ノ R_U
Responsibl	e Person's	E-ma	il			Temporary	Menu Tvr	oe (See addit	tional page)
						НАССР		70 (See addi)	ional page)
Certified F Tamar				<u> </u>	1	Other (list)	$1\bigcirc_2$	$\bigcirc$ 3 $\bigcirc$	$_{4}O_{5}O$
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ERRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN						ED "C"		-	
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Section#	C/NC	R		Narrative Narrative					rrected By
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Establishm	ent Name			· · · · · · · · · · · · · · · · · · ·	T 7. 1. 1. 1. 1.	<del>-</del> -		г
God's F	(ids Pre	sch	iool - McCutchanv	ille Community Church	Telephone Number (812-867-5735)	Date of Inspe (mm/dd/yr)		ID# 12012
Establishm	ent Addre	ss (nu	umber and street, city, state	zip code) ville, IN, 47725	812-867-5735	08/31/2	2017	12012
Owner	CiG	SDI	uig itu, Lvaiis	VIIIE, IIV, 47725				
McCu	<u>tchan</u>	vill	e Community	Church	Purpose:  Routine	Follow-up	Releas	e Date 10/2017
Owner's A	ddress				Follow-up	Summary of		
9000	<u>reter</u>	SDI	urg Ro, Evans	<u>ville, IN, 47725</u>	Complaint	Δ.		` ^
Person in C	tchan	vill	e Community	Church	Pre-Operational	c_ <b>U</b> _	NC_	<u> </u>
Responsible	e Person's	E-ma	il		Temporary HACCP	Мепи Туре	(See addit	ional page)
Certified F	ood Handle	er		Other (list)	.0.0	).O	0.00	
Rhia I	<u>lardin</u>					1 22	<u> </u>	<u> 4050</u>
ETRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS M	ARKED "C"			
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Section#	C/NC	R		Narrative				rrected By
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Received by Rhia					Inspected by (name and title print Kelly Holzme		_	
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Establishm A & A		- od 1	Mart Inc.	Telephone Number (812-402-2101	Date of In (mm/dd/y	r)	<sup>ID#</sup>	
1000 \	ent Addre Wash	ss (nu i <b>n</b> g	mber and street, city, state, zip code) ton Ave, Evansville, IN, 47714	1	08/28	3/2017	11000	
Amit A				Purpose:  Routine	Follow-u Yes		Date 07/2017	
Owner's Ac 900 V Person in C	/ Colu	ıml	oia St, Evansville, IN, 47710	Follow-up Complaint	Summary	of Violation		
Amit A	\rora	F	n	Pre-Operational Temporary	c_3	NC_		
				НАССР	Menu Ty	pe (See addi	tional page)	
Certified For Fastilia	DeC	ast		Other (list)	1 <u> </u>		<u> 14U5U</u>	
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N	JARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative	<del>-</del>				
344	С	R	Hand washing sink is in:	10 B0 C811CC				
345	C		Hand washing sink being us	ed for storage.		Coi	rected	
431	NC		Three compartment sink in need of cleaning. 08/28/20					
295	С		Ice bin guard soiled and in no				0/2017	
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Received by	(name and	title p	rinted);	Inspected by (name and title pr	inted):			
Neera		-		Kelly Holzme				
Received by	(signature)	;		Inspected by (signature):	<u> </u>	··	· · · ·	
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Establishm	t M		<del></del>				_	
Sush	i Witl				Telephone Number (864-989-0178	Date of Ing (mm/dd/yr	)	ID# 11950
Establishm 6401 E	ent Addre	ss (nu d E	mber and street, city, state, Xpressway, Eva	zip code) ansville, IN, 47715	( ) Osmar	08/28	/2017	
Sushi		Gι	ısto		Purpose:  ✓ Routine	Follow-uj		e Date 07/2017
Owner's Ac 508 P		/lva	ania Ave, Gree	er, SC, 29650	Follow-up Complaint	Summary	of Violation	is:
Person in C Sushi	harge				Pre-Operational	c <u>U</u>	NC	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il		Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>O</u> 3 <u>C</u>	$0_4 \bigcirc 5 \bigcirc$	
<b>E</b> TRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS M	ARKED "C"			
⊡ IOLATIC	N(S) REPE	ATED		IONS ARE DENOTED IN THE "SUN		D IN THE N	arrative	BELOW AS "R"
Section#	C/NC	R		<u>Narrative</u>			To Be Co	rrected By
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Received by	(name and	title n	ninted):	<u> </u>	Town at the Z	1		
Received by (name and title printed):  Jimmy Uk					Inspected by (name and title pr. Colin Ward	inted);		
Received by	(signature)				Inspected by (signature):			
cc:				cc;	<u> </u>	cc:		
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Establishm	ant Mana							
The F	Fresh		larket	Telephone Number (812=402=5361	Date of In (mm/dd/y:	r)	ID# 11949	
6501 E	E Lloy	inu d E	mber and street, city, state, zip code) xpressway, Evansville, IN, 47715	( ) Chimai	00/20	3/2017		
		<u>Vl</u> a	rket Inc	Purpose;	Follow-u Yes		e Date 07/2017	
Owner's A		lev	Rd Ste500, Greensboro, NC, 27408	Follow-up	Summary	of Violation		
Person in C	harge		rket Inc	Complaint Pre-Operational	$ _{c}$ 1	NC_ (	$\bigcap_{\mathbb{R}} 0$	
Responsible				Temporary	Menu Tyr	oe (See addit		
Certified F	ood Handle	<u> </u>		HACCP Other (list)				
Tony S					1 2	<u> </u>	4 <u>0</u> 5 <u>0</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section# 415	C/NC C	R	Narrative				rrected By	
			Live pest activity present. Pest	control contacted.	_	09/1	1/2017	
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ent Name			Telephone Number	D. CT		
Lyle's	s Spo	ort	szone Pizza & Pub LLC	812=425=7729	Date of In (mm/dd/y	r)	11934
Establishm	ent Addre E Mol	ss (пս <b>rga</b>	mber and street, city, state, zip code) IN Ave, Evansville, IN, 47711	<sup>(</sup> 812 <sup>0</sup> 550-3921	00/3	1/2017	
Lyle V		er		Purpose:  Routine	Follow-u		e Date 10/2017
Owner's A		œle	ey, Evansville, IN, 47710	Follow-up	Summary	of Violation	
Person in C	harge		<u></u>	Complaint Pre-Operational	c <u>_0</u>	_ NC_	$0_{R}$
