

| 5301 F<br>Owner<br>LLD Ir<br>Owner's Ac<br>1141 F<br>Person in C | Ster's<br>ent Addres<br>Pearl<br>NVestr<br>Idress<br>Pine (<br>Charge<br>NVestr<br>Preson's | nei<br>Dr<br>Gat<br>E-mai | mber and street, city, state, zip code)<br>Ste 100, Evansville, IN, 47712<br>nts, Inc.<br>te, Evansville, IN, 47725<br>nts, Inc. | Telephone Number<br>(812-228-4222<br>(812-319-1714<br>Purpose:<br>✓ Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | )<br>/2017<br>0 Releas<br>10/<br>of Violation<br>NC | $ID #  13318  e Date  20/2017  Is:  D R O  tional page)  14 \bigcirc 5 \bigcirc$ |
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|  |   |                           | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N   |  | D IN THE Y                     |   | DEI OW AS "D"  |
| VIOLATIO     Section#  | ON(S) REPE  | ATED<br>R                 | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU<br>Narrative  | MMARY OF VIOLATIONS" AN  | D IN THE N                     |   | below AS "R"   |
| Section  | CITIC   | N                         | No noted violati   | ons.   |                                | IT DU CU  | freedu Dy  |
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| Received by  |   | -                         |  | Inspected by (name and title pr<br>Ricardo Zac   |                                | 5   |  |
| Received by  |   |                           |  | Inspected by (signature):  |                                |   |  |
| cc:  |   |                           | cc:  |  | cc:                            |   |  |



|                           |            |       |   | -  |                          |              |                              |
|---------------------------|------------|-------|---|--|--------------------------|--------------|------------------------------|
| Establishme<br>Walm       |            | /lar  | ket #5452   | Telephone Number<br>(812-647-9499              | Date of Ins<br>(mm/dd/yr |              | <sup>ID #</sup><br>12349     |
|                           |            |       | nber and street, city, state, zip code)<br>.ve, Evansville, IN, 47710 | <sup>(</sup> 479-209-4738                      |                          | /2017        |                              |
| <sup>Owner</sup><br>Wal-m | hart S     | tor   | es East, LP   | Purpose:                                       | Follow-uj<br>NO          |              | e Date<br><b>19/2017</b>     |
|                           | W 8th      | S     | Γ, Bentonville, AR, 72716-0500  | Follow-up<br>Complaint                         | Summary                  | of Violation |                              |
|                           | nart S     |       | es East, LP   | Pre-Operational<br>Temporary                   | с_ <b>U</b> _            |              |                              |
| Responsible               | e Person's | E-mai | 1   | НАССР  | Menu Typ                 | e (See addii | tional page)                 |
| Certified For             |            |       |   | Other (list)                                   | 1 <u>0</u> 2             | <u></u> 3    | <u>4</u> <u>0</u> 5 <u>0</u> |
| • CRITICAL                | ITEMS AR   | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                      | IARKED "C"                                     |                          |              |                              |
| • VIOLATIO                | N(S) REPE  | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                      | MMARY OF VIOLATIONS" AN                        | D IN THE N               | ARRATIVE     | BELOW AS "R"                 |
| Section#                  | C/NC       | R     | Narrative   |  |                          | To Be Co     | orrected By                  |
|                           |            |       | No noted violation  | ons.   |                          |              |                              |
|                           |            |       |   |  |                          |              |                              |
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| Received by               |            | -     |   | Inspected by (name and title pr<br>Claire Will | rinted):                 |              |                              |
| Received by               |            |       |   | Inspected by (signature):                      |                          |              |                              |
| cc:                       |            |       | cc:   |  | cc:                      |              |                              |



| Establishm                 | Oas                       | ss (nu     | Café and Mediterranean Grille                       | Telephone Number<br>(812-602-3660<br>(812-473-4529   | <sup>ID #</sup><br>12258 |              |                     |
|----------------------------|---------------------------|------------|---|--|--------------------------|--------------|---------------------|
| Owner<br>Raffi N           |                           | -          | a St, Evansville, IN, 47715                         | Purpose:   | Follow-uj<br>NO          |              | e Date              |
| Owner's A                  | ddress<br>E Mul<br>Charge | be         | rry St, Evansville, IN, 47714                       | <ul> <li>✔ Routine</li> <li>Follow-up</li> <li>Complaint</li> <li>Pre-Operational</li> </ul> |                          | of Violation | ns:                 |
| Responsible<br>Certified F | e Person's<br>ood Handle  | E-ma<br>er | il  | Temporary<br>HACCP<br>Other (list)   | Menu Typ<br>1 $02$       | be (See addi | tional page) $4050$ |
|                            | L ITEMS AF                | RE IDI     | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   |  |                          |              |                     |
|                            |                           |            | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN  | D IN THE N               |              |                     |
| Section#                   | C/NC                      | R          | Narrative<br>No noted violatio                      | 222  |                          | To Be Co     | orrected By         |
|                            |                           |            |   | 0115.  |                          |              |                     |
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| Received by Raffi          |                           |            |   | Inspected by (name and title pr<br>Colin Ward  | rinted):                 |              |                     |
| Received by                | (signature                | ):         |   | Inspected by (signature):  |                          |              |                     |
| cc:                        |                           |            | cc:   |  | cc:                      |              |                     |



| Establishm<br>5 N M<br>Owner<br>DONNA<br>Owner's Ac<br>2394 A<br>Person in C<br>DONNA<br>Responsible<br>Certified F | y & C<br>ent Addres<br>Orton<br>A Fick<br>ddress<br>A WO<br>Charge<br>A Fick<br>e Person's | A<br>A<br>Cey<br>od<br>E-ma | Dr., Henderson, KY, 42420                          | Telephone Number<br>(812-550-7100<br>(812-550-7100)<br>Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | r)<br>B/2017<br>P Releas<br>10/<br>r of Violation<br>NC<br>pe (See addi |              |
|---|--|-----------------------------|--|---|--------------------------------|---|--------------|
|   |  | _                           | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N  | IARKED "C"  |                                |   |              |
|   |  |                             | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU |   | D IN THE N                     | ARRATIVE  | BELOW AS "R" |
| Section#  | C/NC   | R                           | Narrative  |   |                                | To Be Co  | orrected By  |
|   |  |                             | No noted violation                                 | one   |                                | 20 00   | <b>2</b> .j  |
|   |  |                             |  | 0115.   |                                |   |              |
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| Received by   |  |                             |  | Inspected by (name and title pr<br>Carol Coudr  |                                |   |              |
| Received by   | (signature)  | ):                          |  | Inspected by (signature):   |                                |   |              |
| cc:   |  |                             | cc:  |   | cc:                            |   |              |



|                      | 1<br>ent Addres<br>Ruff | ian     | mber and street, city, state, zip code)<br>Way, Evansville, IN, 47725 | Telephone Number<br>(812-746-9525<br>(217-703-1591<br>Purpose:<br>Routine | Date of Ins<br>(mm/dd/yr<br>10/11<br>Follow-uj<br>NO | ·)<br>/2017<br>p Releas | ID #<br>12176               |
|----------------------|-------------------------|---------|---|---|--|-------------------------|-----------------------------|
| Owner's A            |                         | <i></i> |   | Follow-up   |  | of Violation            |                             |
|                      |                         | in      | St, Teutopolis, IL, 62467   | Complaint   |  | _                       |                             |
| Person in C<br>Meyer |                         | `^      |   | Pre-Operational   | с <u></u> U  |                         | $\mathbf{J}_{\mathbf{R}} 0$ |
| Responsible          |                         |         | il  | - Temporary   | Menu Tyr   | se (See addi            | tional page)                |
|                      |                         |         |   | НАССР   |  | $\sim$                  | $\sim \sim \sim$            |
| Certified F          |                         |         | er  | Other (list)  | 1 <u>0</u> 2   |                         | <u>)4050</u>                |
| • CRITICAI           | L ITEMS AF              | RE IDI  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                     | AARKED "C"  |  |                         |                             |
| • VIOLATIO           | ON(S) REPE              | ATEI    | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                    | MMARY OF VIOLATIONS" AN   | D IN THE N   | ARRATIVE                | BELOW AS "R"                |
| Section#             | C/NC                    | R       | Narrative   |   |  | To Be Co                | orrected By                 |
|                      |                         |         | No noted violation  | ons.  |  |                         |                             |
|                      |                         |         |   |   |  |                         |                             |
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| Received by Kevir    |                         |         |   | Inspected by (name and title pr<br>Claire Will                            | rinted):   |                         |                             |
| Received by          | (signature              | ):      |   | Inspected by (signature):   |  |                         |                             |
| cc:                  |                         |         | cc:   |   | cc:  |                         |                             |



