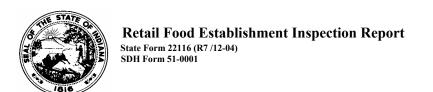


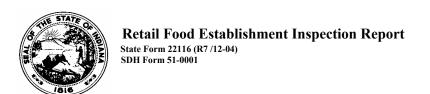
Establishm		٦m	itt's Candy	Telephone Number	Date of Insp (mm/dd/yr)		ID#
				812-568-2795	01/09/	2018	13214
422 N			mber and street, city, state, zip code) t, Evansville, Indiana, 47711	<sup>(</sup> 812 <sup>-</sup> 568-2795			
Owner Micha	el & [	De/	Ann Schmitt	Purpose:	Follow-up No		se Date /19/2018
Owner's A				Follow-up	Summary of	of Violatio	ns:
1105 I	Baker	. ۸۱	ve, Evansville, Indiana, 47710	Complaint			
Person in C Micha		De/	Ann Schmitt	Pre-Operational	c_ <b>U</b>	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary	Menu Type	e (See addi	itional page)
				НАССР			
Certified Fo	ood Handl	er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4</u> 050
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	Minimum of Violations has			orrected By
Section	C/ITC	K	No noted violation	one		10 BC C	MICCICU By
			No noted violation	0115.			
Received by	(name and	l title j	orinted):	Inspected by (name and title p			
				David Horni	ng		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



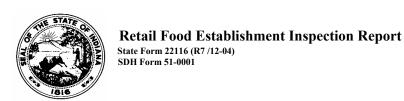
Establishm				Telephone Number	Date of Insp		ID#
Sushi	i Mar	u E	Express @ Meijer	(201-654-0422	(mm/dd/yr) 01/08/		13012
			mber and street, city, state, zip code)	201-654-0422		2010	
1	<u> Wena</u>	ras	Dr, Evansville, IN, 47715				
Owner Sushi	Maru	ιF	xpress Inc	Purpose:	Follow-up		se Date // 18/2018
Owner's Ac		<u> </u>	tpress inc	<del>1 -                                   </del>	_		
		r Ro	d Ste 202, Ridgefield Pk, NJ, 07660	Follow-up Complaint	Summary o	_	
Person in C				Pre-Operational	$_{\rm c}$ U	NC_	$\int_{R} U$
			kpress Inc	Temporary			
Responsible	e Person's	E-mai	11	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}($	$\bigcirc_3$ $\bigcirc$	$_{4}O_{5}O$
Sui Ma	ang					<u></u>	
• CRITICAL	L ITEMS AF	RE IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
				_			
David David	,			Inspected by (name and title processed by Holzmer)			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



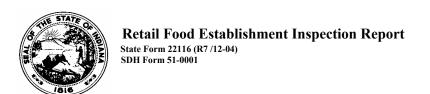
Establishm Meije		re	#287	Telephone Number (812-647-2200	Date of Ins (mm/dd/yr	o)	13006
			mber and street, city, state, zip code)		01/00	/2018	10000
			Drive, Evansville, IN, 47715	616-791-5602			
Owner				Purpose:	Follow-up		se Date
		es	Limited Partnership	<b>✓</b> Routine	No	01/	18/2018
Owner's A		۲Α۱	ve NW, Grand Rapids, MI, 49544	Follow-up		of Violation	
Person in C	harge		•	Complaint Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC 7	$I_{R}$
			Limited Partnership	Temporary			
Responsibl	e Person's	E-ma	il	HACCP	Menu Typ	ie (See addi	tional page)
Certified F	ood Handl	or		Other (list)	102	$\bigcirc_{2}$	),(),()
Gordo			a		1 2	<u></u>	<u>/4030</u>
• CRITICAI	L ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	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
347	NC		Hand washing sinks lacking	g paper towels.		Co	rrected
Received by David				Inspected by (name and title p Kelly Holzm			
Received by				Inspected by (signature):	<u> </u>		
cc:			cc:		cc:		



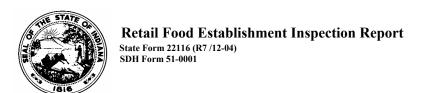
			-				
Establishm CVS		ma	acy #6251	Telephone Number (812-424-3894	Date of Insp (mm/dd/yr)		1D# 12228
			mber and street, city, state, zip code) ph Ave, Evansville, IN, 47712	<sup>(</sup> 401 <sup>-</sup> 770-2816	01/11/	2018	
Owner HOOK	K-SUF	PEF	RX LLC	Purpose:	Follow-up NO		se Date /21/2018
	Dr/Ma	ail C	ode 1160, Woonsocket, RI, 02895	Follow-up Complaint	Summary		
	(-SUF		RX LLC	Pre-Operational Temporary	<u>c_U</u>	NC	$\frac{0}{1}$ R $\frac{0}{1}$
Responsible	e Person's	E-mai	.1	НАССР	Menu Typ	: (See addi	itional page)
Certified Fo	ood Handl	er		Other (list)	1 2	<u>J3(</u>	<u>)4</u> 05 <u></u> 0
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
							-
Received by Mark	*			Inspected by (name and title policy Ricardo Zac			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