Responsible			il	Temporary HACCP	Menu Ty	pe (See addit	ional page)
Certified Fo				Other (list)	1 <u>0</u> 2	<u></u>	<u>4</u> 050
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		<u>-</u>		
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Section#	C/NC	R	Narrative Narrative			To Be Co	rrected By
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ent Name	_	<u> </u>	Telephone Number	T 55		<del></del> -
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				<sup>(</sup> 812 <u>=</u> 402=7783	08/25/2	2017	11871
815 S	Gree	n F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<sup>(</sup> 812 <sup>-</sup> 455-4867	00,20,	2017	
Owner				Purpose:	Follow-up	Releas	e Date
David		<u>er</u>		<b>✓</b> Routine	No		04/2017
Owner's Ad		_		<b></b>	Summary of		
815 8	Greei	<u>1 R</u>	iver Road, Evansville, IN, 47715	Complaint		_	
Person in C				Pre-Operational	ر <b>ل</b> ا ۾ ا	NC_	) "()
David	_	_			<u></u>	NC	_ R
Responsible	e Person's	E-ma	il ————————————————————————————————————	Temporary	Мепи Туре	(See addi	ional page)
				HACCP		<u> </u>	
Certified Fo				Other (list)	1 2	<b>)</b> 3(•)	4U5U
David '	Tucke	<u></u>					
ERITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
₩IOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAM	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				rrected By
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Owner SERV	dy's # ent Addre Burk 'US, I	ha ha:	mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715	Telephone Number  (812-471-4395)  (812-482-3212)  Purpose:  Routine  Follow-up	Date of Inspection (mm/dd/yr) ID # 12	1791
Person in C SERV Responsible	<sup>Charge</sup> US, I	nc.		Complaint Pre-Operational Temporary HACCP	CNCI	R_O age)
Certified For	<u>Mart</u>	<u>in</u>	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	Other (list)	1 <u>O</u> 2 <u>O</u> 3 <u>O</u> 4 <u>C</u>	) <sub>5</sub> O
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Section#	C/NC	R	Narrative Narrative		To Be Correcte	$\frac{1}{100}$
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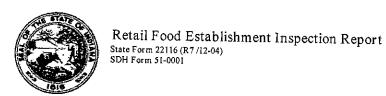
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	_			Telephone Number	Date of Ir	Ispection	ID#	
Burge	er Ba	ınk		<sup>(</sup> 812=475=2265	/ /12/		11770	
Establishm	ent Addre	ss (nu	imber and street, city, state, zip code)		1 110/2	8/2017	11770	
1617	S We	inb	ach Ave, Évansville, IN, 47714	(812-589-7664	ľ			
Owner	•			Purpose:	Follow-u	p Releas	e Date	
Falco	ne In\	es/	tments Inc	<b>✓</b> Routine	Yes		07/2017	
Owner's A								
1617	<u>S We</u>	nb	ach Ave, Evansville, IN, 47714	Complaint	Summary	of Violation		
Person in C	Charge			Compiant	[ 1	$_{\rm NC}$ 2	2 . 0	
			tments Inc	Pre-Operational	C	_ NC_ <del>_</del>	R	
Responsibl	e Person's	E-ma	il	Temporary	Мепи Ту	pe (See addit	ional page)	
<u> </u>				HACCP		~ ~		
Certified F				Other (list)	1 <u>0</u> 2	$\bigcirc_3 \bigcirc$	<sup>1</sup> 4\(\)5\(\)	
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Section#	C/NC	R	Narrative				rrected By	
431	NC		Storage racks in need o	f cleaning				
256	NC				<u> </u>	09/11/2017		
118	C		Prep table reach in cooler lack	ing thermometer.			4/2017	
110			Facility lacking certified food safety ha	andler certificate o	nsite.	09/0	4/2017	
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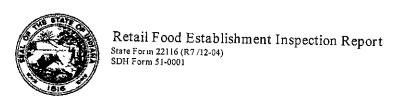


Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

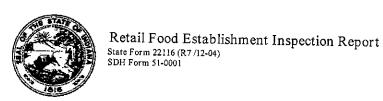
Establishm	ient Name				m 1 1 37 1	T		
		$\sim$	hristian Sch	ool - Aramark	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Establishm	ent Addre	SS (2)	imber and street, city, state	OUI - Alamaik	<b>_</b> (812 <u>°</u> 477°7777	08/29/2	2017	11586
4400	Linco	ln /	Ave, Evansvill	e, IN, 47715	(812 <sup>-</sup> 476-4973	00/20/2	.017	
Owner Arama	ark				Purpose:	Follow-up		e Date
Owner's A					<b>✓</b> Routine	No_	09/	08/2017
4400	<u>Linco</u>	ln /	Ave, Evansvill	e, IN, 47714	Follow-up Complaint	Summary of	_	
Person in C	ark			-	Pre-Operational	c_ <b>U</b> _	NC	) <sub>R</sub> U
Responsible	e Person's	E-ma	il		Temporary HACCP	Мепи Туре (	See addit	ional page)
Certified F			/		Other (list)	1 <u>O</u> 2	<u>)</u> 3 <u>O</u>	<u>1</u> 4 <u>O</u> 5 <u>O</u>
ECRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS I	MARKED "C"	<u> </u>		
				TIONS ARE DENOTED IN THE "SU				
Section#	C/NC	R		Narrative	MINIMARY OF VIOLATIONS AN			
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KC's	Corr	ner	Pocket		Telephone Number (812-428-2255		nspection yr)	ID#
Establishm	ent Addre	ess (ni	imber and street, city, state	e, zip code)		1 1/0/.3	0/2017	11507
<u> 1819</u>	<u>N</u> Ful	tor	<u>ı Av</u> e, Evansv	ille, IN, 47710	<sup>(</sup> 812-437-9920			
Owner					Purpose:	Follow-u	ıp Releas	e Date
Kerry		<u>se</u>	<u>r Jr</u>		Routine	No		09/2017
Owner's A		1	O NA II =		▼ Follow-up	Summar	y of Violation	
11211	/vasni	ngı	on Sq Mail, Ev	ansville, IN, 4771	Complaint		_	_
Person in C Kerry	Charge	·e^	r Ir		Pre-Operational	ا <sub>د</sub> U	_ NC_	)
Responsibl				Temporary				
Responsion	C 1 CI 2011 2	E-ma	LU	HACCP	Menu Ty	pe (See addit	ional page)	
Certified F	ood Handl	er		Other (list)				
			v person)			1 $2$		<u> </u>
				ST AND NARRATIVE COLUMNS	<u> </u>	<u></u>		
C	N(S) KEPE	AIEL	FROM PREVIOUS INSPECT	TIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	DINTHE	NARRATIVE	BELOW AS "R"
Section#	C/NC	R		<u>Narrative</u>			To Be Co	rrected By
			All v	violations from 8-23-	17 corrected.			