| Establishm                |            |          |  | Telephone Number                               | Date of In                |                         | ID #             |
|---------------------------|------------|----------|--|--|---------------------------|-------------------------|------------------|
| Xpres                     | ss Pa      | Int      | ſy   | (812-437-5700                                  | (mm/dd/y                  | <sup>.,</sup><br>)/2017 | 12070            |
|                           |            |          | mber and street, city, state, zip code)          | <sup>(</sup> 91 <del>7</del> -379-2391         | 10/10                     | //2017                  |                  |
|                           | Fulto      | n /      | Ave, Evansville, IN, 47710                       |  |                           |                         |                  |
| <sup>Owner</sup><br>Amrin | der .I     | Ka       | ur   | Purpose:                                       | Follow-u<br>NO            |                         | e Date 20/2017   |
| Owner's A                 |            | T CO     |  |  |                           |                         |                  |
|                           |            | nea      | ade Ave, Evansville, IN, 47714                   | Follow-up                                      | -                         | of Violation            |                  |
| Person in C               | Charge     |          |  | Complaint<br>Pre-Operational                   | _ 1                       |                         | ) <sub>R</sub> 1 |
| Amrin                     | der J      | Ka       | ur   | Temporary                                      | L                         | <u> </u>                | K                |
| Responsible               | e Person's | E-ma     | 1  | HACCP  | Menu Ty                   | pe (See addi            | tional page)     |
|                           |            |          |  |  | $\cap$                    | $\frown$                | $\cap \cap$      |
| Certified F               |            |          |  | Other (list)                                   | $1 \underline{\bigcup} 2$ |                         | <u>4050</u>      |
| h                         |            | <u> </u> |  |  |                           |                         |                  |
|                           |            |          | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M |  |                           |                         |                  |
|                           | ()         |          | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN                        | D IN THE N                |                         |                  |
| Section#                  | C/NC       | R        | Narrative  |  |                           |                         | orrected By      |
| 187                       | С          | R        | Food not being held at proper temper             | erature of 135 deg                             | rees.                     | 10/*                    | 10/2017          |
|                           |            |          |  |  |                           |                         |                  |
|                           |            |          |  |  |                           |                         |                  |
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|                           |            |          |  |  |                           |                         |                  |
| Received by               |            | -        |  | Inspected by (name and title pr<br>Claire Will | rinted):                  |                         |                  |
| Received by               |            |          |  | Inspected by (signature):                      |                           |                         |                  |
| cc:                       |            |          | cc:  |  | cc:                       |                         |                  |



| Establishm<br>Fireh |            | ¢,     | lbc  | Telephone Number     Date of Inspection       (a) A Distribution of the telephone Number     (mm/dd/yr) |                            |                     | ID #                    |  |  |
|---------------------|------------|--------|--|---|----------------------------|---------------------|-------------------------|--|--|
|                     |            |        | UDS<br>mber and street, city, state, zip code)   | (812-477-2141   | 10/12                      | 2/2017              | 12009                   |  |  |
|                     |            |        | iver Rd. #102, Evansville, IN, 47715   | <sup>(</sup> 812-774-1080   |                            |                     |                         |  |  |
| Owner               |            |        |  | Purpose:  | Follow-u                   |                     | se Date                 |  |  |
| Aman                |            | nav    | er   | ✔ Routine   | No                         |                     | 22/2017                 |  |  |
| Owner's A           |            | t D    | r, Evansville, IN, 47715   | Follow-up<br>Complaint  | -                          | of Violation        |                         |  |  |
| Person in C         |            |        |  | Pre-Operational   |                            |                     | ) <u>R</u>              |  |  |
| Aman                |            |        |  | - Temporary   |                            |                     |                         |  |  |
| Responsible         | e Person's | E-ma   | il de la constant de | НАССР   | Menu Ty                    | pe <i>(See addi</i> | tional page)            |  |  |
| Certified F         |            |        |  | Other (list)  | $1 \bigcirc 1$             | $\bigcirc$          | $), \bigcirc, \bigcirc$ |  |  |
| John S              |            |        |  |   | $1 \underline{\bigcirc} 2$ | <u> </u>            | <u>/4_5_</u>            |  |  |
| • CRITICAI          | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  | IARKED "C"  |                            |                     |                         |  |  |
| • VIOLATIO          | ON(S) REPE | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI  | MMARY OF VIOLATIONS" AN   | D IN THE N                 | NARRATIVE           | BELOW AS "R"            |  |  |
| Section#            | C/NC       | R      | Narrative  |   |                            | To Be Co            | orrected By             |  |  |
| 344                 | С          |        | Back hand sink inacc   | cessible.   |                            | Co                  | rrected                 |  |  |
| 303                 | С          | R      | No container available for sanit   | izing wiping cloths   | zing wiping cloths.        |                     |                         |  |  |
|                     |            |        |  |   |                            |                     |                         |  |  |
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|                     |            |        |  |   |                            |                     |                         |  |  |
| Received by         |            |        |  | Inspected by (name and title p<br>Colin Ward  | rinted):                   |                     |                         |  |  |
| Received by         |            |        |  | Inspected by (signature):   |                            |                     |                         |  |  |
| cc:                 |            |        | cc:  |   | cc:                        |                     |                         |  |  |



