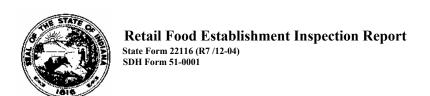


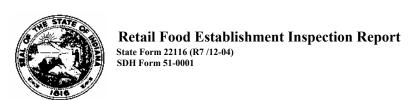
Establishm		ر د د	Station #287	Telephone Number	Date of Insp (mm/dd/yr)		13011
			mber and street, city, state, zip code)	812-647-2229	01/29	/2018	13011
			Dr, Evansville, Indiana, 47715	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
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Owner's A				Follow-up	Summary	of Violation	ns:
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Responsible	e Person's	E-ma	il en	НАССР	Menu Typ	e (See addi	itional page)
C .t.C IE	177 11			Other (list)	-		\bigcirc
Certified F		er				<u> </u>	<u> 1405</u>
				l	<u> </u>		
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "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
			No violations				
							-
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Received by				Inspected by (signature):			
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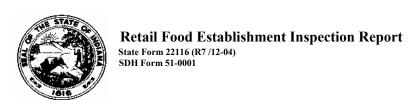
Establishm		,		Telephone Number	Date of Ins		ID#	
Kite a	and K	ey	[,] Cafe	812-401-0275	l `	, /2018	12972	
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	01/31	/2010		
	vv Fra	nk	lin St, Evansville, IN, 47712					
owner <	oto d			Purpose:	Follow-u		se Date /10/2018	
Owner's A				Routine	No			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>ns:</td></reda<>				Follow-up	Summary	of Violation	ns:	
Person in C				Complaint	4	NC_	$)$ \cap	
<reda< td=""><td>_</td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R</td></reda<>	_			Pre-Operational	C	NC_	- R	
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР				
Certified F		er		Other (list)	1 2	<u> </u>	<u>)4</u> <u>0</u> 5 <u>0</u>	
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• CRITICAL	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	
345	С		Hand sink used for oth	ner things.		Co	rrected	
438	С		Spray bottles not labe	eled/toxic.		Corrected		
294	С		Sanitizing solution for wipe clo	oth to strong/weak.		Corrected		
191	С		Lacking date markings in re			Со	rrected	
Dagain 11	. (ma 1	4;41	anintad).	Inspected by (name and title p	rimto 4).			
Received by	•	- ^	printed):	<pre><red (name="" <redacted="" and="" by="" pi="" title=""></red></pre>	rintea):			
Received by	(signature)):		Inspected by (signature):				
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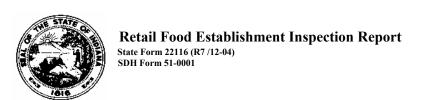
Establishm				Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)					
Big Bang Mongolian Grill					312-602-1400	` .)/2018	12346	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<	redacted>	01720	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Owner			, ,	_	rpose:	Follow-u		e Date	
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Owner's Ac					Follow-up	Summary	of Violation	IS:	
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Person in Charge					Pre-Operational	c_ +	NC_	$\mathbf{F}_{\mathbf{R}}$	
<redacted> Responsible Person's E-mail</redacted>					Temporary	M T	(C 1 1:	··	
Responsible 1 erson's E-man					НАССР	Menu Tyj	pe (See addii	ionai page)	
Certified Food Handler					Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$	
<pre><redacted></redacted></pre>						1)	<u> </u>		
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"				
• VIOLATIO)N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	rrected By	
281	NC	R	Buffet equipment not maintaining proper temper	ratu	re for large food qua	antities.	01/2	29/2018	
187	С	R	Cold food not being maintained at	Cold food not being maintained at proper temperature.					
205	С		Food contact surfaces of equipment do not	od contact surfaces of equipment do not meet material requirements.					
234	NC		Bulk container scoop lac	kin	g handle.		Corrected		
291	NC		Facility lacking chemical sani	itiz	er test strips.		01/3	30/2018	
433	NC		Mop improperly st	ore	ed.		Coi	rrected	
345	С	R	Hand washing sink being used for purpose	e ot	her than hand wa	shing.	Coi	rrected	
295	С		Improper storage of ice	bir	п ѕсоор.		Coi	rrected	
}									
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Establishm				Telephone Number	Date of Inspe	ection	ID#
Spud				812-205-3322	(mm/dd/yr) 01/29/2	2018	12271
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47714	<pre>(<redacted></redacted></pre>	01/23/	2010	
Owner .				Purpose:	Follow-up		se Date
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Owner's A				Follow-up	Summary o	f Violatio	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_	J _R U
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Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handle	or		Other (list)	10,0),(•),()_5()
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		RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No violations; Ready to op	erate in 2018			v
			Tro violationo, reday to op	01410 111 20 10.			
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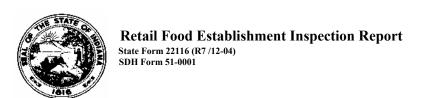
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Azzip	Pizz	a		812-401-3572	` '	2040	12159
			mber and street, city, state, zip code)	T	01/30/	2018	
5225	Pearl	Dr	Ste E, Evansville, IN, 47712	<pre><redacted></redacted></pre>			
Owner .				Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>Routine</td><td>No</td><td>02/</td><td>09/2018</td></reda<>				Routine	No	02/	09/2018
Owner's A				Follow-up	Summary o	f Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_(J _R U
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
G 10 17				Other (list)	-0.0		\bigcirc
Certified Fo		er			1 2	<u>3C</u>	<u>/45_</u>
• CRITICAL	LITEMS AF	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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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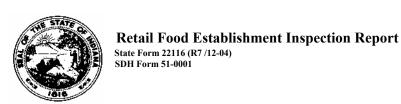
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Perfe	ctly F	-re	sh	812-760-2627	01/30/	2010	12158
			mber and street, city, state, zip code)	()Owner _	01/30/	2010	
	Rose	nbe	erger Ave, Evansville, IN, 47712	<re><reuacieu></reuacieu></re>			
Owner	_41			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>09/2018</td></reda<>				✓ Routine	No	02/	09/2018
Owner's Ac				Follow-up	Summary o	of Violation	as:
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<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R_{R}</td></reda<>				Pre-Operational	C	NC_	R_{R}
Responsible			il	Temporary	Menu Tyne	: (See addi	tional page)
			_	НАССР			
Certified F		er		Other (list)	$ _{1}\bigcirc_{2}($	$)_3$ \bullet	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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Establishm				Telephone Number	Date of Ins		ID#
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			mber and street, city, state, zip code)		02/02	/2018	
130 N	St Jo	e /	Ave, Evansville, IN, 47712	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>12/2018</td></reda<>				✓ Routine	No	02/	12/2018
Owner's A				Follow-up	Summary	of Violation	is:
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Person in C				Pre-Operational	$_{\rm C}$	NC	$\begin{bmatrix} & 1 \end{bmatrix}$
Responsible				Temporary	Menu Tyr	ne <i>(See addi</i>	tional page)
responsible	c i cison s			НАССР			nonui puge)
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
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• 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	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
324	NC	R	Grease trap log not a	available			rrected
02.	110	. `	Grodes hap log here	avanabio.			100104
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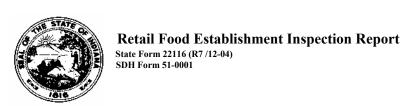
Establishm			et Living	Telephone Number	ID#		
			mber and street, city, state, zip code)	812-402-9955	02/01	/2018	12062
			t, Evansville, IN, 47708	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
<reda< td=""><td>cted></td><td>1</td><td></td><td>Routine</td><td>Yes</td><td>02/</td><td>11/2018</td></reda<>	cted>	1		Routine	Yes	02/	11/2018
Owner's A				✓ Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC	$\frac{1}{R}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Tyj	e (See addi	tional page)
				Other (list)			
Certified F		er			1 2	<u>3</u>	<u>/4_5_</u>
1		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 Co	orrected By
218	NC	R	Warewash machine sanitizer	line needs repair.		02/0	06/2018
			All other violations from last ins	spection corrected.			