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Mossolmana David		Telephone Number	Date of Ir	spection	ID#	
Wesselmans-Royal Establishment Address (number and street, city, state, z	. 1	(81 <b>2=479=86</b> 03	(mm/dd/y	<sup>7)</sup> 9/2017	11446	
1200 N Fulton Ave, Evansvill	le, IN, 47710	<sup>(</sup> 812 <sup>-</sup> 479-0993	00,2.	7/2011	! 	
Owner WINKLER INC		Purpose:	Follow-u		se Date	
Owner's Address		<b>✓</b> Routine	No.	<u>  09/</u>	<u>08/2017</u>	
5011 Washington Ave #6, Evar	nsville, IN, 47715	Follow-up	Summary	of Violation		
Person in Charge WINKLER INC	,,	Complaint Pre-Operational	$\int_{\rm c} 1$	$_{\rm NC}$ 2	2 2	
Responsible Person's E-mail	<del></del>	Temporary	) ( T			
		НАССР	Menu Ty	pe (See addit	ional page)	
Certified Food Handler Will obtain.		Other (list)	1 <u>O</u> 2	<u>O</u> 3O	$0_4 \underline{O}_5 \underline{O}$	
ETRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST	ARKED "C"	_				
INVIOLATION(S) REPEATED FROM PREVIOUS INSPECTIO			D IN THE N	ARRATIVE	BELOW AS "R"	
Section# C/NC R	<u>Narrative</u>				rrected By	
		and the left handle for the first of the left handle for the left				
	proper storage of ra		neats. Corrected			
298 NC Microwave	Microwave in deli area, soiled. Needs cleaning.				rected	
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Mark Jaebker		nspected by (name and title pri				
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Establishn			000		Telephone Number	Date of Inspe	tion	ID#
Waln			umber and street, city, state		<b>_</b>	(mm/dd/yr) 08/30/2	017	11431
401 N	Burk	ha	rdt Rd. Evans	ville, IN, 47715	(479-209-4738	00/00/2	.017	
Owner			<u></u>	<u> </u>	Purpose:	Follow-up	Releas	e Date
Owner's A		tor	es East, LP		Routine	No	09/	09/2017
		ı S	t, Bentonville.	AR, 72716-0500	Follow-up	Summary of	Violation	is:
Person in (	Charge			7 11 17 70 0000	Complaint	۵ ا	<sub>NC_</sub> (	) _ ()
Responsible			es East, LP	Pre-Operational Temporary				
Cosponsion	e rei son s	E-ma	Ш	HACCP	Menu Type (	See addit	ional page)	
Certified F	ood Handi	ег .		Other (list)	102	),(•)	$0_4 \bigcirc 0_5 \bigcirc$	
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Section#	N(S) REPE	ATED	FROM PREVIOUS INSPECT	TIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAR	RATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative		To	Be Co	rrected By
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Establishment Name	· · · · · · · · · · · · · · · · · · ·	Telephone Number	Date of Ir	an ostic-	175.11
Vogel School K-6		(812=469=5087	4 11 11	π)	ID#
Establishment Address (number and street, city, state 1500 Oak Hill Rd., EVANS)	c, zip code)			9/2017	11424
Owner	VILLE, IIN, 47711		<u> </u>		
Evansville Vanderburgh Sclowner's Address	hool Corp.	Purpose:  Routine	Follow-U NO		e Date 08/2017
951 Walnut St, Evansville, I	N, 47713	Follow-up Complaint	Summary	of Violation	s:
Person in Charge Evansville Vanderburgh Scl	hool Corp.	Pre-Operational	c <u>U</u>	_ NC_	<u>)</u>
Responsible Person's E-mail		Temporary HACCP	Menu Ty	pe (See addit	ional page)
Certified Food Handler Mary Glaser		Other (list)	$1 \bigcirc 2$	<u>O</u> 3O	4 <u>O</u> 5O
©CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS	MARKED "C"		<del></del>	
(a) IOLATION(S) REPEATED FROM PREVIOUS INSPEC					
Section# C/NC R	Narrative	JMMARY OF VIOLATIONS" AN	D IN THE N	_	
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Mary Glaser		Inspected by (name and title pri			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm		. C	hinese Restaurant	Telephone Number	Date of Ir (mm/dd/y		ID#
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code)	(81 <b>2=479</b> =7600	08/3	., 1/2017	11379
669 N	Gree	<u>n l</u>	River Rd, Evansville, IN, 47715	(812-479-7600			
Owner Jimmy	/ Gad	Α	ssociates, Inc.	Purpose:	Follow-u		
Owner's A	ddress			Routine  Follow-up	Yes		10/2017
669 N	Gree	<u>n F</u>	River Rd, Evansville, IN, 47715	Complaint	Summary	of Violation	s: 
Person in C	<u>/ Ğao</u>	As	ssociates, Inc.	Pre-Operational	$C \cup C$	NC_4	- R_1
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Ty	pe (See addit	ional page)
Certified F (10/4/		er		Other (list)	1 <u>O</u> 2	<u>O</u> 3 <u>O</u>	4050
<b>E</b> CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M.	ARKED "C"			
□ IOLATIC	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 Narrative				rrected By