| Establishm             |            |       |  | Telephone Number                              | Date of Ins<br>(mm/dd/yr |                       | ID#                    |  |
|------------------------|------------|-------|--|---|--------------------------|-----------------------|------------------------|--|
| Ropp                   |            |       |  | (812-437-5824                                 | 10/13                    | 8/2017                | 12002                  |  |
|                        |            |       | mber and street, city, state, zip code)<br>a St, Evansville, IN, 47715 | <sup>(</sup> 812-437-5824                     |                          |                       |                        |  |
| Owner                  |            |       |  | Purpose:                                      | Follow-u                 |                       | se Date                |  |
| Sona                   | Week       | S     |  | ✔ Routine                                     |                          | 10/                   | 23/2017                |  |
| Owner's Ac             |            |       |  | Follow-up                                     | Summary                  | of Violation          | 15:                    |  |
|                        |            | an    | a St, Evansville, IN, 47715  | Complaint                                     | 6                        | 1                     | 1                      |  |
| Person in C<br>Sona    |            | ۲C    |  | Pre-Operational                               | с_ <b>О</b>              | NC_                   | R                      |  |
| Responsible            |            |       | il   | Temporary                                     | Menu Tvi                 | ne <i>(See addi</i> ) | tional page)           |  |
| responsion             |            |       | -  | НАССР   |                          |                       |                        |  |
| Certified Food Handler |            |       |  | Other (list)                                  | $1\bigcirc 2$            | O3C                   | $)_4 \odot_5 \bigcirc$ |  |
|                        |            |       |  |   |                          |                       |                        |  |
| • CRITICAL             | ITEMS AR   | E IDF | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                      | IARKED "C"                                    |                          |                       |                        |  |
| • VIOLATIC             | ON(S) REPE | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                       | MMARY OF VIOLATIONS" AN                       | D IN THE N               | ARRATIVE              | BELOW AS "R"           |  |
| Section#               | C/NC       | R     | Narrative  |   |                          | To Be Co              | orrected By            |  |
| 187                    | С          |       | Various potentially hazardous food products not maintai                | ned at 41 degrees Fahrenhe                    | eit or less              |                       |                        |  |
|                        |            |       | at kitchen reach-in cooler.  | tems removed.                                 |                          | Co                    | rrected                |  |
| 173                    | С          |       | Improper storage of raw animal food                                    | product in walk-in c                          | cooler.                  | r. Corrected          |                        |  |
| 187                    | С          |       | Rice at sushi area not maintained at 135 de                            | egrees Fahrenheit or g                        | greater.                 |                       |                        |  |
| 345                    | С          |       | Hand washing sink near dish area u                                     | sed for other purpo                           | oses.                    | 10/1                  | 13/2017                |  |
| 294                    | С          | R     | Chemical sanitizer for wipe clo  | th buckets too low.                           |                          | Co                    | rrected                |  |
| 118                    | С          |       | Facility lacking certified food  | safety employee.                              |                          | 11/0                  | 03/2017                |  |
| 177                    | NC         |       | Onions stored on floor in dry s  | tock storage area.                            |                          | 10/1                  | 13/2017                |  |
|                        |            |       |  |   |                          |                       |                        |  |
|                        |            |       |  |   |                          |                       |                        |  |
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| Received by Rick       |            |       |  | Inspected by (name and title pr<br>Colin Ward | rinted):                 |                       |                        |  |
| Received by            |            |       |  | Inspected by (signature):                     |                          |                       |                        |  |
|                        |            |       |  |   |                          |                       |                        |  |
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|  | <b>Ors</b>                                    |            | mber and street, city, state, zip code)<br>a St, Evansville, IN, 47715 | Telephone Number<br>(812-473-0001<br>(812-459-2068                 | Date of Ins<br>(mm/dd/yr<br>10/10 |  | id#<br>11958 |  |
|--|---|------------|--|--|-----------------------------------|--|--------------|--|
| Owner<br>Richar<br>Owner's Ad                        | rd Flo<br>Idress                              | res        | 5  | Purpose:<br>Routine<br>Follow-up                                   | Follow-uj<br>NO<br>Summary        |  | 20/2017      |  |
| Person in C<br>Richat<br>Responsible<br>Certified Fo | harge<br>rd Flo<br>e Person's I<br>pod Handle | er<br>E-ma | il   | Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) |                                   | $\frac{1}{00000000000000000000000000000000000$ |              |  |
| Taking<br>• CRITICAL<br>• VIOLATIO                   | D IN THE N                                    | ARRATIVE   | BELOW AS "R"   |  |                                   |  |              |  |
| Section#   | C/NC  | R          | Narrative  |  |                                   |  | orrected By  |  |
| 295  | C   | R          | Can opener soil  | led  |                                   |  | rrected      |  |
| 191  | C   | R          | Ready-to-eat food items in walk-in coc                                 |  | arkina                            |  |              |  |
| 177  | NC  | R          | Onions stored on floor in v  |  | anning.                           |  | rrected      |  |
| 177  |   |            |  |  |                                   |  | TECIEU       |  |
|  |   |            |  |  |                                   |  |              |  |
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| Received by <b>Rick</b>                              |   |            |  | Inspected by (name and title pr<br>Colin Ward                      | rinted):                          |  |              |  |
| Received by  | (signature)                                   | 1:         |  | Inspected by (signature):  |                                   |  |              |  |
| cc:  |   |            | cc:  |  | cc:                               |  |              |  |



| Establishm                 | ent Name   |          |  | Telephone Number                             | Date of Ins     | nection      | ID #                           |
|----------------------------|------------|----------|--|--|-----------------|--------------|--------------------------------|
| Qdob                       |            |          |  | (812-401-0800                                | (mm/dd/yr       | )            | 11904                          |
|                            |            | se (nu   | mber and street, city, state, zip code)            |  | 10/10           | /2017        | 11904                          |
|                            |            |          | rdt Rd, Evansville, IN, 47715                      | (812-568-4896                                |                 |              |                                |
| <sup>Owner</sup><br>Ellsie | 2110       | ;        |  | Purpose:                                     | Follow-uj<br>NO |              | se Date <b>20/2017</b>         |
| Owner's A                  |            | <i>,</i> |  |  |                 |              |                                |
|                            |            | fiel     | d Dr, Newburgh, IN, 47630                          | Follow-up<br>Complaint                       | Summary         | of Violation |                                |
| Person in C                |            | <u> </u> |  | Pre-Operational                              | $_{\rm C}$ U    | (            | $J_{R}U$                       |
| Ellsie                     |            |          |  | Temporary                                    |                 |              |                                |
| Responsible                | e Person's | E-ma     | il   | НАССР  | Menu Typ        | e (See addi  | tional page)                   |
| Certified F                | ood Handl  | or       |  | Other (list)                                 | $1 \bigcirc 2$  | <b></b>      | $)_{4} \bigcirc _{5} \bigcirc$ |
| Jill Kin                   |            | CI       |  |  | 1 <u>0</u> 2    |              | <u>/4030</u>                   |
| • CRITICAI                 | L ITEMS AF | RE IDI   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N  | MARKED "C"                                   |                 |              |                                |
| • VIOLATIO                 | ON(S) REPE | ATEI     | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN                     | D IN THE N      | ARRATIVE     | BELOW AS "R"                   |
| Section#                   | C/NC       | R        | Narrative  |  |                 | To Be Co     | orrected By                    |
|                            |            |          | No noted violati                                   | ions   |                 |              |                                |
|                            |            |          |  |  |                 |              |                                |
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| Received by                |            |          |  | Inspected by (name and title p<br>Colin Ward | rinted):        |              |                                |
| Received by                |            |          |  | Inspected by (signature):                    |                 |              |                                |
|                            |            |          |  |  |                 |              |                                |
| cc:                        |            |          | cc:  |  | cc:             |              |                                |