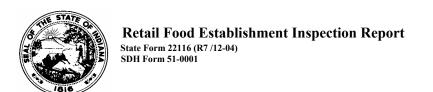
					-			
Establishm	ent Name			Telephone Number	spection ·)	ID#		
Zuki		,		812-423-9854	01/09	/2018	12201	
			mber and street, city, state, zip code) Evansville, IN, 47708	812-677-0564				
Owner		-, -	,	Purpose:	Follow-u	p Releas	se Date	
Rosab	oel Ma	ana	alo-Ibay	Routine	No	01/	19/2018	
Owner's Ac		_		Follow-up	Summary	of Violation	ns:	
		Cc	od Cir, Evansville, IN, 47725	Complaint	2		1 2	
Person in C		ana	alo-Ibay	Pre-Operational	c_ <b>_</b>	NC	$1_{R}$	
Responsible				Temporary	Menu Tvi	ne (Saa addi	tional page)	
Kesponsibil	c i ci son s	L-ma		<b>П</b> НАССР	Wichu Ty	oc (see aaai	nonui puge)	
Certified F	ood Handl	er		Other (list)	$10^{2}$	$\bigcirc_3$ $\bigcirc$	$)_4 \bigcirc _5 \bigcirc$	
Certified	employ	/ee j	just left. New one needed by March 2018.					
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	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				orrected By	
294	С	R	Dishwasher machine was	not sanitizing.		Corrected		
347	NC		No paper towels at employee ba	athroom hand sink		Corrected		
324	С	R	Updated grease trap maintena	nce log not shown.	ı	02/0	01/2018	
Received by	(name and	l title 1	arinted):	Inspected by (name and title p	rinted):			
Joe I		i titie j	Ainted).	David Horni				
Received by		):		Inspected by (signature):	<u>. a</u>			
cc:			cc:		cc:			



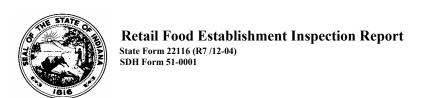
Establishm Gayla		$\sim 1$	10	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-454-9791	01/09	/2018	12130
			mber and street, city, state, zip code)  1, Evansville, IN, 47711	<sup>(</sup> 812-893-0341			
Owner	D a II			Purpose:	Follow-u		se Date
Gayla				Routine	No	01/	19/2018
Owner's A		. La	ane, Evansville, IN, 47712	Follow-up		of Violatio	
Person in C	Charge		,, ,	Complaint Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_(	) , ()
Gayla	Bell			Temporary	C	. NC	K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)	-		$\bigcap$
Certified For Gayla		er			1 2	<u> </u>	<u>/405</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS !	MARKED "C"	•		
• VIOLATIO	ON(S) REPE	ATED	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			
Received by Gayla			orinted):	Inspected by (name and title p  David Horni			
Received by				Inspected by (signature):	· <u>· න</u>		
					-		
cc:			cc:		cc:		



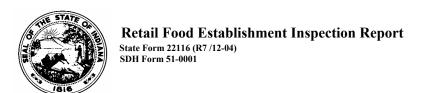
Establishm				Telephone Number	Date of Inspe	ection	ID#
Murp	hy U	SA	· #7114	812-422-9519	(mm/dd/yr)	2040	11971
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		1 0 1/ 1 0/4	2018	
5210 l	Pearl	Dr	, Evansville, IN, 47712	<sup>(</sup> 870 <sup>-</sup> 875-7558			
Owner				Purpose:	Follow-up		se Date
Murph		US	SA Inc	Routine	No	01/	20/2018
Owner's A		20	ELL	Follow-up	Summary of	f Violation	ns:
		<i>J</i> 0,	Eldorado, AR, 71731-7300	Complaint	$\cap$	(	) (
Person in C		110	NA les	Pre-Operational	$_{\rm C}$ U	NC_(	$\mathcal{I}_{R}$ $\mathcal{U}_{R}$
Murph				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handl	210		Other (list)	102	),(	),()_5()
n/a	oou manui	¢I			1020	<u></u>	<u> </u>
	ITEMS AT	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	AADKED "C"	<del></del>		
					D DIEWE NA	DD 4 7711 77	DEL OW 10 (D
			P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			lo Be Co	orrected By
			No noted violation	ons.			
D: 11	. (	4:41		Transact disease.	-:4 4)		
Received by Lisa				Ricardo Zac			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



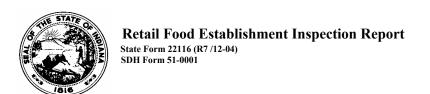
			<u> </u>				
Establishm Murp		SA	#7114	Telephone Number (812-422-9519	Date of Insp (mm/dd/yr)		тр# 11971
Establishm	ent Addres	s (nur	nber and street, city, state, zip code)		01/11/	2018	
5210	Pearl	Dr,	Evansville, IN, 47712	870-875-7558			
Owner				Purpose:	Follow-up		se Date
Murph	ny Oil	US	A Inc	Routine	No	01/	20/2018
Owner's A				Follow-up	Summary o	of Violatio	ns:
PO Bo	$0 \times 730$	00,	Eldorado, AR, 71731-7300	Complaint	آ م		
Person in C				Pre-Operational	$\begin{bmatrix} c & \mathbf{U} \end{bmatrix}$	NC_	J <sub>R</sub> U
Murph				Temporary			_ ~
Responsible	e Person's	E-mai	I	HACCP	Menu Type	(See addi	itional page)
						$\neg \subset$	
Certified F	ood Handl	er		Other (list)	1 2	<u>3</u>	<u> 1405</u> 0
n/a							
• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	UMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
						-	
Received by Lisa	(name and Saul	_		Inspected by (name and title p Ricardo Zac			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



