

Establishm 1934 M Owner <reda Owner's Ac <reda Person in C <reda Responsible Certified Fe <reda< th=""><th>D Bal ent Addres N Gre Cted&gt; Idress Cted&gt; harge Cted&gt; Person's</th><th>ss (nu E-ma er</th><th></th><th>Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary C</th><th>r) 2/2018 p Releas 03/ r of Violation _ NC _ pe (See addi</th><th></th></reda<></reda </reda </reda 	D Bal ent Addres N Gre Cted> Idress Cted> harge Cted> Person's	ss (nu E-ma er		Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	r) 2/2018 p Releas 03/ r of Violation _ NC _ pe (See addi	
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			No Violation	S.			
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Received by	(signature	):		Inspected by (signature):			
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	Diamo ent Address Stringf cted> ddress cted> Charge cted> e Person's	ss (nu tow	mber and street, city, state, zip code) /n Rd, EVANSVILLE, IN, 47711		phone Number 2-435-3423 redacted> oose: outine ollow-up omplaint re-Operational emporary ACCP ther (list)	Follow-u NO Summary C	p Releas 03/ of Violatior NC_	
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Establishm	Food ent Address S Gree cted> cted> Charge cted>	ss (nu een	Store #233 <sup>mber and street, city, state, zip code)</sup> River Rd, Evansville, IN, 47715	Purpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u NO Summary C	p Releas 03/ of Violation NC	ID # 12046 ie Date 12/2018 is: 1
Certified F		er		HACCP Other (list)	102	<u>•</u> 3C	<u>4</u> <u>0</u> 5 <u>0</u>
• VIOLATIO	DN(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS F FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N		
Section#	C/NC	R	Narrative				orrected By
431 NC R Milk refrigeration shelv				/ing solied.		03/0	03/2018
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Establishm	ua Ac ent Addres E IIIin cted> ddress cted> Cted> cted> cted> cted> a Person's	ss (nu OIS	lemy - Arama <sup>mber and street, city, state, z St, Evansville</sup>	rip code)	Telephone Number <sup>(812-401-6300)</sup> <sup>(</sup> <redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) —</redacted>	Follow-u NO Summary C	r) 2/2018 p Releas 03/ r of Violation _ NC_	$\frac{ID \#}{11990}$ $\frac{12/2018}{R}$ $\frac{D}{R}$ $\frac{D}{R}$ $\frac{D}{R}$ $\frac{D}{R}$	
				T AND NARRATIVE COLUMNS N ONS 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 violations.									
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	Pacet ent Addres <u>Mt Ve</u> <u>Cted&gt;</u> <u>Idress</u> <u>Cted&gt;</u> <u>harge</u> <u>Cted&gt;</u> <u>ood Handle</u>	ss (nui e <b>rnc</b> E-ma	mber and street, city, state, zip code) On Ave, Evansville, IN, 47712	Telephone Number (812-402-6005 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	) /2018 P Releas 03/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
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				0115.			
Received by		-		Inspected by (name and title p <redacted></redacted>	rinted):		
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Establishm 1601 S Owner <reda( Owner's Ac <reda( Person in C <reda( Responsible Certified Fe <reda(< th=""><th>kles ent Addres S Gree Cted&gt; Cted&gt; Cted&gt; Cted&gt; cted cted&gt; cted cted&gt; cted cted cted cted cted cted cted cted</th><th>er</th><th></th><th>(8) ( &lt; Pu /</th><th>lephone Number 12-477-2218 <b>Credacted&gt;</b> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary C_</th><th>p Releas 03/ of Violation NC_</th><th></th></reda(<></reda( </reda( </reda( 	kles ent Addres S Gree Cted> Cted> Cted> Cted> cted cted> cted cted> cted cted cted cted cted cted cted cted	er		(8) ( < Pu /	lephone Number 12-477-2218 <b>Credacted&gt;</b> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C_	p Releas 03/ of Violation NC_	
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Establishm	fish ( ent Addres	ss (nu	II #7505 mber and street, city, state, zip code) xpressway, Evansville, IN, 47715	Telephone Number (812-401-3474 ( <redacted> Purpose:</redacted>	Date of In (mm/dd/yr 02/28 Follow-u	。 8/2018	ID # 11707 se Date
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Owner's A	ddress			Follow-up	Summary	of Violation	
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Responsible	e Person's	E-ma	11	НАССР	Menu I y	pe (See addi	tional page)
Certified Fo		er		Other (list)	102	<u>O</u> 3 <u>C</u>	$)_4 \textcircled{0}_5 \bigcirc$
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
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			No noted violation	ons.			