Received by	, (nome on	l title a	anistad).	Inspected by (name and title p	rintad):		
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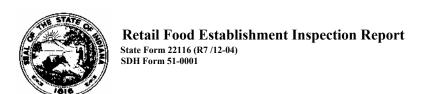
			•	•			
Huck:		33		Telephone Number Date of Inspection (mm/dd/yr) 104			
				812-867-3811	01/29	/2018	12028
			mber and street, city, state, zip code) Rd, Evansville, IN, 47720	<pre>(<redacted></redacted></pre>		,,	
Owner			· ·	Purpose:	Follow-u	p Releas	se Date
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Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	_c Z	NC_	$I \in U$
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 2		<u> 1405</u> 0
Cieuac	ileu>						
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	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
345	С		Hand washing sink used for purpose	other than hand wa	shing.	Co	rrected
295	С		Improper storage of ice	Corrected			
346	NC		Hand washing sink in ice bag prep a	land washing sink in ice bag prep area lacking hand soap.			
Received by	*			Inspected by (name and title properties)	rinted):		
Received by	(signature):		Inspected by (signature):			
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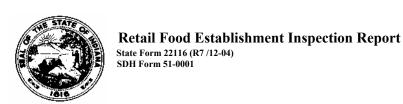
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
			acy #6255	812-468-8257	01/29/		11805
			mber and street, city, state, zip code) Iton Ave, Evansville, IN, 47714	<pre>(<redacted></redacted></pre>	01/29/	2010	
Owner				Purpose:	Follow-up		se Date
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Owner's Ac				Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ \cup	NC_(J _R U
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Responsible	e Person's	E-ma	ıl	НАССР	Menu Type	e (See addi	tional page)
Certified F	ood Handl	a r		Other (list)	102	\bigcirc	$)_4\bigcirc_5\bigcirc$
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		E IDE	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
			No noted violation	ons.			
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
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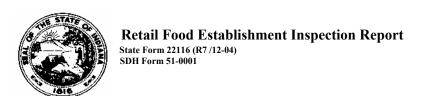
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Subw				812-473-7101	01/30/	2018	11803
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	017007	2010	
	Linco	n <i>F</i>	Ave, Evansville, IN, 47714			-	
owner <reda< td=""><td>cted></td><td></td><td></td><td>Purpose:</td><td>Follow-up No</td><td></td><td>ne Date 09/2018</td></reda<>	cted>			Purpose:	Follow-up No		ne Date 09/2018
Owner's Ac				Follow-up	Summary o		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>Summary o</td><td></td><td></td></reda<>				Complaint	Summary o		
Person in C					$\int_{C} \mathbf{U}$	NC_	$L_{B}O$
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC</td><td> K</td></reda<>	cted>			Pre-Operational	<u> </u>	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u></u>	<u> 14050</u>
		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	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
234	NC		In use utensils improperly st	ored in sanitizer.			
Received by			printed):	Inspected by (name and title pr	rinted):		
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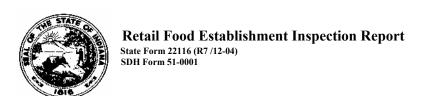
Establishm		_		Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Unite	d HB	Α	Corp-Marathon	812-421-1460	01/29/2	2010	11740
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	01/29/	2010	
	אין דופ	ırık	lin St, Evansville, IN, 47712			1	<u> </u>
Owner <	cted>			Purpose:	Follow-up No		se Date 708/2018
Owner's Ac	ddress			Follow-up	Summary o	f Violation	ne.
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>			Complaint			
Person in C				Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC Z	$2_{\rm R}2$
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>	cted>			Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
C (C IE	177 11			Other (list)	-0.0		$\bigcap_{i} (C_i)$
Certified Fo		er			$1 \bigcirc 2 \bigcirc$	<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIC	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		,	Го Ве Со	orrected By
218	NC	R	Walk in cooler door latch in	need of repair.		02/1	16/2018
431	NC	R	Walk in cooler fans in nee	ed of cleaning.		01/3	31/2018
Received by	`	_ ^		Inspected by (name and title pr	rinted):		
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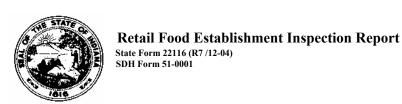
Establishme	ent Name			Telephone Number Date of Inspection (mm/dd/yr) 1D #				
Zuki				3) [12-477-9854	01/31	/2018	11626
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<	redacted>	0.70	,,_0.0	
Owner				Pu	rpose:	Follow-u		e Date
<reda< td=""><td>cted></td><td></td><td></td><td>~</td><td>Routine</td><td>No</td><td>02/</td><td>10/2018</td></reda<>	cted>			~	Routine	No	02/	10/2018
Owner's Ac					Follow-up	Summary	of Violation	18:
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Person in C					Pre-Operational	$_{\rm C}$ \angle	(, R Ο
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Responsible	e Person's	E-ma	il		НАССР	Menu Ty	pe <i>(See addii</i>	tional page)
					Other (list)		\bigcirc	
Certified Fo		er		_	Other (list)	1 <u></u> 2	$\bigcirc 3 \bigcirc$	<u>/4</u> <u>5</u> <u>5</u>
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	CED "C"			
• VIOLATIO	N(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
438	С		Degreaser bottle not	lab	eled.		Co	rrected
191	С		Potentially hazardous food items in walk in	coc	oler lacking date m	arking.	01/3	31/2018
Received by	,				rected by (name and title proceeded)	rinted):		
Received by	(signature)):			ected by (signature):			
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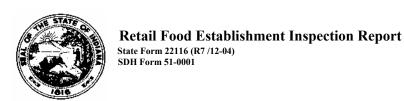
Establishm		,		Telephone Number	Date of Insp (mm/dd/yr)		ID#
			ral Food Market Inc	812-471-5071	01/29/		11557
			mber and street, city, state, zip code) a St, Evansville, IN, 47715	(<redacted></redacted>	01/23/	2010	
Owner		<u>, </u>		Purpose:	Follow-up		se Date
<reda< td=""><td>cted></td><td></td><td></td><td>Routine</td><td>No</td><td>02/</td><td>08/2018</td></reda<>	cted>			Routine	No	02/	08/2018
Owner's Ac				Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_(\mathcal{I}_{R} U_{R}
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	e (See addi	tional page)
Certified F	ood Handl	or		Other (list)	102	\bigcirc_2),(),()
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	UMMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violat	ions.			