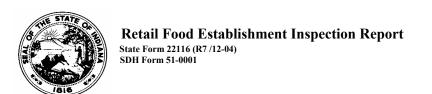
				_	1		
By the		20		Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-402-8518	01/00	/2018	11534
			Ave, Evansville, IN, 47714	812-626-1313			
Owner			, ,	Purpose:	Follow-u		se Date
Eric W				<b>✓</b> Routine	No	01/	18/2018
Owner's A		+ , ,	In Evanovilla IN 47725	Follow-up	Summary	of Violation	ns:
Person in C		ιy	Ln, Evansville, IN, 47725	Complaint	$\cap$		$\frac{2}{R}$
Eric W				Pre-Operational	c_ <b>O</b>	NC_	- R_O
Responsible		E-ma	il	Temporary	Menu Typ	oe (See addi	tional page)
				НАССР			
Certified F				Other (list)	$1 \bigcirc 2$	<u> </u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
Trevor	Scarl	ett					
• CRITICAI	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	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
297	NC		Ice guard within ice mad	chine soiled.		01/0	08/2018
297	NC		Drink dispenser nozzle in ne	eed of cleaning.		01/0	08/2018
D : 1:	,		· D	T 11 ( 12 )	·		
Received by Eric			orinted):	Inspected by (name and title process)  Claire Will	rinted):		
Received by				Inspected by (signature):			
received by	(Signature)	,.		inspected of (signature).			
cc:			cc:		cc:		



			<u> </u>				
Establishm		ne	Weinbach	Telephone Number	Date of Inc (mm/dd/yr		1D# 11441
			mber and street, city, state, zip code)	812-424-8289	01/09	/2018	11441
1 N W			Ave., Evansville, IN, 47711	<sup>(</sup> 812-479-0993			
Owner WINK	LER I	NC		Purpose:  Routine	Follow-u		se Date /19/2018
Owner's A			_	Follow-up	Summary	of Violation	
5011 V	<i>N</i> ashi	ngt	on Ave #6, Evansville, IN, 47715	Complaint	^		
Person in C	Charge LER I	NC	<u> </u>	Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Tyj	oe (See addi	tional page)
				НАССР		$\bigcirc$ $\subseteq$	
Certified F				Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u></u>
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	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
218	NC		Seals on meat cooler in ne	eed of repair.		01/2	26/2018
	_						
Steven Steven				Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			ce:		cc:		



			<u> </u>				
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Turor				812-424-9871	01/10	/2018	11414
			mber and street, city, state, zip code)  , EVANSVILLE, IN, 47711	812-437-0194			
Owner	IVIAII	0	, L V/((10 VILLE, 111, 47711	Purpose:	Follow-uj	Relea	se Date
	i's Pi	zza	Inc/Jerry Turner	Routine	No		20/2018
Owner's A	ddress			Follow-up	Summary	of Violatio	
5709	Spring	g L	ake Dr, Evansville, IN, 47711	Complaint	<u> </u>	_	
Person in C				Pre-Operational	$_{\rm c}$ U	NC_	$J_{R}U$
			Inc/Jerry Turner	Temporary			
Responsible	e Person's	E-ma	ıl	НАССР	Menu Typ	ie (See addi	itional page)
Certified F	ood Handl	er		Other (list)	102	$\bigcirc_{3}$	$)_{4}$ $\bigcirc_{5}$
Brian I					1 <u> </u>	<u></u>	<u> </u>
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	E BELOW AS "R"
Section#	C/NC	R	Narrative	The state of the s	2 11, 1112 1,		orrected By
Sections	0,110		No noted violation	ons		10200	orrected By
			THO HOLOG VIOLATIO	0110.			
Received by Lydia				Inspected by (name and title portion of the portion			
Received by				Inspected by (signature):	J		
cc:			cc:		cc:	;	



Owner MAHN Owner's Ac	et Maent Address Power HOUD Iddress Power harge HOUD Person's	ell / Bll, Bll, E-mai	Mber and street, city, state, zip code) Ave., Evansville, IN, 47713  AYER  Evansville, IN, 47713  AYER	(8) Pu V	lephone Number 12-424-3533 12-424-3533 rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	P Releas 01/ of Violation NC 000 (See addition of the control of t	21/2018 ns:
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M			D IN THE S	ADDATEST	DELOW 10 40
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	IVLIVIA	KY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				Го Ве Со	orrected By
			No noted violation	ons	•			
Received by	(name and	title r	printed):	Inch	ected by (name and title pr	inted).		
Mahr					avid Hornii			
Received by	(signature)	):		Insp	ected by (signature):			
cc:			cc:			cc:		



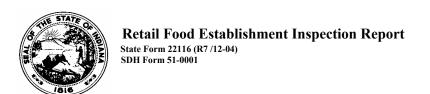
			<u> </u>				
Establishm Schn		#7		Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-464-3920	01/11	/2018	11305
			e, EVANSVILLE, IN, 47710	(314-994-4718			
Owner Schni	icks N	/lar	kets Inc	Purpose:  Routine	Follow-up		se Date //21/2018
Owner's A		riai	Note into	<del>1</del> —			
11420	) Lack	dar	nd Rd, St Louis, MO, 63146	Follow-up Complaint	Summary	of Violation	•
Person in C	Charge ICKS N	Лar	kets Inc	Pre-Operational	c	NC_	J <sub>R</sub> U
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				HACCP		$\bigcirc$ 6	
Certified For Janette			elle	Other (list)	1 2		<u>/4</u> 05
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	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 violation	ons.			
Received by Tami				Inspected by (name and title p			
Received by				Inspected by (signature):	<u> </u>		
cc:			cc:		cc:		



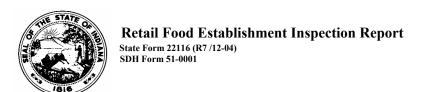
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Roca				812-422-7782	01/09	/2018	11286
			mber and street, city, state, zip code) CKy Ave, Evansville, IN, 47714	( ) Owner			
Owner				Purpose:	Follow-uj		se Date
Roca	Bar o	f E	vansville Inc	<b>✓</b> Routine	No	01/	19/2018
Owner's A				Follow-up	Summary	of Violation	ns:
		<u>'e S</u>	St, Evansville, IN, 47715	Complaint		(	) (
Person in C Roca		f E	vansville Inc	Pre-Operational	$_{\rm C}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible				Temporary	Menu Typ	oe (See addi	itional page)
				НАССР			
Certified Forry F		er		Other (list)	1 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	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 C	orrected By
			No noted violation	ons.			·
			<u> </u>				
			<u> </u>				
Received by Jerry			orinted):	Inspected by (name and title p  David Horni			
Received by				Inspected by (signature):	<u> </u>		
cc:			cc:		cc:		
			- C.				