410	NC		Lacking light shielding at	09/14/2017			
291	NC		Lacking chemical sanitiz		_	09/0	1/2017
308	NC		Stove not properly positioned			09/0	3/2017
431	<u>N</u> C	R	Kitchen ceiling tiles	soiled		09/0	4/2017
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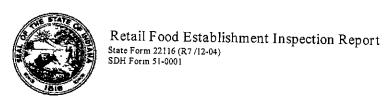
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12500	NH	gh'	way 41, Evansville, IN, 47725	5 (4	270-826-3183	00.01	2017	
Jeff T	rovol				ur pose:	Follow-up		se Date
Owner's A					Routine	NO	09/	10/2017
PO BO	OX 72	24,	Henderson, KY, 42420	F	Follow-up Complaint	Summary	of Violation	is:
Person in Co	Charge			T	Pre-Operational	$_{\rm c}$ $_{\rm U}$	NC_(	$\frac{\mathbf{D}}{\mathbf{R}}$
Responsible	e Person's	E-ma	ii	<u> </u>	Temporary	Menn Type	(See addit	ional page)
				<u> </u>	HACCP		, (See addit	ionar page)
Certified Fe			nan	<b>-</b>	Other (list)	1 <u>0</u> 2	<u>3</u> C	$^{1}4O_{5}O$
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					
Section#	C/NC	R		OMM	ARY OF VIOLATIONS" ANI			
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4720	String	ss (nu tov	umber and street, city, state vn Rd, EVANS	SVILLE, IN, 47711			1/2017	11000
Owner Evans	sville '	Va	nderburgh Scl	nool Corp.	Purpose:	Follow-u		e Date 10/2017
Person in C	Charge		t, Evansville, I	Follow-up Complaint	Summary	of Violation	is:	
Evans Responsibl	e Person's	Val E-ma	nderburgh Sch	Pre-Operational Temporary	C	Pe (See addit	Rional page)	
Certified F			- <del>-</del>	HACCP Other (list)	1 <u>O</u> 2	<u>O</u> 3	4050	
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6225 V	ogel	R	d., EVANSVIL	LE, IN, 47715	( ) Chwner	50,20,	2017	
Owner STEPH	ΙEΝ	LIE	S FINER CH	OCOLATES Inc	Pur pose:  ✓ Routine	Follow-up		e Date 08/2017
Owner's Addr	ress		<u> </u>		Follow-up			
4025 C	<u>rom\</u>	<u>ve</u>	ll Dr, Evansvil	lle, IN, 47725	Complaint	Summary o	I Violation	ns:
Person in Cha	ĒΝ	LIE	S FINER CH	OCOLATES Inc	Pre-Operational	c_ <b>U</b> _	NC_	$\frac{1}{2} \left  \frac{0}{R} \right $
Responsible Po	er son 's F	E-ma	ii —————		Temporary HACCP	Menu Type	(See addit	ional page)
Certified Food	Handle		<del></del>		Other (list)	0		
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7929	E Div	isi(	mber and street, city, state on St, Evansvi	lle, IN, 47715	(606-324-5421	00/3	1/2017	
Owner C Dou	uglas	Kn	ipp, Pres./Fan	nily Dining Inc.	Purpose:	Follow-u	,	Date 10/2017
Owner's A	ddress		· · · · · · · · · · · · · · · · · · ·		✓ Follow-up		of Violation	
Person in C	<u> </u>	<u>79,</u>	Ashland, KY,	41105	Complaint	Summary	y of violation	s: <b>\</b>
		Kn	inn Pres /Fan	nily Dining Inc.	Pre-Operational	$_{\rm c}$ U	NC L	, R O
Responsible	e Person's	E-ma	il	any Diring Inc.	Temporary	Manu Tu	pe (See addit	
		_			НАССР	1violid Ty	pe (See addit	ionai page)
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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9515	St. We	end	el Rd., EVANS	SVILLE, IN, 47720	<sup>(</sup> 812 <sup>-</sup> 963-9310		.,,,			
Owner St Joe	e Inn i	nc		,	Purpose:	Follow-u		e Date 10/2017		
Owner's A			L-1 D   E		Follow-up		y of Violation			
9515	St vve	ena	<u>lei Rd, Evansv</u>	ville, IN, 47720	Complaint		y of violation	`		
Person in C		nc			Pre-Operational	$\int_{\mathbb{C}} \mathbf{U}$	NC (	ノ <sub>R</sub> U		
Responsibl					Temporary	14				
					HACCP	Menu Iy	pe (See addit	ional page)		
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1600 (	Glend	ss (nu ale	mber and street, city, state, PAVE, EVANS	, zip code) VILLE, IN, 47712	(	) Owner	00/20	12017	
		S	CHOOL			arpose: Routine	Follow-up		e Date 07/2017
Owner's Ac	ddress					Follow-up	Summary	of Violation	
Person in C	harge NES	S	CHOOL		E	Complaint Pre-Operational	$^{c}$ 0	NC_(	) <sub>R</sub> 0
Responsible	Person's	E-ma	il		┢	Temporary HACCP	Menu Typ	e (See addit	ional page)
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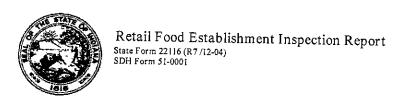
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Scott	ent Name	ne	ntary School		Telephone Number (812-867-4765	(mm/dd/	, ,	<sup>ID#</sup>
Establishm	ent Addre	ss (nu	mber and street city state	zip code) SVILLE, IN, 47725		1 00/0	1/2017	11310
Evans	sville '		nderburgh Sch		Purpose:  ✓ Routine	Follow-1		e Date 10/2017