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
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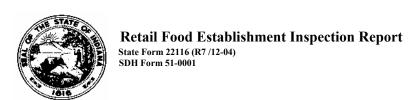
Establishment Name		Telephone Number Date of Inspection (mm/dd/yr)			
	vansville Airport	812-867-7999	01/29/	2018	11477
	ber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	01/29/	2010	
	11 North, Evansville, IN, 47725				
Owner <redacted></redacted>		Purpose:	Follow-up		08/2018
Owner's Address		Routine	_		
<redacted></redacted>		Follow-up	Summary o		
Person in Charge		Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC	$\lfloor R \rfloor$
<redacted></redacted>		Pre-Operational	<u> </u>	NC	R
Responsible Person's E-mail		Temporary	Menu Type	(See addii	tional page)
		HACCP	\bigcirc		
Certified Food Handler < redacted>		Other (list)	102		<u>/405</u>
	TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE NA	RRATIVE	BELOW AS "R"
Section# C/NC R	Narrative			To Be Co	orrected By
430 NC R	Glass storage area walls have peeling paint & tiling area a	round mop sink area in need	of repair.	02/2	28/2018
Received by (name and title prin		Inspected by (name and title precised)	rinted):		
Received by (signature):		Inspected by (signature):			
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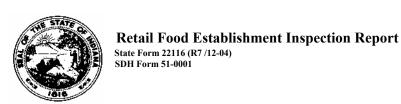
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Zesto)			812-424-1416	` '		11460
			mber and street, city, state, zip code)	() Owner	02/02/	2018	
102 W	/ Frar	ıkli	n St, EVANSVILLE, IN, 47710	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>12/2018</td></reda<>				✓ Routine	No	02/	12/2018
Owner's A				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		() ()
Person in C				Pre-Operational	$C_{\underline{\mathbf{U}}}$	NC_	\mathcal{L}_{R}
Responsible			9	Temporary	Manu Trin	o (Coo addi	tional page)
Kesponsibio	e rerson's	c-ilia	ш	НАССР	Menu Type	z (see aaai	iionai page)
Certified F	ood Handl	er		Other (list)	100_2	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE N	ADD ATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	WIWIART OF VIOLATIONS AN			orrected By
Section#	C/INC	K		200		10 De C	nrected by
			No noted violation	JIIS.			
					+		
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	-				+		
Received by	(nome or	titla -	arintad):	Inspected by (name and title	rintad):		
< red				Inspected by (name and title p < redacted>	imtea):		
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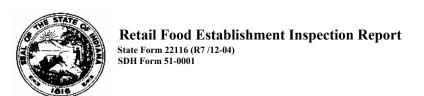
Establishm	_	.41.	. 427	Telephone Number	Date of In (mm/dd/y		ID#	
White				812-474-9901	01/29	9/2018	11449	
			mber and street, city, state, zip code) Ir, Evansville, IN, 47715	<pre><redacted></redacted></pre>		.,		
Owner	Logai	<u>ו</u>	1, Evansvine, 111, 477 15	Purpose:	Follow-u	n Releas	se Date	
<reda< td=""><td>cted></td><td></td><td></td><td>Routine</td><td>No</td><td></td><td>08/2018</td></reda<>	cted>			Routine	No		08/2018	
Owner's A				Follow-up		of Violation		
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Person in C				Pre-Operational	_C る	NC_	I _R ろ	
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Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe <i>(See addi</i>	tional page)	
C 4'C IE	177 11			Other (list)	100	\bigcirc	\bigcap_{i}	
Certified F	ood Handl	er				<u> </u>	<u>/405</u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	JARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
118	С		Food establishment does not have a cert	tified food safety emp	oloyee.		14/2018	
187	С	R	Potentially hazardous food items not maintained at 41 de				29/2018	
345	С	R	Hand washing sink used for	other purposes.		01/29/2018		
346	NC	R	Hand soap not available at e	<u> </u>		01/29/2018		
						0.72		
Received by	,			Inspected by (name and title p	rinted):			
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Establishm	4 NI			Telephone Number	Date of Ins	naation	ID#
Wend		43/	16	•	11439		
			mber and street, city, state, zip code)	812-401-7126	02/02	/2018	11439
			Camp Rd., Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner			, ,	Purpose:	Follow-up		se Date
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Owner's A				✓ Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_	\mathcal{I}_{R} U_{R}
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl	or		Other (list)	102	\bigcirc_{2}),(),()
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		RE IDI	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
			Violations from 1-23-18	corrected.			
			-				
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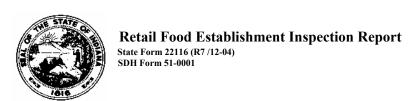
Establishm		440	00	Telephone Number	Date of Ins (mm/dd/yr		ID#
Thorr				812-477-4886	01/29	/2018	11409
6300 I	ent Addres Moras	ss (nu an	mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47715	<pre><redacted></redacted></pre>			
Owner	wiorge	A11 A	100., E 17110 TIEEE, 114, 477 10	Purpose:	Follow-uj	n Releas	se Date
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Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>				Complaint		_	_
Person in C				Pre-Operational	$_{\rm c}$ U	NC ($0_{\rm R}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	itional page)
Certified F	ood Handl	or		Other (list)	102	(•) ₂ ($)_{4}\bigcirc_{5}\bigcirc$
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		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		ID IN THE N	ADDATIVE	DELOWAS "D"
Section#	C/NC	R	Narrative	WINIARY OF VIOLATIONS AN	DINTHEN		orrected By
Section#	C/NC	K	No noted violation	200		10 Ве С	эггестей Бу
			No noted violation	JIIS.			
