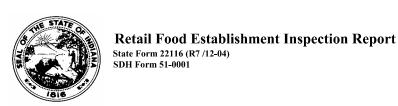
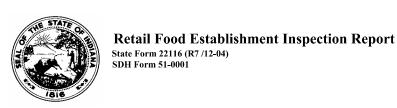


Establishme		nar	Scoop Shoppe		B12-202-0136	Date of Ins (mm/dd/yr	·)	ть# 13185
Establishmo	ent Addres	s (nu	mber and street, city, state, zip code)	1_{C}		03/06	/2018	10100
2021 V	V Fra	nkli	in St, Evansville, Indiana, 47712		<redacted></redacted>			
John A	A Didi	а			rrpose: Routine	Follow-u		te Date 16/2018
Owner's Ad					Follow-up	Summary	of Violation	ns:
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Person in C					Pre-Operational	c U	NC	<u> </u>
Responsible			ii	<u>L</u>	Temporary	Menu Ty	oe (See addi	tional page)
•				\vdash	НАССР			
Certified Fo		er		┡	Other (list)	$1 \bigcirc 2$	$\bigcirc_3 \bigcirc$) ₄ <u>0</u> 5 <u>0</u>
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• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	(ARK	KED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative	_			To Be Co	orrected By
			No noted violation	<u>enc</u>	3.			
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	leceived by (name and title printed): <redacted></redacted>				redacted>	inted):		
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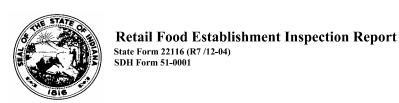


Establishmo 2033 V Owner	din S ent Addres V Fra	ss (nu: nkli	et Pizza Factory mber and street, city, state, zip code) in St, Evansville, Indiana, 47712 el Wathen	Telephone Number (765-749-5969 (<redacted> Purpose: Routine</redacted>	Date of Ins (mm/dd/yr 03/06 Follow-up No	/2018	12993 se Date 16/2018
Owner's Ac				Follow-up	Summary	of Violatio	ns:
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Responsible	Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo				Other (list)	\bigcap_{i}	\bigcirc	\bigcirc
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• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	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.			
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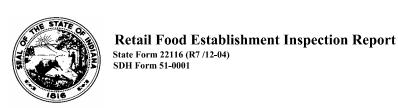


Fax 812-435-5871

Establishmo Break		e l	Bar & Grill	Telephone Number (812-602-1756)	Date of Ins (mm/dd/yr	·)	ть# 12150	
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) r Ave, Evansville, IN, 47712	<pre><redacted></redacted></pre>	03/09	/2018		
Owner Terrie			, ,	Purpose:	Follow-up No		te Date 19/2018	
Owner's Ad		1		Follow-up	-	of Violation		
Person in C	harge			Complaint Pre-Operational	$_{\rm C}$ 1	NC_S	$\frac{3}{R}$	
Responsible			il	Temporary HACCP	Мепи Тур	oe (See addii	tional page)	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	0_4 0_5	
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative	en reach in cooler			orrected By 09/2018	
298	NC		Soiled microway	Lacking date markings in kitchen reach in cooler.				
239	NC		Single use single service items	03/09/2018				
218	NC		Water accumulation in the beer reach in		09/2018			
					·			
Received by				Inspected by (name and title precised >	rinted):			
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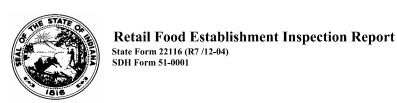


Establishmo	ary In	ss (nu	vations by April Boeke, LLC mber and street, city, state, zip code) n St Suite B, Evansville, IN, 47712		Date of Ins (mm/dd/yr 03/09	/2018	12083
Owner April E	3oeke)		Purpose: Routine	Follow-up		ne Date 19/2018
Owner's Ac	ldress			Follow-up		of Violation	
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Person in C				Pre-Operational	c_ U	NC_	R U
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP Other (list)			\bigcirc
Certified Fo		er			1 2	<u> </u>	<u> 4050</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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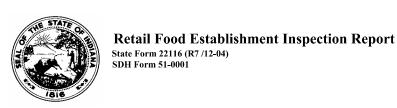