| Establishme<br>Gran  |            | fot        |  | Telephone Number   | Date of Ins<br>(mm/dd/yr |              | ID#                                |
|----------------------|------------|------------|--|--|--------------------------|--------------|------------------------------------|
|                      |            |            |  | (812-476-6666  | 10/13                    | /2017        | 11901                              |
|                      |            |            | mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715 | <sup>(</sup> 957-476-6666  |                          |              |                                    |
| Owner                |            |            |  | Purpose:   | Follow-u                 |              | se Date                            |
| Yun L                |            |            |  | ✔ Routine  | No                       | 10/          | 23/2017                            |
| Owner's Ac           |            | <b>~ ~</b> | Diver Dd Eveneville IN 47715   | Follow-up  | Summary                  | of Violation | 15:                                |
|                      |            | en         | River Rd, Evansville, IN, 47715  | Complaint  | 1                        |              |                                    |
| Person in C<br>Yun L |            |            |  | Pre-Operational  | C                        | NC           |                                    |
| Responsible          |            | E-mai      | 1  | Temporary  | Menu Ty                  | oe (See addi | tional page)                       |
|                      |            |            |  | НАССР  |                          |              |                                    |
| Certified F          |            | er         |  | Other (list)   | 1 <u>0</u> 2             | <u>3</u>     | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |
| Yun Li               | n          |            |  |  |                          |              |                                    |
| • CRITICAL           | ITEMS AR   | E IDE      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                          | IARKED "C"   |                          |              |                                    |
| • VIOLATIC           | ON(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     | orrected By                        |
| 173                  | С          |            | Improper storage of ra   | aw meat.   |                          | Co           | rrected                            |
| 256                  | NC         |            | Reach in cooler lacking the  | hermometer.  |                          | Co           | rrected                            |
|                      |            |            |  |  |                          |              |                                    |
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| Received by          | -          | title p    |  | Inspected by (name and title price of the second se |                          |              |                                    |
| Received by          | /          | ):         |  | Inspected by (signature):  | <u>−</u>                 |              |                                    |
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| Establishm               |              | nic   | or Contor  |        | Telephone Number                | Date of Ins<br>(mm/dd/yr |              | ID #                    |
|                          |              |       | or Center  |        | ( ) Establishment               | 10/09                    | /2017        | 11684                   |
|                          |              |       | nber and street, city, state, zip code)<br>St, Evansville, IN, 47708 |        | ( ) Owner                       |                          |              |                         |
| <sup>Owner</sup><br>CARV | 'ER S        | EN    | IIOR CENTER  |        | Purpose:                        | Follow-uj<br>NO          |              | e Date<br>19/2017       |
| Owner's A                |              |       |  |        | Follow-up                       | Summary                  | of Violation | 15:                     |
| 501 S<br>Person in C     |              | 3H7   | ST, Evansville, IN, 47708  |        | Complaint                       |                          | (            | ) ()                    |
| CARV                     | <u>'ER S</u> |       | IIOR CENTER  |        | Pre-Operational<br>Temporary    | <u>с</u>                 | NC_          |                         |
| Responsible              | e Person's   | E-mai | 1  |        | НАССР                           | Menu Typ                 | be (See addi | ional page)             |
| C                        |              |       |  |        | Other (list)                    |                          | $\bigcap$    | $), \bigcirc, \bigcirc$ |
| Certified F              | ood Handio   | er    |  |        |                                 |                          |              | <u>′4030</u>            |
| • CRITICAI               | LITEMS AR    | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUM                         | 1NS M. | ARKED "C"                       |                          |              |                         |
| • VIOLATIO               | ON(S) REPE   | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI                         | E "SUN | IMARY OF VIOLATIONS" AN         | D IN THE N               | ARRATIVE     | BELOW AS "R"            |
| Section#                 | C/NC         | R     | Narrativo  | e      |                                 |                          | To Be Co     | orrected By             |
|                          |              |       | No noted vio   | latio  | ns.                             |                          |              |                         |
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| Received by              |              |       | printed):  |        | Inspected by (name and title pr |                          |              |                         |
| Tim I                    | Mino         | r     |  |        | David Hornii                    | าg                       |              |                         |
| Received by              | (signature)  | ):    |  |        | Inspected by (signature):       |                          |              |                         |
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|   |                     |               |   |              | -  |                                   |  |                          |
|---|---------------------|---------------|---|--------------|--|-----------------------------------|--|--------------------------|
|   | d Me                |               | odist Youth Home  |              | Telephone Number<br>(812-479-7535              | Date of Ins<br>(mm/dd/yr<br>10/13 |  | <sup>ID #</sup><br>11625 |
| Establishme   | ent Addres<br>N Bur | s (nu)<br>kha | mber and street, city, state, zip code)<br>ardt Rd, Evansville, IN, 477 | 715          | <sup>(</sup> 812-479-7535                      |                                   |  |                          |
|   |                     | าอด           | list Youth Home   |              | Purpose:                                       | Follow-up<br>NO                   |  | se Date<br>23/2017       |
|   | N Bur               | kha           | ardt Rd, Evansville, IN, 477  | <b>'</b> 15  | Follow-up<br>Complaint                         |                                   | of Violation                                       |                          |
|   | d Meth              |               | list Youth Home   |              | Pre-Operational<br>Temporary                   |                                   |  |                          |
| Responsible   | e Person's 1        | E-mai         | 1   | НАССР        | Menu Typ                                       | ie (See addii                     | tional page)                                       |                          |
| Certified Fo  |                     |               |   | Other (list) | $1 \underline{\bigcirc} 2$                     |                                   | $_{4}\underline{\bigcirc}_{5}\underline{\bigcirc}$ |                          |
| • CRITICAL  | ITEMS AR            | E IDE         | NTIFIED IN THE CHECKLIST AND NARRATIVE COLU                             | UMNS M       | IARKED "C"                                     |                                   |  |                          |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S |                     |               |   |              | MMARY OF VIOLATIONS" AN                        | D IN THE N                        | ARRATIVE   | BELOW AS "R"             |
| Section#  | C/NC                | R             | Narrati   | ive          |  |                                   | To Be Co   | orrected By              |
|   |                     |               | No noted vi   | olatio       | ons.   |                                   |  |                          |
|   |                     |               |   |              |  |                                   |  |                          |
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| Received by   |                     | 1             | ·   |              | Inspected by (name and title pr<br>Kelly Holzm |                                   |  |                          |
| Received by   |                     |               |   |              | Inspected by (signature):                      |                                   |  |                          |
| cc:   |                     |               | cc:   |              |  | cc:                               |  |                          |



| Establishme<br>Short  |            |       |  | Telephone Number<br>(812-401-1560  | Date of Ins<br>(mm/dd/yr | )                    | ID#<br>11595              |
|-----------------------|------------|-------|--|--|--------------------------|----------------------|---------------------------|
| Establishm            | ent Addres |       | mber and street, city, state, zip code)<br>/e, Evansville, IN, 47710 | <sup>(</sup> 812 <sup>-</sup> 483-9053   | 10/10                    | /2017                |                           |
| Owner                 |            |       |  | Purpose:   | Follow-uj                |                      | se Date                   |
| Gary [                |            | ez    | Jſ.  | ✔ Routine  | No                       | 10/                  | 20/2017                   |
| Owner's Ac<br>10240   |            | H     | ER RD, Evansville, IN, 47720   | Follow-up<br>Complaint   | Summary                  | of Violation         |                           |
| Person in C<br>Gary [ | harge      |       |  | Pre-Operational  | с <u>1</u>               | NC_(                 | $J_{R}$                   |
| Responsible           |            |       |  | Temporary<br>HACCP   | Menu Typ                 | e (See addii         | tional page)              |
| Certified F           |            |       |  | Other (list)   | 102                      | $\odot_3 \mathbb{C}$ | $)_4 \bigcirc_5 \bigcirc$ |
| Trisha                | DeVil      | lez   |  |  |                          |                      |                           |
| • CRITICAL            | ITEMS AR   | E IDF | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                    | IARKED "C"   |                          |                      |                           |
|                       |            |       | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                     |  | D IN THE N               | ARRATIVE             | BELOW AS "R"              |
| Section#              | C/NC       | R     | Narrative  |  |                          | To Be Co             | orrected By               |
| 191                   | С          |       | Lacking date marking for rea   | ady to eat foods.  |                          | Co                   | rrected                   |
|                       |            |       |  | 5  |                          |                      |                           |
|                       |            |       | <u> </u>   |  |                          |                      |                           |
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| Received by           |            | -     |  | Inspected by (name and title provided to the second |                          |                      |                           |
| Received by           |            |       | <u>,</u>   | Inspected by (signature):  |                          |                      |                           |
|                       |            |       |  |  |                          |                      |                           |
| cc:                   |            |       | cc:  |  | cc:                      |                      |                           |