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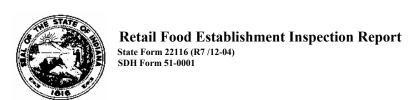
Establishm			hinese Restaurant	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-479-7600	02/02	/2018	11379
669 N	Gree	n F	River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner	مدم ما،			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td>1</td><td></td><td>Routine</td><td>No</td><td></td><td>12/2018</td></reda<>		1		Routine	No		12/2018
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C		-		Complaint	\cap	($0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R</td></reda<>				Pre-Operational	C	NC_	- R
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>•</u> 5 <u></u>
• CRITICAL	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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Follow-up inspection from 1/24/18.	Violations correc	ted.		
Received by		_		Inspected by (name and title properties)	rinted):		
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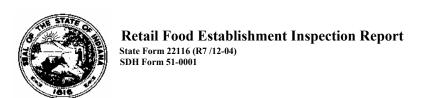
Establishm				Telephone Number	Date of Inspo (mm/dd/yr)	ection	ID#
Subw	∕ay S	an	dwich Shop	812-424-8655	01/31/2	2010	11373
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	01/31/2	2010	
611 E	Diam	non	d Ave, Evansville, IN, 47711	<re><redacted></redacted></re>			
Owner	_41			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>Routine</td><td>No</td><td>02/</td><td>10/2018</td></reda<>				Routine	No	02/	10/2018
Owner's Ac				Follow-up	Summary of	f Violation	as:
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<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R_{R}</td></reda<>				Pre-Operational	C	NC_	R_{R}
Responsible			il	Temporary	Menu Type	(See addi	tional page)
			_	НАССР		~ ~	
Certified F		er		Other (list)	$ _{1}\bigcirc_{2}($	\bullet) ₃ ($)_{4} \bigcirc_{5} \bigcirc$
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• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	UMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
			No noted violat	ions.			
Received by	(name and	title p	Derinted):	Inspected by (name and title pr	rinted):		
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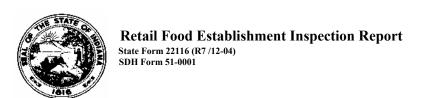
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Subw	<i>l</i> ay #	12	340	812-473-5255	01/30	/2018	11365
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	0 1700	, _0 . 0	
	Cove	l A	ve, Evansville, IN, 47714	<u> </u>			L
Owner < reda	ctod>			Purpose:	Follow-uj		se Date 709/2018
Owner's A				Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>ns:</td></reda<>				Follow-up	Summary	of Violation	ns:
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Responsible				Temporary	Menu Tyr	e (See addi	tional page)
Responsible	c i ci son s	L-1114		НАССР	iviciia 1 yp	e (see aaai	nonai page)
Certified F	ood Handl	er		Other (list)	$1\bigcirc 2$	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
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		e in	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MADKED "C"			
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
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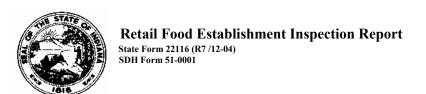
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The F	ony			812-473-0472 01/31/2018 1				
			mber and street, city, state, zip code)	<pre></pre>				
	l ecur	nse	eh, EVANSVILLE, IN, 47715					
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Owner's Ad		ı		Follow-up	Summary o	f Violation	18:	
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Responsible			il	Temporary	Menu Type	(See addi	tional page)	
				НАССР		\sim		
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• 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	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
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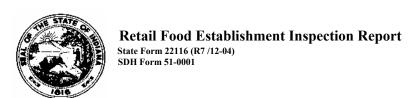
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Scott	Elen	ner	ntary School	812-867-4765	02/01/		11310
			mber and street, city, state, zip code)	() Owner	02/01/	2010	
	Old S	ota	te Rd, EVANSVILLE, IN, 47725				
Owner	oto d			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>Routine</td><td>No</td><td></td><td>11/2018</td></reda<>				Routine	No		11/2018
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Person in C				Complaint	l . ()	NC_() 0
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Responsible			il	Temporary	Menu Type	(See addi	tional page)
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• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
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			mber and street, city, state, zip code)	()Owner .	01/31/2	2010	
2125	S Wei	nba	ach Ave., Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		e Date
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Owner's A	_			Follow-up	Summary of	Violation	ns:
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Person in C				Pre-Operational	C	NC_(J _R I
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Responsible	e Person's	E-ma	II	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handle	nr.		Other (list)	10,0),(•	$)_4\bigcirc_5\bigcirc$
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		E INI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADVED "C"			
	` '		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative				orrected By
295	С	R	Knives in produce area s	tored soiled.		01/3	31/2018
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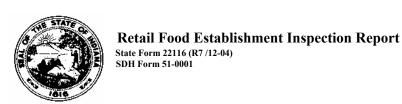
Establishm		م ط	Mkt/Smoke Shop	Telephone Number	Date of In (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-430-7831	01/31	/2018	11293
			bia St, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner			, ,	Purpose:	Follow-u		se Date
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Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	C	NC	$\lfloor \rfloor_{R}$
<reda< td=""><td></td><td></td><td>7</td><td>Temporary</td><td>M T</td><td>/G 1.1:</td><td>· 1</td></reda<>			7	Temporary	M T	/G 1.1:	· 1
Responsible	e Person's	Ł-ma	Ш	НАССР	Menu Ty	pe (See aaai	tional page)
Certified F	ood Handl	er		Other (list)	1(1)	\bigcirc_3	$)_{4}\bigcirc_{5}\bigcirc$
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "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
418	NC		Employee food items must be in	n designated areas	S.	Co	rrected
177	С		Food product improperly stored. Must be el	levated 6 inches off th	e floor.	Co	rrected
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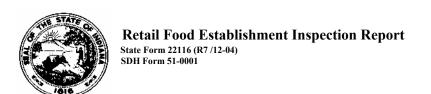
	e's Dent Addres W Mandares Cted> Cted>Cted>Cted>Cted>Cted>Cted>Cted>Cted>	ss (nui	mber and street, city, state, zip code) and St., Evansville, IN, 47710	Telephone Number (812-421-1121 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u Yes Summary	r) /2018 p Releas) _R 3
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
118	С	R	Food establishment doesn't have a	certified food empl	oyee.	02/2	28/2018
191	С	R	Lacking proper date marking i	n reach in cooler.		01/31/2018	