Fax 812-435-5871

Establishme	Food	ss (nu st A	Store #235 mber and street, city, state, zip code) ave, Evansville, IN, 47710 cores	(ε (ς Pι	Plephone Number 312-423-5751 <redacted> Irpose: Routine</redacted>	Follow-u	7/2018 Release 03/	12025 12025 se Date 17/2018
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Person in C				1	Pre-Operational	$_{\rm c}$	NC_($\int_{\mathbb{R}} U$
Responsible			il	-[Temporary	Menu Tvi	e (See addi	tional page)
•				$oxed{L}$	НАССР			
Certified Fo	ood Handl	er		}	Other (list)	1 2	<u> </u>	<u>)4050</u>
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARI	KED "C"			
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Section#	C/NC	R	Narrative	one			To Be Co	orrected By
			No noted violat	OHS). 			
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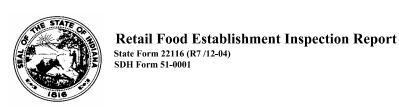


Establishmond 15325	Jr Hent Address Ville Ville Coted>	ghv gar	n School 7-8 mber and street, city, state, zip code) way 41, Evansville, IN, 47725 nderburgh School Corp.	Pu	lephone Number 12-435-0976 < redacted> urpose: Routine Follow-up Complaint Pre-Operational	Follow-u No	7/2018 P Releas	
<reda< td=""><td></td><td></td><td>31</td><td>⊨</td><td>Temporary</td><td>Monu Tyr</td><td></td><td>tional page)</td></reda<>			31	⊨	Temporary	Monu Tyr		tional page)
Responsible	e rerson's	L-ma	ш		НАССР			
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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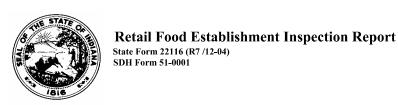


Fax 812-435-5871

	ent Addres	s (nu	mber and street, city, state, zip code) AVE, Evansville, IN, 47714	Telephone Number (812-473-7222 (<redacted> Purpose:</redacted>	Date of Instance (mm/dd/yr 03/05	5/2018	1D# 11882 se Date		
Pash I	B Tar	naı	ng	Routine	Yes		15/2018		
Owner's Ad				Follow-up	Summary	of Violation	ns:		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>3</td><td></td><td>$\frac{2}{R}$</td></reda<>				Complaint	3		$\frac{2}{R}$		
<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 Tyj	pe (See addi	tional page)		
				HACCP					
Certified Fo		er		Other (list)	1 <u></u> 2	<u> </u>	<u>/4050</u>		
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	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				orrected By 12/2018		
431	NC			alk in cooler in need of cleaning (door handles, fans, walls, floors).					
345	С	R		and washing sink being used for purpose other than hand washing.					
129	С		Employee not washing wh	Co	rrected				
177	С		Items not being stored 6 incl	Items not being stored 6 inches off the floor.					
291	NC		Chemical test kit not provided to test	sanitizer concentr	ation.	03/0)5/2018		
Received by			printed):	Inspected by (name and title p < redacted>	rinted):				
Received by	(signature):		Inspected by (signature):					
cc:			cc:		cc:				

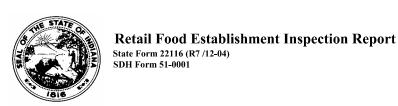


Establishm		W2	Cuicino		lephone Number	Date of Ins (mm/dd/yr		ID#
		_	Cuisine mber and street, city, state, zip code)	1	312-477-8424	03/08	/2018	11646
1434			, Evansville, IN, 47715	_(<	<redacted></redacted>			
Owner Chirac	daj Po	otcł	nanant		rpose: Routine	Follow-up No		ne Date 18/2018
Owner's Ac	ddress				Follow-up	Summary	of Violation	•
Person in C					Complaint Pre-Operational	c_1	NC_	$\frac{1}{R}$
Responsible			il		Temporary HACCP	Мепи Тур	oe (See addi	tional page)
Certified Fo		er	_		Other (list)	$1\bigcirc 2$	<u>3</u>	<u>4</u> 050
• CRITICAL	. ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ŒD "C"			
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ΜМА	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative	راء:				orrected By
173	С	R	improper storage or raw ch	Improper storage of raw chicken product.				rrected
Received by					rected by (name and title proceeded>	inted):		
Received by	(signature):		Insp	ected by (signature):			
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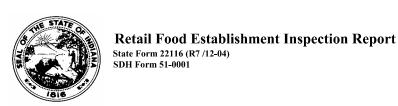