| Establishm<br>4602<br>Owner  | ames<br>ent Addres<br>Vogel                      | rs (nu<br>R(     | Cuisine Restaurant<br>mber and street, city, state, zip code)<br>d, Evansville, IN, 47715             | (8<br>(8<br>Pu | lephone Number<br>812-479-8818<br>812-202-9429<br>rpose:                                   | Follow-u   | r)<br>9/2017<br>p Releas       | ID #<br>11583<br>e Date |
|--|--|------------------|---|----------------|--|------------|--------------------------------|-------------------------|
| Benso<br>Owner's Ad<br>6131  <br>Person in C<br>Benso<br>Responsible<br>Certified Fe<br>Esther | ddress<br>Eastb<br>Charge<br>on An<br>e Person's | OU<br>Da<br>E-ma | rne Dr, Evansville, IN, 47711<br>am   |                | Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | <u>с</u> 2 | r of Violation NC Pe (See addi | ) <sub>R</sub> _0       |
| • CRITICAI<br>• VIOLATIC   | L ITEMS AR<br>DN(S) REPE                         | E IDI<br>ATED    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N<br>FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU |                |  | D IN THE N | -                              |                         |
| Section#   | C/NC   | R                | Narrative   |                | <u> </u>   |            |                                | orrected By             |
| 173  | C  |                  | Improper storage of raw anin  |                | -  |            |                                | )9/2017                 |
| 441  | C  |                  | Sanitizing solution for wipe o  | lotr           | ns too strong.   |            |                                | rrected                 |
|  |  |                  |   |                |  |            |                                |                         |
|  |  |                  |   |                |  |            |                                |                         |
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| Received by  |  | -                |   | -              | ected by (name and title pr<br>Olin Ward   | inted):    | I                              |                         |
| Received by  | (signature)                                      | ):               |   | Insp           | ected by (signature):  |            |                                |                         |
| cc:  |  |                  | cc:   |                |  | cc:        |                                |                         |



|                             | ) BE       |        | #28908<br>mber and street, city, state, zip code) | (8         | Bilephone Number<br>B12-473-0040 | Date of In<br>(mm/dd/yr<br>10/12 |              | <sup>ID #</sup><br>11555  |
|-----------------------------|------------|--------|---|------------|----------------------------------|----------------------------------|--------------|---------------------------|
|                             |            |        | River Rd, Evansville, IN, 47715                   | <b>`</b> 5 | 503-722-2825                     |                                  |              |                           |
| <sup>Owner</sup><br>Bell In | diana      | a L    | LC  |            | irpose:<br>Routine               | Follow-u                         |              | se Date 22/2017           |
| Owner's A<br>PO BO          |            | )7,    | WEST LINN, OR , 97068                             |            | Follow-up<br>Complaint           |                                  | of Violation |                           |
| Person in C<br>Bell In      | harge      |        |   |            | Pre-Operational                  | с <u></u>                        | (            | J <sub>R</sub> <u>U</u>   |
| Responsible                 | e Person's | E-ma   | il  |            | Temporary<br>HACCP               | Menu Tyj                         | pe (See addi | tional page)              |
| Certified Fo                |            |        | hristy Sias                                       |            | Other (list)                     | 1 <u>0</u> 2                     | <u></u> 3    | $)_4 \bigcirc 5 \bigcirc$ |
| • CRITICAL                  | . ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK       | KED "C"                          |                                  |              |                           |
|                             |            |        | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMA        | ARY OF VIOLATIONS" AN            | D IN THE N                       |              |                           |
| Section#                    | C/NC       | R      | Narrative   |            |                                  |                                  | To Be Co     | orrected By               |
|                             |            |        | No noted violatio                                 | ons        | S                                |                                  |              |                           |
|                             |            |        |   |            |                                  |                                  |              |                           |
|                             |            |        |   |            |                                  |                                  |              |                           |
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| Received by                 |            |        |   | -          | olin Ward                        | rinted):                         |              |                           |
| Received by                 | (signature | ):     |   | Insp       | bected by (signature):           |                                  |              |                           |
| cc:                         |            |        | cc:   |            |                                  | cc:                              |              |                           |



| Establishm               |            |              |   | Telephone Number                | Date of Ins<br>(mm/dd/yr |              | ID #  |
|--------------------------|------------|--------------|---|---------------------------------|--------------------------|--------------|---|
|                          |            |              | al #6626  | (812-477-1947                   | 10/09                    | /2017        | 11462   |
|                          |            |              | mber and street, city, state, zip code)<br>Drive, Evansville, IN, 47715 | <sup>(</sup> 615-855-4000       |                          |              |   |
| <sup>Owner</sup><br>DOLG |            | OR           | RP LLC  | Purpose:                        | Follow-uj<br>NO          |              | e Date 19/2017                                      |
| Owner's Ad               |            | _            |   | Follow-up                       | Summary                  | of Violation | 15:   |
|                          |            | <u>ı R</u> i | idge, Goodlettsville, TN, 37072   | Complaint                       |                          | _            |   |
| Person in C<br>DOLG      |            | OR           | P LLC   | Pre-Operational                 | с <u></u> U              |              | J <sub>R</sub> U                                    |
| Responsible              |            |              |   | Temporary                       | Menu Typ                 | e (See addi  | tional page)  |
|                          |            |              |   | НАССР                           | $\frown$                 |              | $\sim \sim$   |
| Certified Fo             | od Handle  | er           |   | Other (list)                    | 1 <u>0</u> 2             |              | $\underline{0}_{4} \underline{0}_{5} \underline{0}$ |
| • CRITICAL               | ITEMS AR   | E IDF        | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                       | IARKED "C"                      |                          |              |   |
| • VIOLATIO               | )N(S) REPE | 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     | orrected By   |
|                          |            |              | No noted violation  | ons.                            |                          |              |   |
|                          |            |              |   |                                 |                          |              |   |
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|                          |            |              |   |                                 |                          |              |   |
| Received by              |            | -            |   | Inspected by (name and title pr | inted):                  |              |   |
| Received by              |            |              | 3   | Inspected by (signature):       |                          |              |   |
|                          |            |              |   |                                 |                          |              |   |
| cc:                      |            |              | cc:   |                                 | cc:                      |              |   |



| Establishme<br>1200 I<br>Owner<br>TOTT P<br>Owner's Ac<br>1200 I<br>Person in C<br>TOTT P<br>Responsible<br>Certified Fo | of the<br>ent Address<br>Edgan<br>izza L<br>Idress<br>Edgan<br>izza L<br>izza L<br>e Person's | r, E<br>LC<br>, E<br>LC<br>E-mai | vansville, IN, 47710                             | Telephone Number<br>(812-402-8696<br>(812-760-9595<br>Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list)<br> | Follow-u<br>NO<br>Summary<br>C | p Releas<br>10/2017<br>of Violation<br>NC |              |
|--|---|----------------------------------|--|--|--------------------------------|---|--------------|
|  |   |                                  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU |  | D IN THE N                     | ARRATIVE                                  | BELOW AS "R" |
| Section#   | C/NC  | R                                | Narrative  |  |                                |   | orrected By  |
|  |   |                                  | No noted violation                               | ons.   |                                |   |              |
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| Received by  |   | -                                |  | Inspected by (name and title pr<br>Carol Coudr   |                                |   |              |
| Received by  |   |                                  |  | Inspected by (signature):  |                                |   |              |
| cc:  |   |                                  | cc:  |  | cc:                            |   |              |