171	С	R	Ready to eat foods are being he	eld with bare hands	5.	Coi	rrected
Received by	(name and	l title p	printed):	Inspected by (name and title pr	rinted):	<u> </u>	
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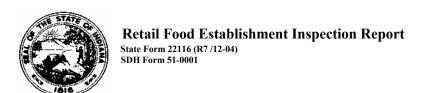
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Resc	ue M	iss	sion	8124213800	01/29/	2010	11281
Establishm	ent Addres	ss (nur	mber and street, city, state, zip code)	<redacted></redacted>	01/29/	2016	
	Wal	<u>nut</u>	, EVANSVILLE, IN, 47713				
Owner	oto d			Purpose:	Follow-up		se Date
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Owner's Ad				Follow-up	Summary o	f Violation	ns:
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Responsible			il	Temporary	Menu Type	(See addi	tional page)
•				НАССР			
Certified Food Handler				Other (list)	$1\bigcirc 2$	<u>)</u> 3 <u>@</u>	$)_4 \bigcirc _5 \bigcirc$
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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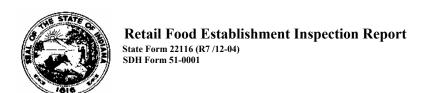
Establishm Rally Establishm	s #5		mber and street, city, state, zip code)	Telephone Number (812-425-8119	01/30	j	11276
			a St., Evansville, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner			, ,	Purpose:	Follow-up		se Date
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Owner's A				Follow-up	Summary	of Violatio	ns:
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Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
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Section#	C/NC	R	Narrative			To Be C	orrected By
295	С		Slicer soiled	d.		Co	rrected
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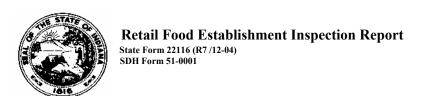
Establishm				Telephone Number	Date of Ins		ID#
Penn	Stat	ion	East Coast Subs	812-434-7366	(mm/dd/yr) 1/2018	11252
			mber and street, city, state, zip code)	<pre></pre>	01/30	/2016	
	Pearl	Dr,	, Evansville, IN, 47712				
Owner	oto d			Purpose:	Follow-uj		se Date
<reda< td=""><td></td><td>•</td><td></td><td>✓ Routine</td><td>No</td><td></td><td>09/2018</td></reda<>		•		✓ Routine	No		09/2018
Owner's A				Follow-up	Summary	of Violation	is:
Person in C				Complaint	\cap		$\frac{2}{R}$
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Responsible			il	Temporary	Menu Tyr	se (See addi	tional page)
•				НАССР			
Certified F		er		Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4 \bigcirc 5 \bigcirc$
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• 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
256	NC		Reach in coolers lacking temperatu	ure measuring devi	ces.	01/3	30/2018
433	NC	R	Mop improperly s			01/3	30/2018
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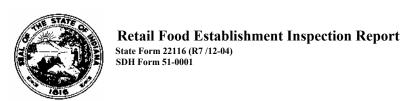
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ID#	
Noble	Ror	na	ns - Wash. Sq.	812-473-4606	01/29/2	0010	11226
			mber and street, city, state, zip code)	() Owner	01/23/2	2010	
	vvasr	าเท	gton Sq, Evansville, IN, 47715				
Owner	oto d			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>Routine</td><td>No</td><td>02/</td><td>08/2018</td></reda<>				Routine	No	02/	08/2018
Owner's Ac				Follow-up	Summary of		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>NC_</td><td>1 1</td></reda<>				Complaint	\cap	NC_	1 1
<reda< td=""><td>0</td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td> R</td></reda<>	0			Pre-Operational	C	NC	R
Responsible			il	Temporary	Menu Type	(See addi	tional page)
responsible	c i cison s			НАССР	Wiena Type	See uaar	nonui puge)
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ (\bullet	$)_{4}\bigcirc_{5}\bigcirc$
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• CRITICAL	ITEMS AR	E 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 NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
297	NC	R	Ice guard within ice mad	hine soiled			29/2018
201	110	11	loe gaara wariin loe maa	orinic solica.		0 1/2	-0/2010
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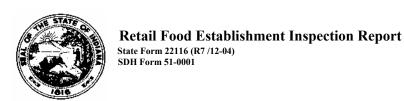
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Establishmo		mil	y Learning Center	Telephone Number (812-435-8593)	Date of Ins (mm/dd/yr)	1D# 11177
			mber and street, city, state, zip code)		02/02	/2018	''''
			St, EVANSVILLE, IN, 47713	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
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Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td></td><td>_</td></reda<>	cted>			Complaint			_
Person in C				Pre-Operational		NC ($0_{\rm R}$
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\sim	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u> </u>	<u>)4U5U</u>
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• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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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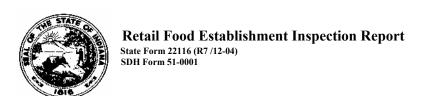
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Establishmo Cocon		fe	@ Walther's Golf-N-Fun Center	Telephone Number (812-464-4472)	Date of Ins (mm/dd/yr	·j	то# 11163
Establishme	ent Addres	ss (nu	mber and street, city, state, zip code)	1 012 101 1112	02/01	/2018	11100
2301	N Fir	st /	Ave, EVANSVILLE, IN, 47710	<pre>(<redacted></redacted></pre>			
Owner	-4 - d.			Purpose:	Follow-uj		se Date
<reda< td=""><td></td><td></td><td></td><td>Routine</td><td>No</td><td>02/</td><td><u>/11/2018</u></td></reda<>				Routine	No	02/	<u>/11/2018</u>
Owner's Ac				Follow-up	Summary	of Violation	ns:
Person in C				Complaint		NC_) 0
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Responsible			il	Temporary	Menu Tyr	oe (See addi	tional page)
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Certified Fo		er		Other (list)	1 2	<u></u>	<u>)4</u> <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	RE IDE	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
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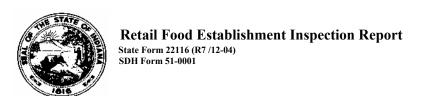
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China				812-422-6699	01/30	/2018	11146
			mber and street, city, state, zip code) 1, Evansville, IN, 47711	' <redacted></redacted>			
Owner			, ,	Purpose:	Follow-u		se Date
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Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ 1	NC ($\frac{1}{2}$
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Certified F				Other (list)	100	\bigcirc	\bigcap_{i}
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
• VIOLATIO			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
173	С	R	Improper storage of raw mea	ts in cooler units.		Co	rrected
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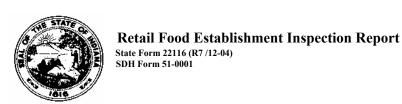
Establishm				Telephone Number	Date of Inspe	ection	ID#
Circle	e K #9	93		812-477-1609	(mm/dd/yr) 01/30/2	2018	11107
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	01/30/2	2010	
Owner				Purpose:	Follow-up	Releas	e Date
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Owner's Ac				Follow-up	Summary of	Violation	ıs:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_	J _R U