Fax 812-435-5871

230 N Owner	Vine Burk Wine dress cted> harge cted> Person's	e &	mber and street, city, state, z rdt Rd, Evansv Retail Group	rip code) ville, IN, 47715	Pu /	lephone Number 312-401-9463 <redacted> redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary	P Release 03/	
				T AND NARRATIVE COLUMNS M ONS ARE DENOTED IN THE "SUI			D IN THE N	ADDATIVE	DELOWAS "D"
Section#	C/NC	R	TROWN REVIOUS INSPECTI	Narrative	VIIVIZY	IKI OF VIOLATIONS AN	DIN THE N		orrected By
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				no noted violatio	צווכ	i.			
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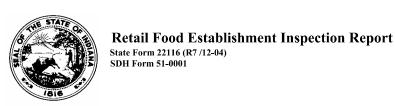
Establishm 5435 Owner Wayn Owner's Ac <redac <redac="" <redac<="" c="" certified="" f="" in="" person="" responsible="" th=""><th>ent Addres Pearl E Kini ddress cted> Charge cted> e Person's</th><th>Dr Dr ney</th><th>il</th><th>zip code) V, 47712</th><th>Telephone Number (812-461-0100 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-up No Summary of</th><th>Release 03/</th><th></th></redac>	ent Addres Pearl E Kini ddress cted> Charge cted> e Person's	Dr Dr ney	il	zip code) V, 47712	Telephone Number (812-461-0100 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up No Summary of	Release 03/	
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Section#	C/NC	R		Narrative			To Be C	orrected By
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				INO HOLEG VIOIAL	10115.			
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Establishm 5435 Owner Wayn Owner's Ac <redac <redac="" <redac<="" c="" certified="" f="" in="" person="" responsible="" th=""><th>ent Addres Pearl E Kini ddress cted> Charge cted> e Person's</th><th>Dr Dr ney</th><th>il</th><th>zip code) V, 47712</th><th>Telephone Number (812-461-0100 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-up No Summary of</th><th>Release 03/</th><th></th></redac>	ent Addres Pearl E Kini ddress cted> Charge cted> e Person's	Dr Dr ney	il	zip code) V, 47712	Telephone Number (812-461-0100 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up No Summary of	Release 03/	
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Sectionii	0.110	-``		No noted violat	ione		20 20 0	on colour Dy
				INO HOLEG VIOIAL	10115.			
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. **Date of Inspection** Telephone Number (mm/dd/yr) Panera Bread Bakery-Cafe #1020 314-476-7477 11509 03/05/2018 Establishment Address (number and street, city, state, zip code) <redacted> 220 N Burkhardt Rd, Evansville, IN, 47715 Owner Purpose: Follow-up Release Date Panera LLC No 03/15/2018 Routine Owner's Address Follow-up Summary of Violations: <redacted> Complaint Person in Charge Pre-Operational <redacted> Temporary Responsible Person's E-mail Menu Type (See additional page) HACCP Other (list) **Certified Food Handler** <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By No noted violations. Received by (name and title printed): Inspected by (name and title printed): <redacted> <redacted> Received by (signature): Inspected by (signature): cc: cc: cc:



Establishm	Corn ent Addres N Fulf Ches ddress cted> charge cted> e Person's	s (nu ton sei		Pu	lephone Number 12-428-2255 Fedacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	r) 7/2018 p Releas	1 _R 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	IADDATIVE	DELOWAS "D"	
Section#	C/NC	R	Narrative	VIIVIZA		orrected By		
346	NC	R	Hand sink in bar area lacki	na	hand soap			rrected
347	NC	R	Hand sink in bar area lackin		•		Corrected	
347	NC	R	Hand sink in kitchen area lack		Corrected			
209	С		Food contact surfaces of equipment do not meet materia	irements.		rrected		
294	С	R	Dish washing machine lacking	sar	nitizing solution.		Со	rrected
291	NC	R	Lacking sanitizing test	ing	strips.		Co	rrected
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cc:			cc:			cc:		