Owner's A 951 V	/alnut	St	<u>, Evansville, I</u>	N, 47713	Follow-up Complaint	Summar	y of Violation	ns:
Person in C Evans	<u>ville \</u>	∕aı	nderburgh Sch	nool Corp.	Pre-Operational Temporary	$c \overline{0}$	_ NC_	$\sum_{R} U$
Responsible			il 		НАССР	Menu Ty	pe (See addit	ional page)
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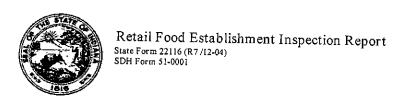


Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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4500 V	V Lloy	un) ee: <b>XB L</b>	mber and street, city, state, zip code)  (pressway, EVANSVILLE, IN, 477	( ) (		8/2017			
		Mar	kets Inc	Purpose:	Follow-u		e Date 07/2017		
Owner's A	<u>Lack</u>	dar	nd Rd, St Louis, MO, 63146	Follow-up Complaint	Summar	y of Violation			
Person in C	Charge		kets Inc	Pre-Operational	$c_{1}$	_ NC_	) <sub>R</sub> 0		
Responsibl	e Person's	E-ma	11	Temporary HACCP	Menu Ty	Menu Type (See additional page)			
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ECRITICAL	. ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	NS MARKED "C"	<u> </u>				
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Section#	C/NC	R	Narrative				rrected By		
324 C Deli island hand sink lacking hot v				water. In need of rep	oair.		8/2017		
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Establishn	ent Addre	ss (nı	smber and street, city, state St, Evansville	zíp code)	(812-477-2677		9/2017	11270		
Owner HASL				<u></u>	Purpose:	Follow-u				
Owner's A	ddress			<del></del>	<b>✓</b> Routine	No		08/2017		
8015	E Div	isic	on St, Evansvi	lle, IN, 47715	Follow-up Complaint	Summary	of Violation			
Person in O	PAT	ΈL			Pre-Operational	c 0	NC	$\frac{2}{2} \left[ \frac{0}{R} \right]$		
Responsibl	e Person's	E-ma	il	-	Temporary HACCP	Menu Typ	oe (See addit	ional page)		
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Section#	C/NC	R		Narrative				rrected By		
346	NC			at hand sink.		08/2	9/2017			
_ 347	NC		Lacking	hand drying provision	ons for hand sink.		08/29/2017			
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7301	Linco	În.	Ave., EVANSV	ILLE, IN, 47715	<sup>(</sup> 812 <sup>-</sup> 435-8453	02/20//	_0.,	·
Owner					Purpose:	Follow-up	Releas	e Date
Owner's A	ddress	va.	nderburgh Sch	ool Corp.	Routine	No_	09/	<u>08/2017</u>
		S	t, Evansville, IN	V, 47713	Follow-up	Summary of	_	
Person in C	harge				Complaint Pre-Operational	0 .	NC_(	0 , 0
Responsibl			nderburgh Sch	ool Corp.	Temporary			_
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm Nisbe				<u> </u>	Telephone Number	Date of Insper	ction	ID#
			mber and street, city, state,		_ <sup>(</sup> 812 <u>-</u> 963-9305	(mm/dd/yr) 08/31/2	n17	11223
6701 N	lisbet	Sta	ation Rd, HAUB	STADT, IN, 47639	<sup>(</sup> 812 <sup>-</sup> 963-9305	00/31/2	.017	
	_	ΚY	HARL		Purpose:	Follow-up	Releas 09/	e Date 10/2017
Owner's Ad 6101 #	#6 SC	H	OOL RD, Evar	nsville, IN, 47720	Follow-up Complaint	Summary of		
Person in C	BEC.	ΚY	HARL	<u>-</u>	Pre-Operational	$c_0$	NC_(	$\frac{0}{R}$
Responsible	Person's	E-ma	il ————————————————————————————————————		Temporary  HACCP	Мепи Туре (	See addit	ional page)
Certified For Becky		er er		Other (list)	1 <u>O</u> 2	<u>)</u> 3	4 <u>O</u> 5 <u>O</u>	
ERITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS M	IARKED "C"			
				TONS ARE DENOTED IN THE "SUI		D IN THE NAR	RATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				rrected By
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					Inspected by (signature):			<del></del>
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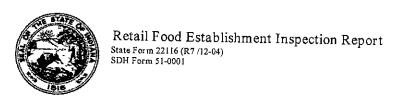


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Establishm	ent Addre	ss (nu	imher and street city state	zip code) /ILLE, IN, 47714	(812 <del>-476-4</del> 973 (812-476-4973	08/28/2	017	11211
Owner MEM(	ORIA		IIGH SCHOOI		Purpose:	Follow-up	Releas 09/	L <sup>c Date</sup> 07/2017
Owner's A	<u>Linco</u>	ln /	Ave, Evansvill	e, IN, 47714	Follow-up Complaint	Summary of		
Person in C MEMC Responsible	<u>DRIAI</u>		IIGH SCHOOL	_/Aramark	Pre-Operational Temporary	c_ <b>U</b>	NC	) <sub>R</sub> U
Certified F	ood Handle	 er	<u> </u>	<del>.</del>	HACCP Other (list)	Menu Type (S	See addit	ional page)
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				ST AND NARRATIVE COLUMNS M TONS ARE DENOTED IN THE "SUI		D IN THE MARK		077 070