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified F	and Handl			Other (list)	1000) ,(\bigcirc
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
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			THE FIELD WILLIAM	51101			
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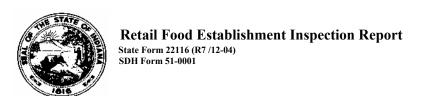
Establishm				Telephone Number	Date of Ins		ID#
Loga	ns Ro	oac	dhouse #381	812-421-0908	(mm/dd/yr) 01/30		11091
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	01/30	2016	
	Pearl	Dr.	, Evansville, IN, 47712				
Owner	oto d			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td>1</td><td></td><td>✓ Routine</td><td>Yes</td><td></td><td>09/2018</td></reda<>		1		✓ Routine	Yes		09/2018
Owner's A				Follow-up	Summary	of Violation	is:
Person in C				Complaint	1	NC_	1 1
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Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
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Certified Food Handler				Other (list)	$1\bigcirc 2$	\bigcirc_3 \bullet) ₄ \(\) ₅ \(\)
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• 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	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
218	NC		Equipment in need of	of repair.			30/2018
345	С	R	Hand sink used for				rrected
0.0		. `	Tiana ann acea ioi	timigo.			- Induited
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	ncoir	ı Aı	ve., EVANSVILLE, IN, 47713		<u> </u>		<u> </u>
Owner < reda	cted>			Purpose: Routine	Follow-up No		se Date //12/2018
Owner's Ac				Follow-up	-	of Violation	
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Person in C				Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
					$I \cap I$		
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>/4</u> <u>5</u>
• CRITICAL	. ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "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 violati	ons.			·
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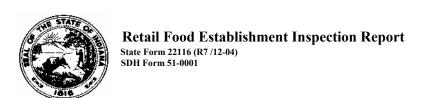
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Sauce				812-402-2230	01/31	/2018	11072	
			mber and street, city, state, zip code) St., EVANSVILLE, IN, 47713	<pre>(<redacted></redacted></pre>	0.70.	,20.0		
Owner			•	Purpose:	Follow-u	p Releas	se Date	
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addi	tional page)	
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• CRITICAL	L ITEMS AF	E 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 Co	orrected By	
195	С		HACCP plan needed to do reduced oxyg	en packaging in the	facility.			
187	С		Ice water baths not holding necessary foods at proper cold holding temperature. Either time stamp for no m	ore than 4 hours holding or correct holding temperature	to 41 F or below.	01/31/2018		
138	NC		Beard guards not being worn by	kitchen employees	S.	02/01/2018		
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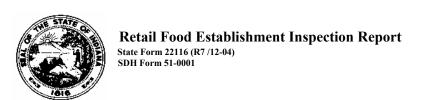
Establishm				Telephone Number	Date of Insp	ection	ID#
Just (Cook	ies	and More	812-476-7884	(mm/dd/yr) 01/29/	2040	11064
			mber and street, city, state, zip code)	() Owner	01/29/	2010	
1120	Wash	nin	gton Sq, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
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Owner's Ac				Follow-up	Summary o	f Violation	ns:
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Person in C				Pre-Operational	C	NC_	$R_{\rm R}$
Responsible			:i	Temporary	Monu Tyme	(Saa addi	tional page)
Kesponsibil	e i eison s	L-ma	ш	НАССР	Wichu Type	(see aaai	iionai page)
Certified F	ood Handl	er		Other (list)	$ _{1}\bigcirc_{2}($	$)_3$ (\bullet	$)_4\bigcirc_5\bigcirc$
						<u> </u>	<u> </u>
• CRITICAL	, ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
					ID IN THE NA	DD ATIME	DELOW AC "D"
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
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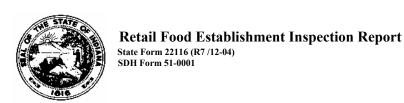
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			mber and street, city, state, zip code)	(01/31/	2018	
8401 l	N Ker	ntu	cky Ave, Evansville, IN, 47725	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)
Certified Fo	ood Handle	210		Other (list)	102	\bigcirc),()_5()
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		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED «C»			
					ID IN THE N	DD ATIME	DELOW AC 4D*
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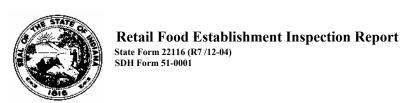
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			mber and street, city, state, zip code)	(<redacted></redacted>	01/01	72010	
	v Ker	าเน	cky Ave, Evansville, IN, 47725				
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Owner's Ad				Routine			
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Person in C				Complaint	3	NC_2) 4
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Responsible			il	Temporary	Menu Ty	oe (See addi	tional page)
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Certified Fo	od Handl	er		Other (list)	$_{1}\bigcirc_{2}$	$\bigcup_3 \bullet$) ₄ O ₅ O
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
346	NC		Soap not properly dispensing at	hand washing sink	<u> </u>		31/2018
191	С	R	Ready to eat food not being		\.		31/2018
			,			01/0	31/2010
345	С	R	Hand sink not acce		_		
431	NC	R	Cleaning needed under fixed equ	•	ets.	01/3	31/2018
118	С	R	Facility in need of food safe	ety employee.		03/0	01/2018
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
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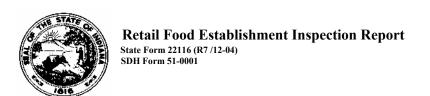
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			e, EVANSVILLÉ, IN, 47710		<redacted></redacted>			
Owner .				I	Purpose:	Follow-up		se Date
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Owner's Ac					Follow-up	Summary o	f Violation	ns:
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Person in C					Pre-Operational	$_{\rm C}$	$_{\rm NC}$	$R_{\rm R}$
Responsible					Temporary	Menu Type	(See addi	tional page)
responsible	c i cison s	L-1114			НАССР	wienu Type	(See dadi	nonui puge)
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Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Harde	ees			812-422-0151	02/02/		11011
			mber and street, city, state, zip code)	<pre></pre>	02/02/	2010	
	W Illir	OIS	s St, Evansville, IN, 47712	<re><reuacieu></reuacieu></re>			
Owner	4 1			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>12/2018</td></reda<>				✓ Routine	No	02/	12/2018
Owner's A				Follow-up	Summary o	f Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
				Temporary) (T	(C 11:	
Responsible	e Person's	E-ma	11	НАССР	Menu Type	: (See addi	tional page)
Certified F	ood Handl	nr.		Other (list)	$1_1\bigcirc_2$	\bigcirc	$)_4\bigcirc_5\bigcirc$
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		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADIZED «C»			
					IN IN THE N	DD 4 7711/15	DEL OW 10 (D
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			10 Be Co	orrected By
			No noted violation	ons.			