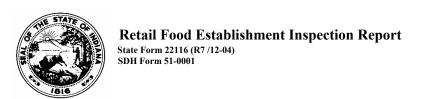
Establishmo Circle		<del></del>			lephone Number 812-430-7838	Date of In (mm/dd/y		10# 11272
			mber and street, city, state, zip code) St, Evansville, IN, 47713	(8	312-550-3577	01/0	3/2016	
Owner Gurpre		aur	-	<b>_</b>	rpose: Routine	Follow-u No		te Date 119/2018
Owner's Ac 7588 \		g C	t, Newburgh, IN, 47630		Follow-up Complaint	Summar	y of Violation	
Person in C Manjit		h		=	Pre-Operational	c_ <b>U</b>	_ NC	$\frac{2}{R}$
Responsible	e Person's	E-mai	il		Temporary HACCP		pe (See addi	tional page)
Certified For				<u> </u>	Other (list)	1 2	<u>:</u> _3_	) <sub>4</sub> <u>0</u> 5 <u>0</u>
• CRITICAL	. ITEMS AR	RE IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	ARY OF VIOLATIONS" AN	D IN THE		
Section#	C/NC NC	R R	Narrative Ceiling water leak in wa	ll i	n coolor			orrected By 09/2018
431	NC	R	Walk in cooler fan units in ne				+	16/2018
401	INC	1	Walk in cooler fair units in he	560	or clearning.		017	10/2010
Manj	_ `				avid Hornii			
Received by	(signature)	):		Insp	ected by (signature):			
cc:			cc:			cc:		



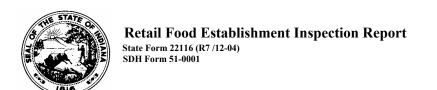
Establishm SISCO		RF	PRISES LLC DBA PIECE OF CAKE	Telephone Number Date of Inspection (mm/dd/yr)				
			mber and street, city, state, zip code)	1 012 424 2200	01/00	/2018	11256	
			Evansville, IN, 47708	<sup>(</sup> 812-426-0168				
Owner	Siono			Purpose:	Follow-up		se Date	
Cate S				Routine	No		18/2018	
		R A	VE, Evansville, IN, 47713	Follow-up Complaint		of Violation		
Person in C	Charge			Pre-Operational	$_{\rm C}$ ${\rm O}$	$_{\rm NC}$ (	$\frac{0}{R}$	
Cate S				Temporary				
Responsible	e Person's	E-ma	11	НАССР	Menu Typ	e (See addi	tional page)	
Certified For Amelia				Other (list)	$10^{2}$	<u>3</u>	$0_4 \underline{O}_5 \underline{O}$	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violation	ons.				
Received by	(nomo ono	l titlo	printed):	Inspected by (name and title p	rintad):			
Kristi				David Horni				
Received by	(signature	):		Inspected by (signature):				
cc:			cc:		cc:			



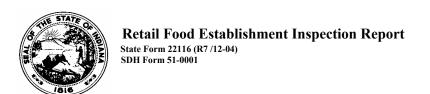
Establishm Pon		16	Coffeehouse	Telephone Number	Date of Ins (mm/dd/yr		1D# 11253
			mber and street, city, state, zip code)	812-421-8741	01/08	3/2018	11200
			d St., Evansville, IN, 47713	812-421-8741			
Owner WGB	Coffe	e L	LC	Purpose:	Follow-u		se Date 18/2018
Owner's A	ddress			Follow-up	_	of Violation	
3113	E Che	erry	St, Evansville, IN, 47714	Complaint	-		
Person in C WGB		ے ا	I.C.	Pre-Operational	C	NC_	$0_{R}$
Responsible				Temporary	Menu Tvi	oe (See addi	tional page)
•				НАССР	l		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certified For			eeds to recertify)	Other (list)	1 2	<u>3</u>	) <sub>4</sub> <u>0</u> 5 <u>0</u>
	•	_	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	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
118	С		Food safety certification	on expired.		02/0	08/2018
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
Grac		_		David Horni			
Received by		_		Inspected by (signature):			
cc:			cc:		cc:		



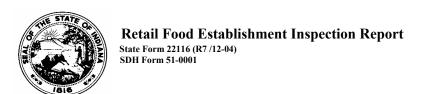
			• • •	-			
Establishm		20		Telephone Number	Date of Ins (mm/dd/yr		ID#
Papa				812-477-7700	01/11	/2018	11250
303 N			mber and street, city, state, zip code) ICh Ave., Evansville, IN, 47711	<sup>(</sup> 812-423-9024			
Owner KGK E	Enter	oris	ses Inc	Purpose:	Follow-uj		se Date /21/2018
Owner's A	ddress			Follow-up	Summary	of Violatio	ns:
		<u>ıba</u>	ch Ave, Evansville, IN, 47711	Complaint	آم ا		
Person in C		oris	ses Inc	Pre-Operational	c_U	NC_(	J <sub>R</sub> U
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	itional page)
Certified For Andrev			son	Other (list)	1 2		<u>/4_5_</u>
• CRITICAI	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	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 C	orrected By
			No noted violation	ons.			
Received by Jess			printed):	Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