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishme Little Establishme 4430 I Owner Amma Owner's Ad <redac <redac="" c="" certified="" fo<="" in="" person="" responsible="" th=""><th>Italy ent Addres First A ar Jaw ddress cted> charge cted> e Person's</th><th>Ave vab</th><th></th><th></th><th>Telephone Number (812-401-0588 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u NO Summary</th><th>Release 03/</th><th>17/2018</th></redac>	Italy ent Addres First A ar Jaw ddress cted> charge cted> e Person's	Ave vab			Telephone Number (812-401-0588 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary	Release 03/	17/2018
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	INS M	AARKED "C"			
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Section#	C/NC	R	Narrative)			To Be Co	rrected By
344	С		Hand sink inac	ces	ssible.		Co	rrected
295	NC	R	Surfaces of equipment in	n ne	eed of cleaning.		03/07/2018	
218	NC		Gasket on walk in need				03/1	16/2018
					'			
							·	
Received by		_ ^	orinted):		Inspected by (name and title pr < redacted>	inted):		
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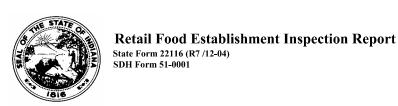


Retail Food Establishment Inspection Report

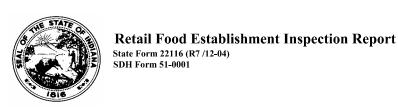
State Form 22116 (R7 /12-04) SDH Form 51-0001

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

335 S Owner	ent Addres Red nart S ddress cted> charge cted> e Person's	ss (nur Ba tor	mber and street, city, state, zip code) nk Rd, Evansville, IN, 47712 es East, LP	<u>. </u>	Telephone Number (812-424-5475 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary	Release 03/	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
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			No noted viol	alioi	15.			
Received by	acte	/ 	orinted):	<	nspected by (name and title pr <redacted></redacted>	rinted):		
Received by	Received by (signature):				Inspected by (signature):			
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Establishme	smar	s (nu	Billards & Pub mber and street, city, state, zip lin St, Evansville	code) e, IN, 47712	8)	12-422-0801) Owner	Date of Instance (mm/dd/yr 03/06	6/2018	ID# 11332	
	sman	Bil	lards & Pub Inc			Routine	No		16/2018	
Owner's Ac	ldress					Follow-up		of Violation		
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Person in C						Pre-Operational	c_ _	NC	$\lfloor _{R} \rfloor$	
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Kesponsible	e i cisum s	L-111a)				НАССР	Wichu Tyj	oc (see aaan	ionai page)	
Certified Fo		er			<u> </u>	Other (list)	102	<u></u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>	
• CRITICAL	. ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST A	AND NARRATIVE COLUMNS M	IARK	ŒD "C"				
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTION	NS ARE DENOTED IN THE "SUI	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative				To Be Co	rrected By	
345	С		Han	Hand sink used for other things.				Coi	Corrected	
199	NC		lmpı	roper thawing of ra					Corrected	
191	С		Lacking date m	narkings in contain	container in reach in cooler.				rrected	
Received by	*	_ ^	orinted):		•	redacted>	rinted):			
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Fax 812-435-5871