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Received by			printed):	Inspected by (name and title p	rinted):		
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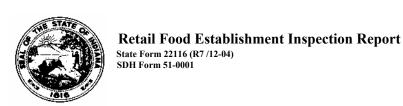
	dy's	ss (nu	88 mber and street, city, state, zip code) ge Ave., Evansville, IN, 47710	**Telephone Number** (812-423-6796) (<redacted></redacted>	Date of Ins (mm/dd/yr 02/02	; /2018	10994 se Date
<reda< td=""><td>cted></td><td></td><td></td><td>Purpose: Routine</td><td>No</td><td></td><td>12/2018</td></reda<>	cted>			Purpose: Routine	No		12/2018
Owner's Ac				Follow-up		of Violation	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>_</td><td></td><td></td></reda<>	cted>			Complaint	_		
Person in C				Pre-Operational	_c Z	NC ($\frac{1}{R}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
C (C IE	177 11			Other (list)			\bigcirc
Certified Fo		er				<u> </u>	<u> 405</u>
		e ini	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MADKED "C"			
					ID IN THE N	ADD ATIME	DELOW AC "D"
Section#	C/NC		PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	DINTHEN		
		R R	Narrative	dograpa Food disa	ordod		orrected By rrected
187	С	K		Ready to eat food not maintaining 135 degrees. Food discarded.			
334	С		Dish washing hose lack	air gap.		Co	rrected
Received by	acte	<u><</u> b		Inspected by (name and title properties)	rinted):		
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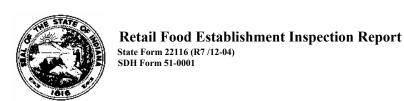
							т —
Glenv		Le	eadership Academy K-8	Telephone Number (812-435-8610)	Date of Ins (mm/dd/yr	j	то# 10986
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47713	()Owner .	01/30	/2018	
Owner			, , ,	Purpose:	Follow-up	Releas	se Date
<reda< td=""><td>cted></td><td></td><td></td><td>Routine</td><td>No</td><td></td><td>09/2018</td></reda<>	cted>			Routine	No		09/2018
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C	harge				[NC_()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td>_ R</td></reda<>				Pre-Operational		NC_	_ R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified Fo		er		Other (list)	1 2	<u> </u>	<u>)4</u> 05 <u></u> 0
• CRITICAL	ITEMS AF	E IDE	ENTIFIED 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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
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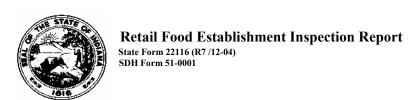
G.D.		ı'c		Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-425-8700	01/30	/2018	10978
4810 l	Unive	rsit	y Dr., EVANSVILLE, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
<reda< td=""><td></td><td>1</td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>09/2018</td></reda<>		1		✓ Routine	No	02/	09/2018
Owner's Ac				Follow-up	Summary	of Violatio	ns:
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<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>0 R 0</td></reda<>				Pre-Operational	C	NC_	0 R 0
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
• CRITICAL	L ITEMS AF	RE 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 C	orrected By
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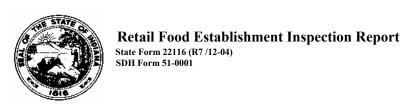
Fazol Fazol		17	56	Telephone Number	Date of Ins (mm/dd/yr		10 # 10965
				812-428-0084	01/30	/2018	10903
			mber and street, city, state, zip code) Rd., Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
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Owner's Ac				Follow-up	Summary	of Violatio	ns:
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Person in C				Pre-Operational	\mathbf{C}^{-1}	NC_	
<reda< td=""><td>cted></td><td>,</td><td></td><td></td><td>C</td><td>110</td><td></td></reda<>	cted>	,			C	110	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	itional page)
				HACCP		\bigcirc \bigcirc	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u> </u>	<u>)4U5U</u>
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• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	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 C	orrected By
191	С		Lacking date markings on	walking cooler.		01/3	30/2018
256	NC	R	Reach in cooler in prep. area lac	cking thermometers	S.	01/3	30/2018
Received by	*			Inspected by (name and title properties)	rinted):		
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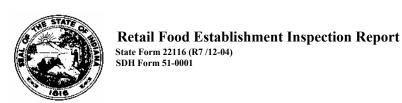
Establishm Motol		#3	202	Telephone Number (812-476-8621	Date of Ins (mm/dd/yr		ть# 10953
			mber and street, city, state, zip code)		01/30	/2018	10955
			Expwy, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner .				Purpose:	Follow-uj		se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>09/2018</td></reda<>				✓ Routine	No	02/	09/2018
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) (</td></reda<>				Complaint	\cap	() (
Person in C				Pre-Operational	$_{\rm C}$ U	NC_(\mathcal{I}_{R} U_{R}
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl) No.		Other (list)	102	\bigcirc),(),()
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		E 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 Co	orrected By
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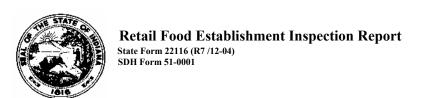
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Arby´	s #57	754	4	812-421-1200	01/30/	2010	10847
			mber and street, city, state, zip code)	<pre></pre>	01/30/	2010	
4650 l	<u>Unive</u>	rsit	ty Dr., Evansville, IN, 47712	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>Routine</td><td>No</td><td>02/</td><td>09/2018</td></reda<>				Routine	No	02/	09/2018
Owner's A				Follow-up	Summary o	f Violatio	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
Responsible				Temporary	Manu Trins	(Coo addi	tional page)
Kesponsibio	e rerson's	c-ilia	ш	HACCP	Menu Type	(see aaai	iionai page)
Certified F	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	$)_3$ (\bullet	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE NA	DDATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	WWART OF VIOLATIONS AN			orrected By
Section#	C/IVC	K	No noted violati	one		ТОВСС	nrected by
			No noted violati	UIIS.			