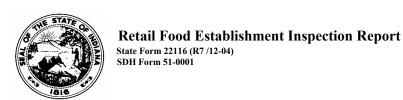
Establishm Orde		)w(	ls Nest #30	Telephone Number (812-422-2556)	Date of Ins (mm/dd/yr	r)	то# 11237	
			mber and street, city, state, zip code)		01/11	/2018	11207	
2427	N She	erm	nan Ave, Evansville, IN, 47710	812-422-2556				
Owner ORDF	R OF	<del>-</del> 0	WLS NEST #30	Purpose:	Follow-u		se Date //21/2018	
Owner's A		<u> </u>	112311231 1133	Follow-up	_	of Violation		
2427	N She	erm	nan, Evansville, IN, 47711	Complaint				
Person in C	Charge		WLS NEST #30	Pre-Operational	$_{\rm C}$ 1	NC_	$\frac{1}{R}$	
Responsible				Temporary	Menu Tvi	ne <i>(See addi</i>	tional page)	
<b>P</b>				НАССР	•			
Certified F			dge	Other (list)	1 2	<u>3</u>	) <sub>4</sub> <u>0</u> 5 <u>0</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	IARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			1	orrected By	
176	NC		Bottle stored in bever	rage ice			rrected	
177	С	R	Items in dry storage area not			Corrected		
<b>-</b> '''		- 1 \	nome in any storage area not	Store o on noor.		- 00	Toolog	
Received by white			printed): teridge	Inspected by (name and title processed Coudr				
Received by			<del>-</del> - <del>-</del>	Inspected by (signature):				
cc:			cc:		cc:			



			• •	•			
Establishmo McDo		S		Telephone Number (812-477-7041	Date of Ins (mm/dd/yr	)	тр# 11205
			mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47715	<sup>(</sup> 812-477-1602	01/08	/2018	
Owner			S/DBK VISION	Purpose:	Follow-uj		te Date 18/2018
Owner's Ac			ADDIT VIOLOTY				
PO Bo	ox 570	08,	Evansville, IN, 47716	Follow-up Complaint	-	of Violation	
Person in C	Charge ONAL	DS	S/DBK VISION	Pre-Operational	C	NC_(	<u>J</u> R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Foundation				Other (list)	102	<u>3</u>	$0_4$ $0_5$
				LADVED ((C))			
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	IARKED "C"			
• VIOLATIO		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
294	С	R	Chemical sanitizer concentration	below required lev	el.	Co	rrected
324	С	R	Grease trap maintenance log	g not up to date.		01/	12/2018
Received by	(nama ar	+i+1~ ·	arinted):	Inspected by (name and title p	rintad):		
Jaso				Claire Will	inieu):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



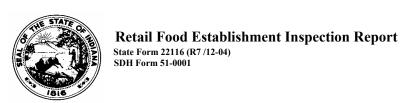
			<u> </u>				
Establishm McDC		s		Telephone Number (812-425-1712	Date of Ins (mm/dd/yr	•)	то# 11202
			mber and street, city, state, zip code) On Ave., EVANSVILLE, IN, 47714	(a. )Owner	01/08	/2018	
Owner			J/DBK VISION	Purpose:	Follow-uj		se Date /18/2018
	ox 570	08,	Evansville, IN, 47716	Follow-up Complaint	Summary	of Violation	•
	DNAL		/DBK VISION	Pre-Operational Temporary	c_ <b>U</b>	NC_	
Responsible	e Person's	E-ma	ıl	НАССР	Menu Typ	e (See addi	itional page)
Certified For Marce			 m	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		ID IN THE N	ARRATIVE	E BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
	01110		No noted violation	ons.			
Received by Marc			orinted):	Inspected by (name and title p  David Horni			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



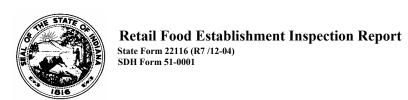
							т — — — — — — — — — — — — — — — — — — —	
Establishm Mario		3ar	•	Telephone Number  (812-475-8780   Date of Inspection (mm/dd/yr)   111				
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(a. )Owner a co = 4	01/09	9/2018		
Owner	5 vvei	ПΩ	ach Ave., Evansville, IN, 47714		E	In I	se Date	
Bush		tme	ents	Purpose:  Routine	Follow-uj		19/2018	
Owner's A		_		Follow-up	Summary	of Violation	ns:	
		<u> </u>	lace, Evansville, IN, 47714	Complaint		(	) (	
Person in C		<b>4.</b>		Pre-Operational	$_{\rm C}$ $\cup$	NC_	J <sub>R</sub> U	
Bush				Temporary	1.5			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	se (See addi	tional page)	
Certified F	ood Handl	0.10		Other (list)	100	$\bigcirc$	),()_5()	
Dave I		eı				<u></u>	<u> </u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATEL	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.		ı		
						<del></del>		
						<del></del>		
						<u> </u>		
						1		
						ı		
Received by David				Inspected by (name and title p	rinted):			
Received by				Inspected by (signature):				
				- , ,				
cc:			cc:		cc:			