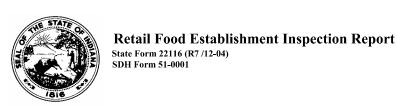
Owner SOLA Owner's Ac	bron ent Addres McDo RBRO	os (nu WE	pinte mber and street, city, state, zip code) ell Rd., Evansville, IN, 47712 POINTE INC	() ()	Telephone Number 812-985-9955 <red> <red></red></red>	Follow-uj	72018 Releas	11325 ise Date 15/2018
<reda< td=""><td></td><td></td><td></td><td>_[</td><td>Complaint</td><td>n</td><td>_</td><td></td></reda<>				_[Complaint	n	_	
Person in C					Pre-Operational	C	NC_	R O
Responsible	e Person's	E-ma	il		Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er			Other (list)	102	<u>3</u>	<u>4</u> 0 <u>5</u> 0
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MAR	KED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMM	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative Na va ta da	4'	_		To Be Co	orrected By
			No noted viola	tion	S.			
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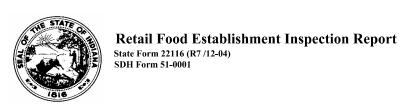
Establishme		۷ ۷	Association Inc	Telephone Number Date of Inspection (mm/dd/yr) 110					
			Association, Inc. mber and street, city, state, zip code)	1.	312-422-3983	03/06	/2018	11284	
2207	N Fra	nkl	in St, EVANSVILLE, IN, 47712	(<	<redacted></redacted>				
Owner RIVEF	R BEN	1D	ASSOCIATION, INC.		rpose: Routine	Follow-u		se Date 16/2018	
Owner's Ac					Follow-up	Summary	of Violation	ns:	
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Person in C	_			F	Pre-Operational	$_{\rm C}$ U	NC (\mathcal{I}_{R} U_{R}	
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Responsible	e Person's	E-mai	il		НАССР	Menu Type (See additional page)			
Certified Fo		er		L	Other (list)	$1\bigcirc 2$	\bigcirc_3 \bigcirc	<u>)4U5U</u>	
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ИΜА	ARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative				To Be Co	orrected By	
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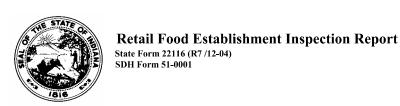
Establishme LAQU		<u> А</u> І	NN & SUITES	Telephone Number 812-477-2677	Date of Ins (mm/dd/yr)		ть# 11270
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) St, Evansville, IN, 47715	<pre><redacted></redacted></pre>	03/07	/2018	
Owner HASU				Purpose: Routine	Follow-up		ne Date 17/2018
Owner's Ac				Follow-up Complaint	Summary	of Violation	
Person in C		1		Pre-Operational Temporary	C	NC_	J _R U
Responsible	e Person's	E-ma	ii	НАССР			tional page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>•</u> 3 <u> </u>) ₄ <u>0</u> 5 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Ī	To Be Co	orrected By
324	С	1.	Grease trap maintenance loc	not up to date			08/2018
024			Crease trap maintenance log	g not up to date.		00/0	70/2010
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



Establishmond 15325 Owner	Higher Address Ville Vil	ss (nu ghw /ar	School The state of the state	Telephone Number (812-435-8291 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-up NO Summary C	Release 03/	
• CRITICAL	ITEMS AR	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
	, ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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Establishm Chilly		y´s	Pub	Telephone Number (812-423-0726	Date of Ins (mm/dd/yr		1D# 11144	
Establishm 3039	ent Addres Clare	ss (nu: MO	nt Ave., Evansville, IN, 47712	' <redacted></redacted>	03/07	72010		
Owner BRITT	WIL	SC	N	Purpose: Routine	Follow-uj	Release 03/	se Date 117/2018	
Owner's Ad				Follow-up	-	of Violatio		
Person in C				Complaint	2	NC_	0 .,	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational Temporary</td><td><u>c —</u></td><td>NC</td><td><u> </u></td></reda<>				Pre-Operational Temporary	<u>c —</u>	NC	<u> </u>	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addi	itional page)	
Certified F	ood Handl	or.		Other (list)	10,	(•) ₂ (),(),()	
<redag< td=""><td></td><td>.1</td><td></td><td></td><td>1<u>0</u>2</td><td><u> </u></td><td><u>/4030</u></td></redag<>		.1			1 <u>0</u> 2	<u> </u>	<u>/4030</u>	
• CRITICAL	. ITEMS AF	RE IDE	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	
438	С		Spray bottles not labe	pottles not labeled/toxic.				
191	С		Ready to eat items in reach in coole	r lacking date marl	kings.	03/07/2018 03/07/2018		
346	NC		Hand sink by the bar lacki	Hand sink by the bar lacking hand soap.				
Received by			orinted):	Inspected by (name and title p < redacted>	rinted):			
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishmo 5400 I	ent Address ville \ ddress cted> charge cted> e Person's	Ave Var	School The property and street, city, state, zip code Property and street, zip	N, 47710	Telephone Number (812-435-8297 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	c_ 0	Release 03/	
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS A		MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R		Narrative			To Be Co	orrected By
				No noted violation	ons.			
Received by	acte	/ 	orinted):		Inspected by (name and title properties)	rinted):		
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Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)

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

	N'S ent Addres Garv N MC ddress cted> Charge cted> e Person's	'in S			Telephone Number (812-471-9447 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up NO Summary of C Menu Type	Release 03/	
			ENTIFIED IN THE CHECKLIST A FROM PREVIOUS INSPECTION			D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				orrected By
	NC	1/	Dofue		of dumpator			
394	INC		Relus	se overflowing out	or dumpster.		03/	13/2018
						+		
Received by		_	printed):		Inspected by (name and title pr	rinted):		
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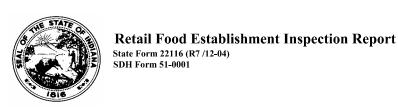


Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695

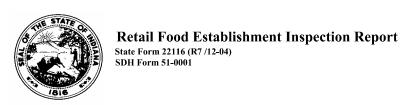
Fax 812-435-5871

	ent Address orth F im Se ddress cted> charge cted> e Person's	eto	mber and street, city, state, zip code) k Dr, Evansville, IN, 47710	Telephone Number (812-428-6611 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up NO Summary C	Release 03/	11127 11127 11127 16 Date 16/2018 18: 1
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE N	ADD ATIME	DELOW AC "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU! Narrative	WINIARY OF VIOLATIONS AN	DIN THE N		orrected By
431	NC	R	Ceiling tiles in need of	cleaning			
173	C	R	Food not properly stored			03/06/2018 Corrected	
173		11	1 dod not property stored	a III waik-III.			irected
Received by				Inspected by (name and title precised)	rinted):		
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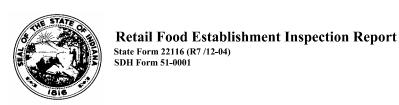
Fax 812-435-5871

Establishm 1034 Owner Raym Owner's Ad <reda <reda="" <redac<="" c="" certified="" f="" in="" person="" responsible="" th=""><th>ent Addres Beaco ond E ddress cted> Charge cted> e Person's</th><th>SS (nu O O E W E E -ma</th><th>il</th><th>ville, IN, 4772</th><th></th><th>Telephone Number (812-868-4653 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>c_1</th><th>Relea 03/</th><th>_</th></reda>	ent Addres Beaco ond E ddress cted> Charge cted> e Person's	SS (nu O O E W E E -ma	il	ville, IN, 4772		Telephone Number (812-868-4653 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	c_1	Relea 03/	_
			ENTIFIED IN THE CHECKLIS FROM PREVIOUS INSPECTI			MARKED "C" JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	E BELOW AS "R"
Section#	C/NC	R		Narrativ			I		orrected By
295	С	1		Slicer so					rrected
293	C			Silicei Su	iieu	•		CO	rrected
Received by	acte	d>	orinted):			Inspected by (name and title p < redacted>	rinted):		
Received by	(signature):				Inspected by (signature):			
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Fax 812-435-5871

601 N	540	ss (nu	mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715	**Telephone Number** (812-471-0510) (<redacted></redacted>		5/2018	11050
Owner Muhai	mmed	d If	tikhar	Purpose: Routine	Follow-u		se Date 18/2018
Owner's A	ddress			Follow-up		of Violation	
<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_ _	NC_	$\frac{3}{2}$
Responsible			ii	Temporary	Menu Tvi	ne (See addi	tional page)
responsion	e i cison s			НАССР			
Certified F		er		Other (list)	1 2	<u>3</u>	<u>)4U5U</u>
• CRITICAL	. 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 Co	orrected By
294	С		Chemical sanitizer concentration fo	Corrected			
295	С	R	Vegetable slicer s	Corrected			
410	NC		Lacking light shielding in	03/12/2018			
430	NC	R	Tile and coving missing or broken va	03/22/2018			
431	NC		Facility in need of cleaning underneat	th and behind equip	ment.	03/	11/2018
Received by		_ ,	printed):	Inspected by (name and title printed): <redacted></redacted>			
Received by	/ (signature):		Inspected by (signature):			
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Fax 812-435-5871

Establishm	Bav	s (nu	an Haus mber and street, city, state, zip code) lin St, Evansville, IN, 47712	Telephone Number (812-424-1420 03/06/2018 108 (mm/dd/yr) 03/06/2018 108 Purpose: Follow-up Release Date						
Jerry (Chan	dle	r LLC	Routine	No		16/2018			
Owner's Ac	ldress			Follow-up	Summary	of Violation	ns:			
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>2</td><td>(</td><td>) ()</td></reda<>				Complaint	2	() ()			
Person in C				Pre-Operational	C	NC_	0_{R}			
Responsible			il	Temporary	Menu Tyj	oe (See addi	tional page)			
				HACCP Other (list)						
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u> 1405</u>			
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"	<u> </u>					
• 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			
438	С		Spray bottles not labe	eled/toxic.		Corrected				
443	С		Sanitizing solution for wipe	Co	rrected					
Received by	acte			Inspected by (name and title p < redacted>	rinted):					
Received by	(signature):		Inspected by (signature):						
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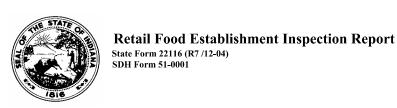


Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695

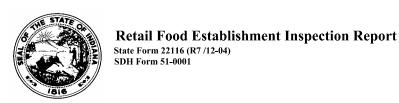
Fax 812-435-5871

Establishm Quali Establishm 5006 Owner Raj Pa Owner's Ad <redat <redat="" <redat<="" c="" certified="" f="" in="" person="" responsible="" th=""><th>ty Inrest Address Address Cted>Charge Cted>ce Person's</th><th>SS (nu An A</th><th>mber and street, city, state, zip code) Ave., Evansville, IN,</th><th>47715</th><th>Telephone Number (812-477-2211 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-up NO Summary of C_1 Menu Type</th><th>Release 03/</th><th>10939 10939 17/2018 17/2018 18: 19</th></redat>	ty Inrest Address Address Cted>Charge Cted>ce Person's	SS (nu An A	mber and street, city, state, zip code) Ave., Evansville, IN,	47715	Telephone Number (812-477-2211 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up NO Summary of C_1 Menu Type	Release 03/	10939 10939 17/2018 17/2018 18: 19
			ENTIFIED IN THE CHECKLIST AND NAR FROM PREVIOUS INSPECTIONS ARE D			D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				orrected By
324	С	K	Crosse tran ma		g not up to date.			08/2018
324	C		Grease trap ma	illiteriance io	g not up to date.		03/0	00/2010
Received by	l / (name and	title 1	printed):		Inspected by (name and title p	rinted):		
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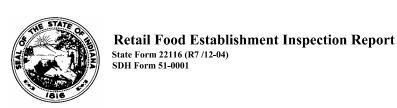
Fax 812-435-5871

Establishment Name Dilegge's Restaurant					lephone Number 12-428-3004	Date of In (mm/dd/yr	·)	ть# 10909
Establishmo	ent Addres	ss (nu	mber and street, city, state, zip code)	1	redacted>	03/06	5/2018	10000
607 N	Main	St	t, Evansville, IN, 47711		Teuacieu/			
Owner Daniel	l F Di	leg	ge		rpose: Routine	Follow-u No		se Date 16/2018
Owner's Ad					Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td>ı</td><td></td><td></td><td>- Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>	ı			- Complaint		_	_
Person in C					Pre-Operational	$ _{\mathrm{C}}$ U	NC 4	$\frac{2}{R}$
<reda< td=""><td></td><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>					Temporary			
Responsible	e Person's	E-mai	il		НАССР	Menu Ty	pe (See addi	tional page)
Certified Food Handler					Other (list)	10^{2}	\bigcirc_3 \bigcirc	$)_{4}\bigcirc_{5}\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td>-<u>-</u>-</td><td><u> </u></td><td><u></u></td></redac<>	cted>					- <u>-</u> -	<u> </u>	<u></u>
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "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	orrected By
297	NC		Ice guard on ice machine n	Ice guard on ice machine needs cleaning.				
217	NC		Scoops needed for salad	Scoops needed for salad prep table.				
Received by					ected by (name and title predacted>	rinted):		
Received by	(signature):		Insp	ected by (signature):			
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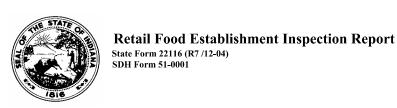


Fax 812-435-5871

Establishmond Dairy	_	en		_	ne Number -422-9341	Date of Ins (mm/dd/yr	j	10894
Establishm	ent Addres	s (nu	nber and street, city, state, zip code) a St., Evansville, IN, 47711		dacted>	03/05	/2018	
Owner MIKE	SCHI	_O;	SS	Purpose Rout		Follow-up No		ne Date 15/2018
Owner's Ac				Follo	w-up plaint	Summary	of Violation	
Person in C				Pre-C	Operational	cl	NC_) _R 1
Responsible Person's E-mail				HAC	porary CCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Othe	r (list)	$1 \bigcirc 2$	<u>3</u>	<u>4</u> 05
• CRITICAL	. ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C	C"			
• VIOLATIO	• ′	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	MMARY O	F VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
191	С	R	Ready to eat foods lack	king da	ates.		Co	rrected
Received by					by (name and title pr	inted):		
Received by	(signature):		Inspected	by (signature):			
cc:			cc:			cc:		