Section#	C/NC	R		Narrative	WINART OF VIOLATIONS AN		_	rrected By
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm		II (	Community C	Solo and IV O	Telephone Number	Date of Inspec	ction	ID#
Establishm	ent Addre	ss (nu	community S	ocnool K-8	(812 <del>-435-</del> 8372	08/29/2	2017	11136
2100	N Ful	ton	Ave, EVANS	VILLE, IN, 47710	<sup>(</sup> 812 <sup>-</sup> 435-8453		,	
Owner					Purpose;	Follow-up	Releas	
Owner's Ac	ddress	vai	nderburgh Scl	1001 Corp.	<b>✓</b> Routine	No	<del>-</del>	<u>08/2017</u>
951 W	<u>/al</u> nut	:_S1	<u>, Evan</u> sville, I	N, 47713	Follow-up	Summary of	Violatior ۔۔	ıs:
Person in C	harge		nderburgh Sch		Complaint Pre-Operational	$ _{c} 0$	NC_(	) 。()
Responsible	Person's	E-ma	iderburgit Scr	Temporary				
					HACCP ·	Menu Type (	See addit	ional page)
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ERITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS M	ARKED "C"			
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Section# C/NC R Narrative								rrected By
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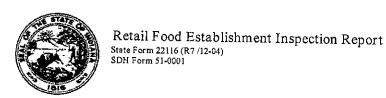
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Caze	Sch	00	l K-5			( (11)	tion	ID#
			mber and street, city, state	zin code)	<sup>(</sup> 812 <u>469</u> 5080	08/29/2	017	11134
[2013 S	Gree	<u>n</u> F	River Rd, EVAN	SVILLE, IN, 47710	<sup>(</sup> 812 <sup>-</sup> 435-8453		•	
Owner		,			Purpose:	Follow-up	Releas	E Date
⊏vans	ville	val	nderburgh Sch	nool Corp.	✓ Routine	No	09/	08/2017
Owner's Ad		- C4	Evenoville I	N 47740	Follow-up	Summary of	/iolation	is:
Person in C	haran	. OI	<u>, Evansville, I</u>	N, 47713	Complaint	$\bigcap$	_	) 0
Evans		/ar	nderburgh Sch	ool Corn	Pre-Operational	$ _{C} U_{-1}$	$_{ m NC}$ (	, RO
Responsible	e Person's	Е-та	il	ioor corp.	Temporary			
'			•	HACCP	Menu Type (S	see addit	ional page)	
Certified Fo		er -	<u> </u>		Other (list)	$10^{\circ}$	).(	
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Section#	C/NC	R.		Narrative	- TOLATIONS AND			
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3100 N	<u> </u>	ose	ph Ave, EVAN	SVILLE, IN, 47720	(515-965-6555	<b>;</b> }		
Owner	V'C I	. A A	DISTING		Purpose:	Follow-up		se Date
Owner's A		VIA	RKETING CC	) 	Routine	No	09/	04/2017
		<b>01</b>	Ankeny, IA, 5	50021	Follow-up	Summary o	f Violation	15:
Person in C	Charge	<u> </u>	Milkerry, IA,	0021	Complaint		(	) (
CASE	Y S 1	ΝA	RKETING CC	)	Pre-Operational	c_ <b>O</b> _	NC	<u> </u>
Responsible					Temporary	Мели Туре	(See addit	tional page)
	_				HACCP			······································
Certified For Kim Ki					Other (list)	1 <u>0</u> 2	<u>_</u> 3 <u>(•</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
				ST AND NARRATIVE COLUMNS M				
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		t S	chool			elephone Number	Date of In (mm/dd/)	nspection yr)	ID#
Establishm	nent Addre	ss (nı	imber and street, city, state	zio gode)	√՝	31 <b>2-476-5</b> 984	08/2	5/2017	11040
1750 Owner	Lodge	e À	ve., EVANSV	ILLE, IN, 47714	(	) Chaner		J. 20 1 1	
HOLY		<u> </u>	PARISH			rpose:	Follow-u No		e Date 04/2017
Owner's A 1760		e A	ve, Evansville	e. IN. 47714		Follow-up	Summar	y of Violation	
Person in (	Charge		PARISH	,,	╊	Complaint Pre-Operational	$ _{c} 0$	$_{\rm NC}$ (	
Responsibl				<del></del>	仁	Temporary	76		
				•		HACCP	Menu Ty	rpe (See addit	ional page)
Certified F Heath			- <u></u>		乍	Other (list)	1 <u>O</u> 2	$\bigcirc_3$	0.4 $0.5$
RITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS ?	MARY	ED 40"			
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Section#	C/NC	R		Narrative	_				rrected By
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Fetablishm	er Er	em	mber and street, city, state, zip code)	(812 <u>469</u> 5083	(mm/dd/yr	) /2017	11016
21 S A		B B	Vd., EVANSVILLE, IN, 47714	<sup>(</sup> 812 <sup>-</sup> 435-8453	00/20	72017	
Owner   Evans	ville '	√aı	nderburgh School Corp.	Purpose:	Follow-up		
Owner's A	ddress			✓ Routine	No		04/2017
951 W	<u>/alnut</u>	<u>: St</u>	<u>, Evansville, IN, 47713</u>	Follow-up Complaint	Summary	of Violation	is:
Person in C Evans	ville '	√ar	nderburgh School Corp.	Pre-Operational	c_ <b>U</b>	NC_	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible	e Person's	E-ma		Temporary HACCP	Мели Тур	e (See addit	ional page)