| 1217 E<br>Owner<br>Tanoo<br>Owner's Ac<br>2409 E<br>Person in C | ent Address<br>Baker<br>bs Ent<br>Idress<br>Ellingt<br>Tharge | s (nur<br>St<br>erp | mber and street, city, state, zip code)<br>, Evansville, IN, 47710<br>prises LLC<br>Ridge Ct, Evansville, IN, 47711 | Telephone Number<br>(812-402-9273<br>(812-480-8792<br>Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational | Follow-u<br>NO | r)<br>)/2017<br>p Releas                       |   |
|---|---|---------------------|---|--|----------------|--|---|
| Tanoo<br>Responsible  |   |                     | prises LLC  | Temporary  | Menu Tvi       | pe (See addi                                   |   |
| Kesponsiok  |   | L-ma                |   | НАССР  |                |  |   |
| Certified Fo  |   | er                  |   | Other (list)   | 1 <u>0</u> 2   | $\underline{\bigcirc}_{3}\underline{\bigcirc}$ | $\underline{0}_{4} \underline{0}_{5} \underline{0}$ |
| • CRITICAL  | ITEMS AR  | E IDF               | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  | IARKED "C"   |                |  |   |
| • VIOLATIO  | ON(S) REPE  | ATED                | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMARY OF VIOLATIONS" AN  | D IN THE N     |  |   |
| Section#  | C/NC  | R                   | Narrative   |  |                | To Be Co                                       | orrected By   |
|   |   |                     | No noted violation  | ons.   |                |  |   |
|   |   |                     |   |  |                |  |   |
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| D 11  |   |                     |   | <b>X</b> (11) ( 1.11   | 1              |  |   |
| Received by   |   |                     |   | Inspected by (name and title pr<br>Carol Coudr   |                |  |   |
| Received by   | (signature)   | ):                  |   | Inspected by (signature):  |                |  |   |
|   |   |                     |   |  |                |  |   |
| cc:   |   |                     | сс:   |  | cc:            |  |   |



| Establishm<br>6700<br>Owner<br>Sam's<br>Owner's Ac<br>508 S<br>Person in C<br>Sam's<br>Responsible | s Clu<br>ent Addres<br>E Virc<br>E East<br>ddress<br>W 8th<br>Charge<br>E East<br>e Person's | ss (nu<br>gini<br>In<br>S<br>S<br>E-ma | t, Bentonville, AR, 72716-0500<br>c.              | Telephone Number<br>(812-473-2518<br>(479-204-4738<br>Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | r)<br>9/2017<br>p Releas | ) <sub>R</sub> 0 |
|--|--|--|---|--|--------------------------------|--------------------------|------------------|
|  |  | PE IDI                                 | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | LARKED "C"   |                                |                          |                  |
|  |  |  | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI |  | D IN THE N                     | NARRATIVE                | BELOW AS "R"     |
| Section#   | C/NC   | R                                      | Narrative   |  |                                | To Be Co                 | orrected By      |
| Section  | 0,110  |  | No noted violatio                                 | 200  |                                | 10200                    |                  |
|  |  |  |   | 5115.  |                                |                          |                  |
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| Received by  |  |  | printed):   | Inspected by (name and title pr<br>Colin Ward  | rinted):                       | 1                        |                  |
| Received by  | (signature)  | ):                                     |   | Inspected by (signature):  |                                |                          |                  |
| cc:  |  |  | cc:   |  | cc:                            |                          |                  |



| Establishm<br>Relia              |             | du   | Ilt Care   | Telephone Number<br>(812-477-1707             | Date of Ins<br>(mm/dd/yr |               | <sup>ID #</sup><br>11280                            |  |
|----------------------------------|-------------|------|--|---|--------------------------|---------------|---|--|
|                                  |             |      | mber and street, city, state, zip code)<br>I #130, EVANSVILLE, IN, 47715 | (a, )Owner_,                                  | 10/09                    | //2017        |   |  |
| <sup>Owner</sup><br>Chloe        |             | ts   | Inc  | Purpose:                                      | Follow-uj<br>NO          |               | <sup>te Date</sup>                                  |  |
| Owner's A<br>5130<br>Person in C | Vogel       | R    | d #130, Evansville, IN, 47715  | Follow-up<br>Complaint                        |                          | of Violation  |   |  |
| Chloe                            | ricket      |      |  | Pre-Operational<br>Temporary                  |                          |               |   |  |
| Responsible                      | e Person's  | E-ma | il   | НАССР   | Menu Typ                 | pe (See addii | tional page)  |  |
| Certified F                      |             |      |  | Other (list)                                  | 1 <u>0</u> 2             |               | $\underline{0}_{4} \underline{0}_{5} \underline{0}$ |  |
|                                  |             |      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                        |   |                          |               |   |  |
|                                  | DN(S) REPE  | r    | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU<br>Narrative          | MMARY OF VIOLATIONS" AN                       | D IN THE N               |               |   |  |
| Section#                         | C/NC        | R    |  | 222   |                          | To Be Co      | orrected By   |  |
|                                  |             |      | No noted violation   | 505.  |                          |               |   |  |
|                                  |             |      |  |   |                          |               |   |  |
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| Received by                      | · ·         |      |  | Inspected by (name and title pr<br>Colin Ward | rinted):                 |               |   |  |
| Received by                      | (signature) | ):   |  | Inspected by (signature):                     |                          |               |   |  |
| cc:                              |             |      | cc:  |   | cc:                      |               |   |  |



| Establishme<br>Reitz   | High        |     |   |                    | Telephone Number<br>(812-435-8208              | Date of Ins<br>(mm/dd/yr)<br>10/12 | )                  | <sup>ID #</sup><br>11279          |
|--|-------------|-----|---|--------------------|--|------------------------------------|--------------------|-----------------------------------|
|  |             |     | nber and street, city, state, zi<br>d., EVANSVILI |                    | <sup>(</sup> 812-435-8453                      |                                    |                    |                                   |
| owner<br>Evans   | ville \     | /ar | nderburgh Scho                                    | ool Corp.          | Purpose:                                       | Follow-up<br>NO                    |                    | <sup>be Date</sup> <b>22/2017</b> |
|  | /alnut      | St  | , Evansville, IN                                  | l, 47713           | Follow-up<br>Complaint                         | Summary                            | of Violatior       | · ·                               |
|  | ville \     |     | nderburgh Scho                                    | ool Corp.          | Pre-Operational<br>Temporary                   | с_ <b>U</b> _                      |                    | $\int_{R} U$                      |
| Responsible  |             |     | 1   |                    | НАССР  | Menu Typ                           | e (See addii       | tional page)                      |
| Certified For<br>Patti S   |             |     | )   | Other (list)       | $1 \underline{\bigcup} 2$                      |                                    | <u><u>1405</u></u> |                                   |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS |             |     |   |                    | IARKED "C"                                     |                                    |                    |                                   |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE " |             |     |   |                    | MMARY OF VIOLATIONS" AN                        | D IN THE N                         |                    |                                   |
| Section#   | C/NC        | R   |   | Narrative          |  |                                    | To Be Co           | orrected By                       |
|  |             |     |   | No noted violation | ons.   |                                    |                    |                                   |
|  |             |     |   |                    |  |                                    |                    |                                   |
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| Received by <b>Patti</b>   |             | -   |   |                    | Inspected by (name and title pr<br>Ricardo Zac | · ·                                | •                  |                                   |
| Received by  | (signature) | ):  | -   |                    | Inspected by (signature):                      |                                    |                    |                                   |
| cc:  |             |     |   | cc:                |  | cc:                                |                    |                                   |



| 905 N<br>Owner's A<br>905 N<br>Person in C<br>Elizab<br>Responsible | ddress<br>orth F<br>orth F<br>orth F<br>Charge<br>eth L<br>e Person's | Pra<br>Pra<br>E-ma |   | Telephone Number<br>(812-425-2261<br>(812-425-2261<br>Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>V Other (list)   | Follow-u<br>NO<br>Summary<br>C | )<br>2/2017<br>P Releas<br>10/<br>of Violation<br>NC | $\frac{ID \#}{11255}$ se Date $\frac{22/2017}{R}$ ms: $\frac{D}{R}$ $\frac{D}{R}$ tional page) |
|---|---|--------------------|---|--|--------------------------------|--|--|
| Certified F   |   | CI                 |   | final  |                                |  | <u>′ 4                                   </u>  |
|   |   |                    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU |  | D IN THE N                     | ARRATIVE   | BELOW AS "R"   |
| Section#  | C/NC  | R                  | Narrative   | A A A A A A A A A A A A A A A A A A A  | 2 II, IIIE I                   |  |  |
| Section#  | UNU   | л                  |   | ationa   |                                | IU DE U  | orrected By  |
|   |   |                    | Approved for opera  | alions.  |                                |  |  |
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| Received by Gary  |   |                    |   | Inspected by (name and title processed of the second secon | · · · ·                        |  |  |
| Received by   | (signature)   | ):                 |   | Inspected by (signature):  |                                |  |  |
| cc:   |   |                    | сс:   |  | cc:                            |  |  |