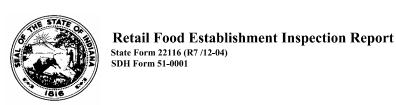


Buehlers IGA #456				Telephone Number (812-867-8610	Date of Inspectors (mm/dd/yr)		ть# 10886			
Establishme 12500	ent Addres N Hi	s (nui gh)	nber and street, city, state, zip code) way 41, Evansville, IN, 47	725	(<redacted></redacted>	03/09/	2010			
Owner			NORTH FOODS LLC		Purpose:	Follow-up No		e Date 19/2018		
Owner's Ad					Follow-up	Summary	of Violation			
Person in C					Complaint	$_{\rm c}$ 1	NC_1			
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational Temporary</td><td colspan="3"></td></reda<>					Pre-Operational Temporary					
Responsible	e Person's	E-mai	il		НАССР	Menu Typ	e (See addit	ional page)		
Certified Fo	ood Handle	er			Other (list)	$1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 5$				
			NTIFIED IN THE CHECKLIST AND NARRATIVE CO) IN THE NA	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narra	ative			To Be Co	rrected By		
141	С		-	Baby formula out of date.						
146	NC	R	Deli grab & go items lac	go items lacking complete labeling.				03/16/2018		
Received by	(name and	title r	printed):		Inspected by (name and title pri	nted):				
<red< td=""><td>acte</td><td></td><td>·</td><td></td><td><redacted></redacted></td><td>,</td><td></td><td></td></red<>	acte		·		<redacted></redacted>	,				
Received by	(signature)): 			Inspected by (signature):					
cc:			cc:			cc:				



Fax 812-435-5871

Establishment Name Baymont Inn & Suites Establishment Address (number and street, city, state, zip code) 8005 Division St, Evansville, IN, 47715 Owner HASU PATEL Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI</redacted></redacted></redacted>					Telephone Number (812-477-2677 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	c0	Release 03/	10860 10860 17/2018 18: R 0 1001 1001 1001 1001 1001 1001 100
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NA	RRATIVE COLUMNS N	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE		UMMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R		Narrative			To Be Co	orrected By
			No	noted violation	ons.			
Received by	acte	d>	orinted):		Inspected by (name and title prefered >	rinted):		
Received by	(signature):			Inspected by (signature):			
cc:			cc:			cc:		



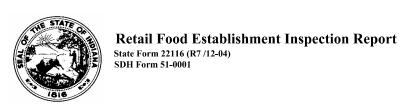
Establishme	Main/lent Address Cted> Charge Cted> Person's	ina E-ma		Telephone Number (812-468-5737 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	c0	Release 03/	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	To Be Co	orrected By
Section	Circ	10	No noted violation	one		10 DC C	Treeted By
			No noted violation	JI 15.			
Received by	acte	d>		Inspected by (name and title prefered >	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Wing Stop Establishment Address (number and street, city, state, zip code) 499 N. Green River Rd. Ste. B, Evansville, IN, 47715 Owner Christopher Tooley Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN A MICHAEL AND A RESPONSE IN THE SECONDARY AND THE SECONDA</redacted></redacted></redacted>					Telephone Number (812-909-3445) (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) Final	c_ 0 _	Release 03/	
		e ini	ENTIFIED IN THE CHECKLIST AND NADDATIVE COLU	MNS N	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrativ	ve .			To Be Co	orrected By
			Approved for o	nnei	ration			·
			7 дрг от ос. 10.	- P - O				
Received by	acte	<u> t</u>	printed):		Inspected by (name and title properties)	rinted):		
Received by	(signature):			Inspected by (signature):			
cc:			cc:			cc:		



Fax 812-435-5871

Establishment Name Market WagonnLLC Establishment Address (number and street, city, state, zip code) 2641 N. Cullen, Evansville, IN, 47715 Owner Nicholas Carter Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S</redacted></redacted>					Telephone Number (317-401-9338 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) Final</redacted>	Follow-up NO Summary of Menu Type	Release 03/	
						D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
				Approved for oper	ations.			
						+		
Received by	acte	<u>' t</u>	orinted):		Inspected by (name and title p < redacted>	rinted):		
Received by	/ (signature):			Inspected by (signature):			
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