Certified F	ood Handl	ег		Other (list)	100		
Laura	Cox				1 <u> </u>	<u>3</u>	<u>4030</u>
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
IOLATIC	N(S) REPE		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
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711 F	irst A	ve,	mber and street, city, state, Evansville, IN	, zip code) <b>N</b> , 47710	(574-272-5922	06/25	5/2017	
		isit	ion Company,	Inc.	Purpose:	Follow-u		e Date 04/2017
Owner's A		wo	od Dr. SOUTH	BEND, IN, 46635	Follow-up	Summary	of Violation	is:
Person in C	Charge Acqu	isiti	ion Company,		Pre-Operational	$_{\rm c}$ 1	NC_	_ <sub>R</sub> _1_
Responsible	e Person's	E-ma	il	· · · · · · · · · · · · · · · · · · ·	Temporary  HACCP	Мепи Туг	e (See addit	ional page)
Certified Food Handler Falisha Pierce Other (list)							<u>O</u> 3 <u>O</u>	4050
ERITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS M	IARKED "C"			
⊠ lOLATIO	N(S) REPE			TIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	rrected By
294	C	R	Chemical sanitizer concentration below required level. Contacted GFS				09/01/2017	
413	NC		Back door held open at time of inspection.					rected
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Received by (name and title printed): Falisha Pierce					Inspected by (name and title pri	nted):	· <u>.</u>	
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## 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

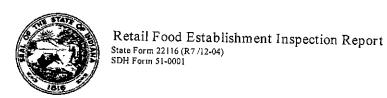
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Hacie			16		Telephone Number	Date of Ins (mm/dd/yr		ID#
Establishm	ient Addre	ss (nu	mber and street, city state	, zip code)	(812=422 <u>2</u> 2055	1 00/51	/2017	10999
5440	Pearl	<u>Dr</u>	<u>, Evansville, I</u>	N, 47712	(57 <sup>4</sup> -272-5922			
Owner	٨٥٥١١	iait	ion Commons		Purpose:	Follow-up		e Date
Owner's A	Acqu.	SIL	<u>ion Company,</u>	Inc.	<b>✓</b> Routine	No	[09/	09/2017
		wo	od Dr. SOUTH	BEND, IN, 46635	Follow-up	Summary	of Violation	ns:
Person in C	Charge				-L		NC_	$\cap$
<u> HMR</u> .	Acqui	isit	ion Company,	Inc.	Pre-Operational	C	NC	R_U
Responsible	e Person's	E-ma	ıil		Temporary	Menu Type	(See addit	ional page)
Certified F	TT J1		<del></del>		HACCP	$1 \sim \lambda$		
Jov Jo	oog Hangi hnsor	er 1∕Ii	nda Zirkelbach	1	Other (list)	1 <u>0</u> 2		<u> 4050  </u>
-		_		ST AND NARRATIVE COLUMNS	<u> </u>			
Section#	C/NC	R	FROM PREVIOUS INSPECT	FIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
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410	110	<u> </u>	vvaik iii co		08/3	0/2017		
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Ricks	s Spc	ort	Bar & Family	/ Room		(mm/dd/	изреснои ут)	ID#
Establishm	ent Addre	ss (nı	imber and street, city, state	zip code)	(812 <u>°</u> 477 <u>°</u> 4088	08/3	0/2017	10998
<u> 1531</u> :	<u>S</u> Gre	en	River Rd, Eva	nsville, IN, 47715	(812-473-4519			
Owner					Purpose:	Follow-ı	ıp Releas	e Date
RICKS.	Spor	<u>t B</u>	ar & Family R	oom Inc	<b>√</b> Routine	No		09/2017
Owner's A		ماد	———— الناب عام ما ا	- INI 47744	Follow-up	Summar	y of Violation	
Person in C	Tollac	JK /	Ave, Evansvill	e, IN, 4//14	Complaint	7		1
Ricks	Sport	ł R	ar & Family R	oom Inc	Pre-Operational	$_{\rm C}$ Z	_ NC	$  R \cup  $
Responsible	e Person's	E-ma	al & Lairing IX	JOHN INC	Temporary			
•					НАССР	Мепи Ту	pe (See addit	ional page)
Certified F					Other (list)	10	$O_3$	1000
Nick D	ickins	on			<del></del>	1 2 2		<u> 4030</u>
<b>⊡</b> CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS M.	ARKED "C"			
				CIONS ARE DENOTED IN THE "SUN		) IN THE I	JADDATIVE	DEI OW AC "D"
Section#	C/NC	R		Narrative				rrected By
415	С	i	Dra	chen area.			8/2017	
303	С			bucket not provided for				
433	NC			roper storage and dry			<del></del>	rected
		-		roper storage and dry	ring of mop.		08/3	0/2017
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Establishn	nent Name	-		<u> </u>	Telephone Number	<u> </u>		
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12500	NH	iah	MOV 11 Evon	sville, IN, 47725	(812-760-2380)	00/3	1/2017	
Owner	7 14 11	<u>ıgı ı</u>	way 41, Evail	<u> </u>				
	Sun	a !	& Kent Dam		Purpose:	Follow-u	· •	
Owner's A	Juli	<u>y</u> (	x Kent Dam		<b>√</b> Routine	NC	09/	10/2017
18401	.aaress Camb	ر ا	70 \/!!!=== D= E.	20 (5) (55)	Follow-up	Summar	y of Violation	s.