| Establishm          | ont Nama   |        |   | Tolonhono Numbor                               | Date of Ins     | spection      | ID #                               |
|---------------------|------------|--------|---|--|-----------------|---------------|------------------------------------|
|                     |            | E١     | vansville Casino  | Telephone Number<br>(812-433-4000              | (mm/dd/yr       |               | 11133                              |
|                     |            |        | mber and street, city, state, zip code)<br>side Dr, Evansville, IN, 47708 | <sup>(</sup> 812-433-4034                      | 10/13           | 72017         |                                    |
| Owner               |            |        | ning Co LLC / dba Tropicana Evansville                                    | Purpose:<br>Routine                            | Follow-uj<br>NO |               | se Date<br>23/2017                 |
| Owner's Ac<br>421 N |            | ver    | side Dr, Evansville, IN, 47708  | Follow-up<br>Complaint                         |                 | of Violation  |                                    |
| Person in C         | harge      |        | ning Co LLC / dba Tropicana Evansville                                    | Pre-Operational                                | с <u>0</u>      |               | $\int_{R} 0$                       |
| Responsible         | e Person's | E-ma   | a   | Temporary<br>HACCP                             | Menu Typ        | be (See addii | tional page)                       |
| Certified Fo        |            |        |   | Other (list)                                   | 1 <u>0</u> 2    | <u>3</u>      | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |
| • CRITICAL          | ITEMS AF   | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                         | IARKED "C"                                     |                 |               |                                    |
|                     | . /        | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN                         | MMARY OF VIOLATIONS" AN                        | D IN THE N      |               |                                    |
| Section#            | C/NC       | R      | Narrative   |  |                 | To Be Co      | orrected By                        |
|                     |            |        | The Tap House and The D   | eli ok to open.                                |                 | 1             |                                    |
|                     |            |        | Bar 421 and High Limit Ba   | rs ok to open.                                 |                 |               |                                    |
|                     |            |        |   | •  |                 |               |                                    |
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| Received by         |            |        |   | Inspected by (name and title pr<br>David Horni | · · · · ·       |               |                                    |
| Received by         | (signature | ):     |   | Inspected by (signature):                      |                 |               |                                    |
| cc:                 |            |        | cc:   |  | cc:             |               |                                    |



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| Establishme<br>Hoote |            |       |  | Telephone Number<br>(812-475-0229     | Date of Ins<br>(mm/dd/yr<br>10/12 | )            | ю#<br>11041   |  |
|                      |            |       | mber and street, city, state, zip code)<br>Ave., Evansville, IN, 47715 | <sup>(</sup> 770 <sup>-799-2316</sup> |                                   |              |   |  |
| DW R                 | estau      | rar   | nt Holder, LLC   | Purpose:                              | Follow-uj<br>NO                   |              | e Date 22/2017                                      |  |
| Owner's Ac           |            | хс    | hange, Atlanta, GA, 30339  | ✔ Follow-up<br>Complaint              | Summary                           | of Violation |   |  |
| Person in C<br>DW R  |            | rar   | nt Holder, LLC   | Pre-Operational<br>Temporary          | с_ <b>U</b>                       |              | <u>J</u> <u>R</u> <u>U</u>                          |  |
| Responsible          | e Person's | E-mai | a  | НАССР                                 | Menu Typ                          | e (See addi  | tional page)  |  |
| Certified Fo         |            |       | r  | Other (list)                          | 1 <u>0</u> 2                      |              | $\underline{0}_{4} \underline{0}_{5} \underline{0}$ |  |
|                      |            |       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                      |                                       | D IN THF N                        | ARRATIVE     | BELOW AS "B"  |  |
|                      | .,         |       |  |                                       |                                   |              |   |  |
| Section#             | C/NC       | R     | Narrative  |                                       |                                   | To Be Co     | orrected By   |  |
|                      |            |       | Violations from 09/13/17 insp  | ection corrected.                     |                                   |              |   |  |
|                      |            |       |  |                                       |                                   |              |   |  |
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|                      |            |       | Inspected by (name and title pr<br>Claire Will                         | inted):                               |                                   |              |   |  |
| Received by          |            |       | 5  | Inspected by (signature):             |                                   |              |   |  |
| cc:                  |            |       | cc:  |                                       | cc:                               |              |   |  |



| Establishm                         | IO M<br>ent Addres       | s (nu | (ICAN RESTAURANT<br>mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715         | <b>Telephone Number</b><br>(812-471-1400<br>() Owner | Date of In<br>(mm/dd/yr<br>10/13 |              | ID#<br>10942       |
|------------------------------------|--------------------------|-------|--|--|----------------------------------|--------------|--------------------|
| <sup>Owner</sup><br>Gusta          |                          |       | ,  | Purpose:   | Follow-u<br>NO                   |              | se Date<br>23/2017 |
| Owner's A<br>1919  <br>Person in C | ddress<br>NGre<br>Charge | en    | River Rd, Evansville, IN, 47715  | Follow-up  | Summary                          | of Violation | ns:                |
| Gusta<br>Responsible               |                          |       | il   | Temporary<br>HACCP                                   |                                  |              | tional page)       |
| Certified F                        |                          |       |  | Other (list)   | 1 <u>0</u> 2                     | <u></u> 3    | $)_4 O_5 O$        |
|                                    |                          |       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU! |  | D IN THE N                       | ARRATIVE     | BELOW AS "R"       |
| Section#                           | C/NC                     | R     | Narrative  |  |                                  | To Be Co     | orrected By        |
| 118                                | C                        |       | Facility lacking certified food  | cofoty bondlor                                       |                                  |              | 14/2017            |
| 110                                | C                        |       |  | Salety handler.                                      |                                  | 12/          | 4/2017             |
|                                    |                          |       |  |  |                                  |              |                    |
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| Received by                        |                          | - '   |  | Inspected by (name and title pr<br>Kelly Holzm       |                                  |              |                    |
| Received by                        | (signature)              | ):    |  | Inspected by (signature):                            | -                                |              |                    |
| cc:                                |                          |       | cc:  |  | cc:                              |              |                    |



| Establishme<br>12250<br>Owner<br>DOLG<br>Owner's Ac<br>100 M<br>Person in C<br>DOLG | r Ger<br>ent Addres<br>N Hi<br>ENC<br>Idress<br>ission<br>harge<br>ENC | s (nu<br>gh<br>OR<br>NR | ral #9430<br>mber and street, city, state, zip code)<br>way 41, Evansville, IN, 47725<br>RP LLC<br>idge, Goodlettsville, TN, 37072<br>RP LLC | Telephone Number<br>(812-867-3599<br>(615-855-4000<br>Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary | Follow-u<br>NO<br>Summary<br>C | )<br>2017<br>P Releas<br>10/<br>of Violation<br>NC   | ) <sub>R</sub> _0 |  |
|---|--|-------------------------|--|---|--------------------------------|--|-------------------|--|
| Responsible<br>Certified Fo   |  |                         | il<br>   | HACCP<br>Other (list)   | 1 0 2                          | $\underbrace{\bullet}_{3}\underbrace{\bullet}$ | tional page)      |  |
|   |  |                         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  |   | D IN THE N                     | ARRATIVE   | BELOW AS "R"      |  |
| Section#  | C/NC   | R                       | Narrative  |   |                                |  | orrected By       |  |
| Section#  | C/NC   | к                       |  |   |                                | TO De Co   | Ггессей Бу        |  |
|   |  |                         | No noted violation   | ons.  |                                |  |                   |  |
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|   |  |                         |  | Inspected by (name and title pr<br>Claire Will  | inted):                        |  |                   |  |
| Received by   | (signature)  | ):                      |  | Inspected by (signature):   |                                |  |                   |  |
| cc:   |  |                         | cc:  |   | cc:                            |  |                   |  |