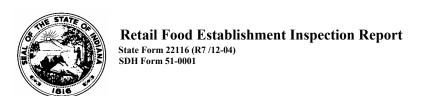
			• • •					
Establishmo China		\/la	rkat	Telephone Number	Date of Ins (mm/dd/yr		тр# 11148	
				812-471-9999	01/10	/2018	11140	
			mber and street, city, state, zip code) d., Evansville, IN, 47715	<sup>(</sup> 812 <sup>-47</sup> 1-9999				
Owner Vuo V	ina V	and	7	Purpose:	Follow-up Yes		se Date //20/2018	
Yue Y		anı	9	<b>✓</b> Routine				
		Ro	d, Evansville, IN, 47715	Follow-up Complaint		of Violation		
Person in C	harge			Pre-Operational	$_{\rm C}$ Z	NC_	$\frac{1}{R}$	
Yue Y				Temporary				
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$	$)_4 \bigcirc _5 \bigcirc$	
Amy Y	ang							
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	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	
177	С	R	Food items improperly st	ored on floor.		01/10/2018		
181	С	R	Food items not to be offered for o	onsumer self servi	ce.	Corrected		
179	NC	R	Food on display not protected from	01/	10/2018			
218	NC		Cold case needs to be prop	erly maintained.		01/	10/2018	
146	NC	R	Products not properly identified v	with labels in Englis	sh.	01/10/2018		
413	NC		Back door in need of rep	air/replacing.		01/	17/2018	
Received by Amy	•		printed):	Inspected by (name and title processing Ward	rinted):			
Received by	(signature	):		Inspected by (signature):				
cc:			cc:		cc:			



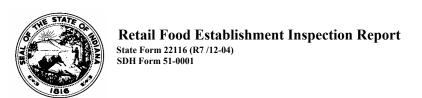
Establishm		uffc	et/Tropicana Hotel/Conference Center	Telephone Number Date of Inspection (mm/dd/yr)  Date of Inspection (mm/dd/yr)				
			mber and street, city, state, zip code)	1012 100 1000	01/10	/2018	11132	
			side Dr, Evansville, IN, 47708	812-433-4034				
Owner Aztar In	diana (	Gan	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-u		se Date //20/2018	
Owner's A		Jan	Topicana Evansvine	<u> </u>				
		ver	side Dr, Evansville, IN, 47708	Follow-up Complaint		of Violation		
Person in C	harge			Pro Operational	$\frac{1}{C}$	$_{ m NC}$ (	$0_{R}$	
			ning Co LLC / dba Tropicana Evansville	Temporary				
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)	
Certified F	ood Handle	er		Other (list)	1()2	$\bigcirc_3$	)4(•)5()	
Chuck						<u></u>	<u>/ 4                                   </u>	
• CRITICAI	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"				
• VIOLATIO	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	
191	С		Some food items lacking prop	oer date marking.		01/	10/2018	
Received by Chuc				Inspected by (name and title p  David Horni				
Received by			<u>~</u>	Inspected by (signature):	<u>''9</u>			
	, <i>O</i>	,		¥ 7 (1 0 1111 17)				
cc:			сс:		cc:			



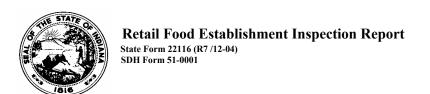
Establishm				Telephone Number	Date of Ins		ID#
Horst	kette	rs		812-423-0692	(mm/dd/yr)		11043
			mber and street, city, state, zip code)	812 <sup>-</sup> 499-1777	01/08	2016	
1	String	jtov	vn Rd, Evansville, IN, 47711				
Owner	- 1-4	- 44 -		Purpose:	Follow-up		se Date
Joe H		ette	<u>}</u>	Routine	No	01/	18/2018
Owner's A		ıto.	vn Rd, Evansville, IN, 47711	Follow-up	Summary	of Violation	as:
Person in C		ΙΟV	VII INU, EVAIISVIIIE, IIN, 477 I I	Complaint	$\cap$	$_{\rm NC}$	$\cap$
Joe H		⊇tt <i>e</i>	ì.	Pre-Operational	C	NC_	- R-O
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	$\bigcirc$ 3 $\bigcirc$	$0_4$ $0_5$ $0_5$
• CRITICAI	L ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	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
			No noted violation	ons.			
Received by Jacks			_ '	Inspected by (name and title process) Claire Will	rinted):		
Received by	y (signature	):		Inspected by (signature):			
cc:			cc:		cc:		



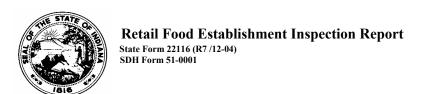
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Harm	ies U	na	Pizza	812-426-2600	01/10	,	11014
			mber and street, city, state, zip code)	(a.)Owner	01/10	/2016	
4	Kentu	JCK	y Ave, EVANSVILLE, IN, 47714				
Owner Wayn	o ∐or	mc		Purpose:	Follow-up		se Date /20/2018
Owner's A		1116	:5	Routine			
		n (	Ct, Evansville, IN, 47715	Follow-up	Summary	of Violation	
Person in C			, , _ , , , , , , , , , , , , , , , , ,	Complaint	<b>0</b>	NC.	1 <sub>R</sub> 1
Wayn	e Har	me	!S	Pre-Operational	C	NC	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	itional page)
				Other (list)			
Certified F Neede			within 3 months)	——————————————————————————————————————	1 2	<u>3</u>	<u> 1405</u>
• CRITICAI	L ITEMS AF	RE IDI	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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
324	NC	R	Hand sink faucet leak ne	eeds repair.	01/	17/2018	
Received by Walla				Inspected by (name and title proposed Horning)			
Received by	y (signature	):		Inspected by (signature):			
cc:			cc:		cc:		
			1				



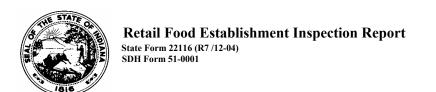
Establishm Donu		nk		Telephone Number	Date of Ins (mm/dd/yr		10931	
			mber and street, city, state, zip code)	812 <sup>-4</sup> 26-2311	01/08	/2018	10931	
			e, EVANSVILLĖ, IN, 47710	812-426-0011				
Owner CHRIS	SKE	ИP	 F	Purpose:	Follow-uj		se Date 18/2018	
Owner's A		V 1 1	<u>'</u>	Follow-up		of Violation		
1031	Diamo	onc	d Ave, Evansville, IN, 47711	Complaint	_			
Person in C		ИP		Pre-Operational	$_{\rm C}$	NC	$I_{R}$	
Responsible				Temporary	Menu Typ	e (See addi	tional page)	
				НАССР				
Certified F	ood Handl	er		Other (list)	1 2	<u> </u>	<u>)4050</u>	
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"				
• VIOLATIO	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 Corrected By		
297	NC		Ice guard within ice mad	chine soiled.		01/0	08/2018	
Received by Sierr				Inspected by (name and title p	rinted):			
Received by			, .	Inspected by (signature):				
					T .			
cc:			ce:		cc:			