10401	Carris	nuç	ge village Dr, E	vansville, IN, 47725	Complaint			
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			& Kent Dam			· —	_ NC	- K
Responsibl	e Person's	E-ma	il		Temporary	Menu Ty	pe (See addit	onal page)
					HACCP			
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Establishm	Bav	ss (nu	an Haus mber and street, city, state, zip code) lin St, Evansville, IN, 47712	Telephone Number  (812=424=1420  ( ) Owner	Date of Inspection (mm/dd/yr) 08/30/201		10985
Jerry	Chan	dle	r LLC	Purpose:  ✓ Routine	Follow-up		Date 09/2017
Owner's A		nk	lin St, Evansville, IN, 47712	Follow-up	Summary		
Jerry (	Charge Chan	dle	r LLC	Complaint  Pre-Operational  Temporary	c_ <b>0</b>	NC_C	$0_{R}$
Responsible	e Person's	E-ma		HACCP	Мепи Тур	(See addit	ional page)
Certified Fo				Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <u>©</u>	$0_4$ $0_5$
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M			_	
Section#	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" ANI	O IN THE NA	RRATIVE	BELOW AS "R"
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		Sch	nool K-5		Telephone Number	Date of Inspect (mm/dd/yr)	tion	ID#
Establishm	ent Addre	ss (nu	mber and street, city, state	zip code)	(81 <b>2</b> <sup>1</sup> 469 <sup>1</sup> 5082	08/28/2	017	10962
2021	S Alvo	ord	Blvd., EVANS	VILLE, IN, 47714	(812 <sup>-</sup> 435-8453			
Owner	villa V	/	اء کے جاہدی برطانہ ک		Purpose:	Follow-up	Releas	
Owner's A	ddress	vai	nderburgh Sch	1001 Corp.	<b>✓</b> Routine	No_	09/	07/2017
951 W	<u>/alnut</u>	St	<u>, Evan</u> sville, I	N, 47713	Follow-up Complaint	Summary of	_	_
Person in C Evans		√aı	nderburgh Sch	nool Corp.	Pre-Operational		$_{\rm NC}$ C	$\bigcup_{R} \bigcup_{R}$
Responsible	e Person's	E-ma	il	<del></del>	Temporary	Menu Type (	See addit	onal page)
Certified F	and IYau JI		<del></del>		HACCP			$\cap$
Kathy				Other (list)	1 2	<u>)</u> 3	4 <u>0</u> 5 <u>0</u>	
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Section#	C/NC	R		Narrative				rected By
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## 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

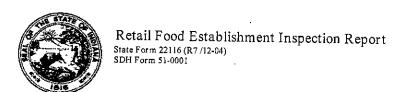
Establishn	ent Name	_		T 77 1 1			
			idewalk Cafe	Telephone Number	Date of I	nspection yr)	ID#
Establishm	ent Addre	ss (nı	imber and street, city state zin code)	_ (812 <u>°</u> 425 <u>°</u> 2515	08/3	1/2017	10900
222 E	: Colu	mk	oia St., Evansville, IN, 47711	<sup>(</sup> 812 <sup>-</sup> 760-6780			
Owner Charle	اما عد	hne	son Jr	Purpose:	Follow-		
Owner's A		11118	SOIT JI	✓ Routine	_ No	09/	10/2017
		erir	ne Dr, Evansville, IN, 47720	Follow-up	Summar	y of Violation	s:
Person in (	Charge			Complaint	1	$_{\rm NC}$ 2	) N
Charle				Pre-Operational	C	_ NC	- R_
Responsibl	e Person's	E-ma	ii	Temporary HACCP	Menu Ty	pe (See addit	ional page)
Certified F	ood Handl	er .		Other (list)			$\sim$
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Section#	C/NC	R	Narrative				rrected By
118	C	<u>L</u> .	Certified food safety license by a	_	0/2017		
234	NC		Utensils being stored either in	water or sanitizer.			rected
232	NC		Bar counter surface in need of resu		8/2017		
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## 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

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Establishm	ent Addre	SS (nu	imber and street, city, state,	rin code)	_\ <sup>(</sup> 812 <u>°</u> 423°5355	08/30	)/2017	10824
1801	W Fra	ink	lin St, EVANS	VILLE, IN, 47712	(812 <sup>-</sup> 423-6204			
owner Frank	lin La	ne	s Inc		Purpose:	Follow-u		e Date 09/2017
Owner's A	ddress				Follow-up			
PO B	ox 62	86,	EVANSVILLE	E, IN, 47719	Complaint	Summary	of Violation	.s:
Person in C Frank	Charge In La	no	s Inc		Pre-Operational	$ _{c}$ $U$	NC (	) <sub>R</sub> () ]
Responsibl					Temporary	1/		` <u>`</u>
<i>'</i>	•		-		<b>П</b> НАССР	Menu Typ	oe (See addit	ional page)
Certified F				Other (list)	$100^{2}$	$\bigcirc_3$	$^{1}4O_{5}O$	
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Section#	C/NC	R		<u>Narrative</u>				rrected By
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Establishm			55 0 110		Telephone Number	Date of Ins		ID#
Starb	ucks	<u> </u>	offee Co. #2	9444	( ) Establishment	(mm/dd/yr)		13755
4700 V	ent Addre	ss (nu d E	mber and street, city, state, <b>xpressway</b> , Eva	zip code) ansville, IN, 47712	(206-318-8705	08/29	/2017	
		Cot	fee Co.		Purpose;	Follow-up No		e Date 08/2017
Owner's Ac		442	2-Tax2, Seattle	e, WA, 98124	Follow-up	Summary	of Violation	
Person in C	harge		fee Co.		Complaint Pre-Operational	$c_0$	NC_	$\frac{0}{\mathbf{R}}$
Responsible	e Person's	E-ma	il		Temporary HACCP	Мепи Тур	(See addit	ional page)
Certified Fo				<del> </del>	Other (list)	102	<u>)</u> 3 <u>C</u>	$0_4 \underline{O}_5 \underline{O}$
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## 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

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Establishm	ent Addre	ss (nu:	mber and street, city, state, zip	code)			08/29	/2017	13//5
3910	E Mo	<u>rga</u>	n Ave, Evansvil	<u>le, IN,</u> 47715		270-724-3309			
Owner	Corina	_			P	urpose;	Follow-up		e Date
Mike (		<u> </u>			L	Routine	No	09/	08/2017
		46	Evansvile, IN ,	17716	L	Follow-up	Summary	of Violation	IS:
Person in C	Charge	70,	Evalistic, IIV,	41110	<u> </u>	Complaint	$\cap$		) (
Mike (		)				Pre-Operational	C_0	NC_	<u></u>
Responsible	e Person's	E-mai	1	<u> </u>	_	Temporary	Menu Tvo	e (See addit	ional page)
	_				<u> </u>	HACCP			101M1 page)
Certified Fo						Other (list)	1 <u>0</u> 2	<u>_</u> 3 <u>©</u>	14 <u>O</u> 5 <u>O</u>
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