| Establishme<br>607 E<br>Owner<br>DOLG<br>Owner's Ad<br>100 M<br>Person in C<br>DOLG<br>Responsible | r Ger<br>ent Addres<br>Diam<br>ENC<br>Idress<br>ission<br>harge<br>ENC<br>Person's | on<br>OR<br>NR<br>OR<br>E-mai |   | Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | 5)<br>6/2017<br>P Releas<br>10/<br>of Violation<br>NC_ |             |
|--|--|-------------------------------|---|---|--------------------------------|--|-------------|
|  |  |                               | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M             |   | D IN THE N                     |  | DELOWAS "D" |
| • violario<br>Section#   | C/NC   | R                             | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU<br>Narrative | MMARY OF VIOLATIONS" AN                               | D IN THE N                     |  | orrected By |
| Section#   | CITC   | K                             | No noted violatio   | ons   |                                | TUBCC  | freeded by  |
|  |  |                               |   |   |                                |  |             |
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| Received by  |  | -                             |   | Inspected by (name and title pr<br>Claire Will        | rinted):                       |  |             |
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|                                       | ji´S<br>ent Addres        |     | mber and street, city, state, zip code)<br>xpressway, Evansville, IN, 47715                           | Telephone Number<br>(812-421-0800<br>(309-445-6632 | Date of Ins<br>(mm/dd/yr<br>10/09 |                       | ID#<br>10863   |  |
|---------------------------------------|---------------------------|-----|---|--|-----------------------------------|-----------------------|--|--|
| Owner<br>Biaggi<br>Owner's Ad         | s Res                     | sta | urante Italiano LLC   | Purpose:<br>Routine                                | Follow-up<br>NO<br>Summary        |                       | 19/2017  |  |
| Person in C<br>Biaggi                 | <sup>harge</sup><br>s Res | sta | er Ave, Bloomington, IL, 61704<br>urante Italiano LLC   | Complaint<br>Pre-Operational<br>Temporary          | с_ <b>0</b>                       |                       | ) <sub>R</sub> 0   |  |
| Responsible<br>Certified Fo<br>Cory H | ood Handle                |     | il  | HACCP<br>Other (list)                              |                                   | be (See addit $O_3 C$ | $)_4 \underbrace{\bullet}_5 \bullet$ |  |
| • CRITICAL                            | ITEMS AR                  |     | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU |  | D IN THE N                        | ARRATIVE              | BELOW AS "R"   |  |
| Section#                              | C/NC                      | R   | Narrative   |  |                                   | To Be Co              | orrected By  |  |
|                                       |                           |     | Follow-up from inspection on 10/5/17.   | . All violations corr                              | ected.                            |                       |  |  |
|                                       |                           |     |   |  |                                   |                       |  |  |
|                                       |                           |     |   |  |                                   |                       |  |  |
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| Received by                           |                           | -   |   | Inspected by (name and title pr<br>Colin Ward      | inted):                           |                       |  |  |
| Received by                           | (signature)               | ):  |   | Inspected by (signature):                          |                                   |                       |  |  |
| cc:                                   |                           |     | cc:   |  | cc:                               |                       |  |  |



| Establishme<br>601 E E<br>Owner<br>Budsa<br>Owner's Ad<br>330 S<br>Person in C<br>Budsa<br>Responsible<br>Certified Fo | Tha<br>ent Address<br>Bnvl-Na<br>gon N<br>ddress<br>1st S<br>harge<br>gon N<br>Person's | s (nun<br>ew<br><u>Ney</u><br>tt, F<br>Ney<br>E-mai | Princeton, IN, 47670<br>ver           | Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C                 | )<br>/2017<br>P Releas<br>10/<br>of Violation<br>NC | 21/2017  |              |
|--|---|---|---------------------------------------|--|--|---|----------|--------------|
|  |   |   | FROM PREVIOUS INSPECTIONS ARE DENOTED |  |  | D IN THE N  | ARRATIVE | BELOW AS "R" |
| Section#   | C/NC  | R   |                                       | rative   |  |   |          | orrected By  |
|  |   |   | All violations from                   |  | 7 corrected.                                   |   |          |              |
|  |   |   |                                       |  |  |   |          |              |
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| Received by  |   |   |                                       |  | Inspected by (name and title pr<br>Carol Coudr | ,   |          |              |
|  |   |   |                                       |  | Inspected by (signature):                      | ~.  |          |              |
| cc:  |   |   | cc:                                   |  | cc:  |   |          |              |



| Establishm                | ont Namo    |       |  | Telephone Number          | Date of In                 | spection              | ID #  |  |  |
|---------------------------|-------------|-------|--|---------------------------|----------------------------|-----------------------|---|--|--|
| MOD Pizza                 |             |       |  | <sup>(812-602-5525)</sup> | (mm/dd/yr)                 |                       |   |  |  |
|                           |             |       | mber and street, city, state, zip code)              |                           | 10/05                      | /2017                 |   |  |  |
| 6401 E                    | E. Lloy     | d E   | Expressway, Evansville, IN, 47715                    | <sup>(</sup> 859-225-3680 |                            |                       |   |  |  |
| <sup>Owner</sup><br>Garye | n Dei       | nni   | na   | Purpose:                  | Follow-u<br>NO             |                       | se Date 19/2017   |  |  |
| Owner's A                 |             |       | ng   | ✔ Routine                 | _                          |                       |   |  |  |
|                           |             | St    | Lexington, Kentucky, 40507                           | Follow-up                 | -                          | of Violation          |   |  |  |
| Person in C               |             | ,,    |  | Complaint                 | $^{2}$                     |                       | $D_{R}$   |  |  |
| Garye                     | n Der       | nni   | ng   | Pre-Operational           | C                          | NC_                   | <u> </u>  |  |  |
| Responsible               |             |       | 5  | Temporary                 | Menu Ty                    | pe (See addi          | tional page)  |  |  |
|                           |             |       |  | НАССР                     | $\frown$                   | $\frown \frown$       | $\sim \sim \sim$  |  |  |
| Certified F               |             |       |  | Other (list)              | $1 \underline{\bigcirc} 2$ | $\bigcirc_3 \bigcirc$ | $\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$ |  |  |
| Veroni                    | ca Isla     | as    |  |                           |                            |                       |   |  |  |
| • CRITICAL                | L ITEMS AR  | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M    | IARKED "C"                |                            |                       |   |  |  |
| • VIOLATIO                | )N(S) REPE  | ATED  | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU   | MMARY OF VIOLATIONS" AN   | D IN THE N                 | ARRATIVE              | BELOW AS "R"  |  |  |
| Section#                  | C/NC        | R     | Narrative  |                           |                            | To Be Co              | orrected By   |  |  |
| 345                       | С           |       | Hand washing sink used for purposes                  | other than hand wa        | 10/09/2017                 |                       |   |  |  |
| 295                       | С           |       | Soiled knife stored as clean on m                    |                           |                            |                       | Corrected   |  |  |
|                           |             |       |  |                           |                            |                       |   |  |  |
|                           |             |       |  |                           |                            |                       |   |  |  |
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|                           |             |       |  |                           |                            |                       |   |  |  |
|                           |             |       | Inspected by (name and title printed):<br>Colin Ward |                           |                            |                       |   |  |  |
| Received by               | (signature) | ):    |  | Inspected by (signature): |                            |                       |   |  |  |
|                           |             |       |  |                           |                            |                       |   |  |  |
| cc:                       |             |       | cc:  |                           | cc:                        |                       |   |  |  |