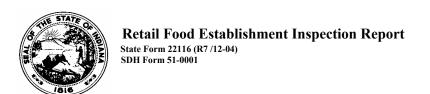
Establishm		100	00	Telephone Number	Date of Ins (mm/dd/yr		ID#	
Denn	<del></del>			812-424-4472	01/11	/2018	10903	
			mber and street, city, state, zip code) Rd., Evansville, IN, 47712	<sup>(</sup> 812-482-3212				
Owner	11000		110., 2101.01.0, 111, 17712	Purpose:	Follow-u	p Releas	se Date	
SERV	US, I	nc.		Routine	No		21/2018	
Owner's Ac			5 1 <b>6</b> 12 <b>A</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Follow-up	Summary	of Violation	ns:	
		neli	m Rd Suite A, Jasper, IN, 47546	Complaint	1		) )	
Person in C		nc		Pre-Operational	C	NC_	$\frac{2}{R}$	
Responsible				Temporary	Menu Tvi	ne <i>(See addi</i>	tional page)	
•				НАССР				
Certified Fo				Other (list)	$1\bigcirc 2$	$\bigcirc_3$	$)_4 \bigcirc_5 \bigcirc$	
Michae	el Bru	ce						
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIC	ON(S) REPE	CATEL	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	
191	С		Lacking date markings on v	walking cooler.		Co	rrected	
347	NC	R	Male restroom lacking page	aper towels.		Corrected		
431	NC	R	Overall cleaning in kitchen area required	cleaning in kitchen area required. Clean under equipment.				
Received by Crys1				Inspected by (name and title p		S		
Received by				Inspected by (signature):				
cc:			cc:		cc:			



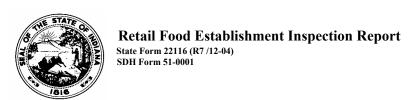
			• •	-			
Price Price		s F	oods #432	Telephone Number 812-471-7575	Date of Ins (mm/dd/yr	)	10884
			mber and street, city, state, zip code) Ave., Evansville, IN, 47714	(270-843-3252	01/11	/2018	
Owner HOUC	CHEN	S 1	NORTH FOODS LLC	Purpose:	Follow-uj		e Date 21/2018
Owner's Ac		09	, BOWLING GREEN, KY, 42102	Follow-up Complaint	Summary	of Violation	
	HEN		NORTH FOODS LLC	Pre-Operational Temporary	C	NC_	
Responsible Person's E-mail				НАССР	Menu Typ	e (See addi	tional page)
Certified Food Handler Adam Funkhouse				Other (list)	102	<u>3</u>	<u>4</u> 050
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	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	R	Potentially hazardous food not being he	eld at 41 degrees or	lower.	01/1	11/2018
431	NC	R	Walk in freezer fan in nee	d of cleaning.	01/12/2018		
Received by Ryan	,			Inspected by (name and title process) Claire Will	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



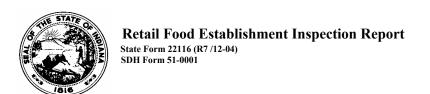
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			Old Fashion Smoke House	812-423-2465	01/11/	2018	10874
Establishmo 2020	ent Addres String	s (nui	mber and street, city, state, zip code) WN Rd, Evansville, IN, 47711	<sup>(</sup> 812-423-2465	01/11/	2010	
Owner				Purpose:	Follow-up		se Date
The O	ld Fa	shi	on Butcher Shoppe Inc	<b>✓</b> Routine	No	01/	21/2018
Owner's Ac		_	5.5	Follow-up	Summary o	f Violation	ns:
		tov	vn Rd, Evansville, IN, 47711	Complaint	$\mathbf{\hat{c}}$	(	) (
Person in C The O		shi	on Butcher Shoppe Inc	Pre-Operational	c_ <b>U</b>	NC_	J <sub>R</sub> U
Responsible	e Person's	E-mai	il	Temporary	Menu Type	(See addi	tional page)
				НАССР		$\supset G$	
Certified Fo	ood Handle	er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4</u> 050
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u>I</u>		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
			D	*			
Received by Chris	·			Inspected by (name and title process)  Claire Will	rınted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



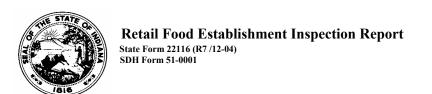
Establishment Name			Telephone Number	Date of Inspe	ection	ID#
Bob's Gym	า		812-424-2627	(mm/dd/yr)		10871
Establishment Address	(number and street, city, st		(a. )Owner	01/10/2	2018	
200 N Roser	nberger Ave, Ev	vansville, IN, 47712	812-402-2627			
Owner			Purpose:	Follow-up		se Date
BOB SWAL	LOWS		<b>✓</b> Routine	No	01/	20/2018
Owner's Address		'II IN 47740	Follow-up	Summary of	f Violation	ns:
	nberger Ave, E	vansville, IN, 47712	Complaint	$\cap$	(	) (
Person in Charge			Pre-Operational	$_{\rm c}$	NC_	$\mathcal{L}_{R}$
BOB SWAL			Temporary			
Responsible Person's E	-maii	НАССР	Menu Type	(See aaai	nonai page)	
Certified Food Handler	•	Other (list)	100	•),(	$)_4\bigcirc_5\bigcirc$	
Randy Grave				<u></u>	<u> </u>	
		KLIST AND NARRATIVE COLUMNS N	MARKED "C"	ı		
		ECTIONS ARE DENOTED IN THE "SU		D IN THE NA	DD ATIVE	DELOW AC "D"
	R	Narrative	MIMARY OF VIOLATIONS AN			
Section# C/NC	K		000	-	то ве С	orrected By
		No noted violati	ons.			
Received by (name and t	title printed):		Inspected by (name and title p	rintad):		
Trey McC			Ricardo Zac			
				alias		
Received by (signature):			Inspected by (signature):			
cc:		cc:		cc:		