					-		
Received by	(nome or 1	titla -	arintad):	Inspected by (name and title	rintad):		
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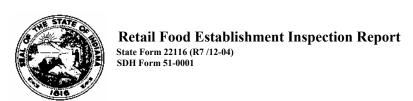
Establishment Name Adeles Establishment Address (number and street, city, state, zip code) 4488 First Ave, Evansville, IN, 47710 Owner <redacted> Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail</redacted></redacted></redacted>					Stephone Number 312-467-0295 < redacted> Irpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u No Summary	P Release 02/	<u>0</u> <u>R</u> <u>0</u>
Certified F				_	HACCP Other (list)	1 <u>0</u> 2		tional page) 4050
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S			D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
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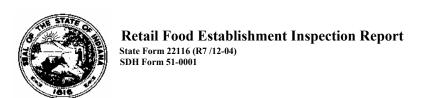
Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
Bean	s & E	3ar	istas	812-457-8566	01/31		10811
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	<redacted></redacted>	01/31/	2016	
	Gree	n t	River, Evansville, IN, 47715				
Owner	oto d			Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Routine</td><td></td><td></td><td>10/2018</td></reda<>				✓ Routine			10/2018
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint	\cap	$_{\rm NC}$	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>P R O</td></reda<>				Pre-Operational	C	NC_	P R O
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
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• 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	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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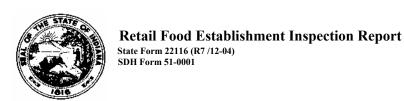
Establishment Name						lephone Number	Date of In (mm/dd/yr		ID#
				1	12-423-5002	01/31	/2018	13678	
			mber and street, city, state, z r, Evansville, IN		(<	redacted>			
Owner	- (l				—	rpose:	Follow-u		
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Owner's Ad						Follow-up	Summary	of Violation	is:
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Person in C						Pre-Operational	C	NC_	<u> </u>
Responsible			<u> </u>		-	Temporary	Manu Tv	pe <i>(See addii</i>	tional naga)
Kesponsible	e i cisum s	L-IIIAI	п			НАССР	wichu Ty	C (See addit	ionai page)
Certified Fo	ood Handle	er				Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	1ARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	IONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
192	С	R	Melon over 41 d	deg F. on buffet line	not	t being time mai	ked.	01/3	31/2018
								 	
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								<u> </u>	
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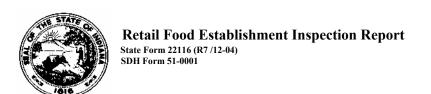
					Date of Ins		
Establishm Twist		om.	esto	Telephone Number	ID#		
			mber and street, city, state, zip code)	812-401-2323	02/02	2/2018	13712
			ge Rd., Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner			, ,	Purpose:	Follow-u		se Date
<reda< td=""><td></td><td>•</td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>12/2018</td></reda<>		•		✓ Routine	No	02/	12/2018
Owner's Address				Follow-up	Summary	of Violation	ns:
D : 6				Complaint	1	() ()
Person in C				Pre-Operational	C	NC_	0_{R}
Responsible				Temporary	Menu Tvi	ne <i>(See addi</i>	tional page)
Trosponsion.	0 1 01 5011 5			НАССР			, , , , , , , , , , , , , , , , , , ,
Certified F		er		Other (list)	1 2	<u>3</u>	<u>)4O5O</u>
• CRITICAI	L ITEMS AI	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 Co	orrected By
187	С		Ready to eat food not maintain	ned at 41F or less.		Со	rrected
			<u> </u>				
						<u> </u>	
						ľ	
Received by		_	orinted):	Inspected by (name and title properties)	rinted):		
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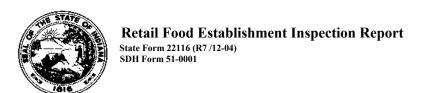
Establishm		_		Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Aztec	a LL	C		812-604-8080	` '	0040	13738
			mber and street, city, state, zip code)	()Owner _	01/29/2	2018	
1212 \	Wash	ing	ton Sq., Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner .				Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Routine</td><td>No</td><td>02/</td><td>08/2018</td></reda<>				✓ Routine	No	02/	08/2018
Owner's A				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>1</td><td></td></reda<>				Complaint	\cap	1	
Person in C	0			Pre-Operational	$_{\rm C}$	NC_	$I_{R}U$
Responsible			:1	Temporary	Menu Type	(Coo addi	tional nace)
Kesponsibio	e rerson's	c-iiia	II	НАССР	Menu Type	(see aaar	nonai page)
Certified F	ood Handle	er		Other (list)	10,20),(•	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
342	NC		Hand washing sink in prep area	lacking warm wate	1		16/2018
<u> </u>			riana maaimig amik iii prop araa	idoming traini trate		<u> </u>	
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The Kitchen				Telephone Number (812-455-2400	Date of Ins (mm/dd/yr		13858
			mber and street, city, state, zip code) St., Evansville, IN, 47713	<pre>(<redacted></redacted></pre>	02/01	/2016	
Owner			, ,	Purpose:	Follow-up		se Date
<reda< td=""><td></td><td></td><td></td><td>Routine</td><td>No</td><td>02/</td><td>11/2018</td></reda<>				Routine	No	02/	11/2018
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_	\mathcal{L}_{R}
Responsible			:1	Temporary	Monu Tyr	20 (Saa addi	tional page)
Kesponsibio	e rerson's	E-IIIa	II	НАССР	Menu Typ	se (see aaai	nonai page)
Certified F		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0.4 \bigcirc 5 \bigcirc$
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• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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
			Approved for oper	ation.			
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Establishm Mo's		elir	ng Medicine Show	Telephone Number (812-455-2400)	Date of Ins (mm/dd/yr	·)	13859
			mber and street, city, state, zip code)		02/01	/2018	
Bokeh	Lour	nge	e, Evansville, IN, 47713	<pre><redacted></redacted></pre>			
Owner		<u> </u>	• •	Purpose:	Follow-u	n Releas	se Date
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Owner's Ac				Follow-up	Summary	of Violation	us.
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>			Complaint			
Person in C	harge			Pre-Operational	$\bigcup_{i \in \mathcal{U}} U_i$	NC	0_{R}
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Responsible	e Person's	E-mai	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		\sim	
Certified F		er		Other (list)	$1 \bigcirc 2$	$\bigcup_3 \bigcup$	$)_{4} \bigcirc _{5} \bigcirc$
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• CRITICAL	ITEMS AF	E IDE	NTIFIED 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
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Establishm Dunk		าทเ	ıts/Baskin Robbins	Telephone Number (812-550-1500	Date of Ins (mm/dd/yr)	j	13860
			mber and street, city, state, zip code)		02/01	/2018	13000
3960 N First Ave., Evansville, IN, 47710			<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date
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Owner's Address				Follow-up	Summary	of Violation	ıs:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC ($\frac{0}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
				Other (list)			
Certified F	ood Handl	er		Final	1 2	<u>J</u> 3 <u>C</u>	<u>/405</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	ARRATIVE	BELOW AS "R"
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