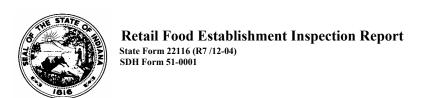
Establishm		ıb'c		Telephone Number	Date of In: (mm/dd/yr		ID#
Cava				812-433-4000	01/10	)/2018	10853
			mber and street, city, state, zip code) side Dr, EVANSVILLE, IN, 47708	812-433-4034			
Owner	al: a.a.a. (	<b></b>	sing Coll C / db a Transiana Evansvilla	Purpose:	Follow-u		se Date
		anد	ning Co LLC / dba Tropicana Evansville	<del>                                     </del>	No		20/2018
Owner's Add 421 N		ver	side Dr, Evansville, IN, 47708	Follow-up	Summary	of Violation	
Person in C	Charge			Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_	<sub>R</sub> 1
			ning Co LLC / dba Tropicana Evansville	Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Tyj	pe (See addi	tional page)
Certified F	ood Handl	er		Other (list)	1(),	$\bigcirc_3$	)4(•)5()
Chuck					1	<u> </u>	<u> </u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	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
218	NC	R	Two cooler units not holding correct cold holding te	mps. Necessary foods di	scarded.	01/2	24/2018
Received by Chuc	*			Inspected by (name and title p			
Received by				Inspected by (signature):	J		
cc:			cc:		cc:		



Establishm	ent Name			Telephone Number	Date of Ins	pection	ID#
Acrop				812-475-9320	(mm/dd/yr	)	10827
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	( 10wner	01/00	/2018	10027
501 N	Gree	n F	River Rd, Evansville, IN, 47715	<sup>(</sup> 812-475-9320			
Owner				Purpose:	Follow-up		se Date
Yiochi		LL	C	<b>✓</b> Routine	No	01/	18/2018
Owner's A		١٨/	OOD DD. Handaraan IVV 40400	Follow-up	Summary	of Violation	ns:
		VVC	OOD DR, Henderson, KY, 42420	Complaint		(	) ()
Person in C Yiochi		П	C	Pre-Operational	C	NC_	$0_{R}$
Responsible				Temporary	Menu Tyr	e (See addi	tional page)
responsible	c i cison s		•	НАССР	cnu ryp		nonai page)
Certified F	ood Handl	er		Other (list)	$10^{\circ}$	$\bigcirc_3$	$)_4 \bigcirc _5 \bigcirc$
Anna I	Miller						
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
			THE HOUSE VIOLENCE	51101			
					-		
					Ţ		
Received by	*			Inspected by (name and title p	rinted):		
Doro	s Ha	ıdji	savva	Colin Ward			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		
					1		



			<u> </u>	•			
Establishm		me	e Farmer's Market	Telephone Number (812-909-7063)	Date of Ins (mm/dd/yr	)	тр# 13850
			mber and street, city, state, zip code)		01/09	/2018	13030
1121			nd Rd., Evansville, IN, 47715	812-909-7063			
Owner	or lo	nki	00	Purpose:	Follow-uj		se Date
Jennif		IIKI	115	Routine	110	01/	<u>/19/2018</u>
Owner's A		nlaı	nd Rd., Evansville, IN, 47715	Follow-up Complaint	Summary	of Violatio	
Person in C Jennif		nki	00	Pre-Operational	$_{\rm C}$ $_{\rm U}$	NC_	$\int_{\mathbb{R}} U$
				<b>Temporary</b>	) / T	/C 11	7
Responsible	e Person's	E-ma	d .	НАССР	Menu Typ	e (See addi	itional page)
C 'C IE	177 11			Other (list)		$\bigcirc$	$\bigcirc$
Certified F	ood Handi	er		Final		<u> </u>	<u> 14050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	E BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			Approved for oper	ration			
			7,5510100 101 050.				
			<u> </u>				
			<u> </u>				
			<u> </u>				
Tom			printed):	Inspected by (name and title processed Coudr			
Received by	y (signature	):		Inspected by (signature):			
cc:			cc:		cc:		



Owner Jennif Owner's Ad 1121 Person in C Jennif Responsible	i Ave ent Addres Hirsch er Jel ddress Hirsch Charge er Jel e Person's	nlai nkii nlai nkii	mber and street, city, state, zip code) and Rd., Evansville, IN, 47715 ans and Rd., Evansville, IN, 47715 ans	Telephone Number  (812-909-7063)  (812-909-7063)  Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)	Follow-up NO Summary or C Menu Type	Release 01/	<u>0</u> <u>R</u> <u>0</u>
Certified F	vva riandi	er-		Final	1	<u></u>	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN		<b></b>		<b>DDV</b> 0
	ON(S) REPE		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative Approved for oper	ration		то ве Со	orrected By
			Approved for oper	alion.			
Received by	(name and	title r	printed):	Inspected by (name and title p	rinted):		
Tom	*	-		Carol Coudr			
Received by				Inspected by (signature):			
cc:			cc:		cc:		
<u> </u>					l		