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			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
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Establishm	Murj ent Addres Davis I cted> ddress cted> Charge	ss (nu Lan	ys Take N Bake <sup>mber and street, city, state, zip code)</sup> nt Dr Suite C, Evansville, IN, 47715	Purpose: Routine Follow-up Complaint Pre-Operational	Follow-u NO Summary	p Release 03/ of Violation	ID # 11614 12/2018 IS: 
Responsible Certified F <reda(< td=""><td>ood Handle</td><td></td><td>il</td><td>Temporary HACCP Other (list)</td><td>Menu Type <math>1 \bigcirc 2</math></td><td>be (See addi <math display="block">O_3 \bullet</math></td><td>4050</td></reda(<>	ood Handle		il	Temporary HACCP Other (list)	Menu Type $1 \bigcirc 2$	be (See addi $O_3 \bullet$	4050
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D 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
177	С		Food in walk in cooler n	ot covered.		Co	rrected
136 C Employees beverage uncovered				d in restricted area		Co	rrected
Received by	acteo	d>		Inspected by (name and title pr <b><redacted></redacted></b>	rinted):		
Received by	(signature)	):		Inspected by (signature):			
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Establishm	sville ent Addres Lincol cted> ddress cted> charge	ss (nu In <i>I</i>	hristian Schoo mber and street, city, state, zi Ave, Evansville	p code)	Telephone Number (812-477-7777 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Follow-u NO	r) 8/2018 p Releas	
Responsible Certified Fe	ood Handl		1		Temporary HACCP Other (list)	Menu Type $1 \bigcirc 2$	be (See addined) $O_3 \bigcirc 3$	$\frac{1}{4050}$
• VIOLATIC	. ITEMS AF DN(S) REPE	ATED		AND NARRATIVE COLUMNS N ONS ARE DENOTED IN THE "SU		D IN THE N	•	
Section#	C/NC	R		Narrative			To Be Co	orrected By
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Received by					Inspected by (signature):			
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	NO´S ent Addres	s (nu	zza <sup>mber and street, city, state, zip code)</sup> River Rd, Evansville, IN, 47715	( <b>8</b> )	elephone Number 812 <sup>E</sup> 471-8585 ) Owner	Date of In: (mm/dd/yr 03/02		ID# 11581	
owner <reda< td=""><td></td><td></td><td>, , ,</td><td>Pu</td><td>Irpose:</td><td>Follow-u NO</td><td></td><td><math display="block">\frac{10}{2}</math></td></reda<>			, , ,	Pu	Irpose:	Follow-u NO		$\frac{10}{2}$	
				<u> </u>	Routine				
Owner's Ad					Follow-up		of Violation		
Person in C				┞──	Complaint			$ \underline{R} 0 $	
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Responsible	e Person's	E-ma	0	Temporary         Menu Type (See additional p           HACCP         Image: Contrast of the second sec					
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Certified For Ce		er			Other (list)	1 <u>U</u> 2		<u>4050</u>	
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative					orrected By	
393 NC Dumpster lacking dr				ain	plug.		03/2	6/2018	
Received by			printed):		bected by (name and title proceeded)	rinted):			
Received by					bected by (signature):				
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	BELOW AS "R"
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800 N 0		s (nu	# <b>432</b> <sup>mber and street, city, state, zip code) er Rd Ste 101, Evansville, IN, 47715</sup>						
<sup>Owner</sup>	cted>			Purpose:	Follow-u NO	se Date 10/2018			
Owner's A				Follow-up	Summary of Violations:				
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Person in C				Pre-Operational	1	$I_{R}$			
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Responsible	e Person's	E-ma	11	НАССР	Menu I y	pe (See addi	tional page)		
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>O</u> 3	$\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$		
1		E IDI							
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE N	JARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative				orrected By		
177	C		Food not being stored six inche	es above the floor.			28/2018		
250	NC		Improper storage of				28/2018		
Received by				Inspected by (name and title provided by (name and title p	rinted):				
Received by	(signature)	):		Inspected by (signature):					
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Establishm	ood Handl	ss (nu tov E-ma	School K-5 mber and street, city, state, zip code) vn Rd, EVANSVILLE, IN, 47711	00 ( v № v ) ( v	lephone Number 312-435-8595 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 03/ of Violation NC_	
h		E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	XFD "C"			
			) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	BELOW AS "R"
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Certified Fo		er		HACCP Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
• VIOLATIC	ON(S) REPE	ATEI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N PFROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations				
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500 D Owner <reda Owner's Ad <reda Person in C <reda Responsible Certified F <redac< th=""><th>A LC ent Addres iamoi cted&gt; ddress cted&gt; cted&gt; cted&gt; e Person's</th><th>ss (nu nd E-ma</th><th>mber and street, city, state, zip code) Ave, Evansville, IN, 47711 il</th><th colspan="6">(812-422-6834       (mm/dd/yr)       1         (<rédacted>       03/01/2018       1         Purpose:       No       03/11/         ✓ Routine       No       03/11/         Follow-up       Complaint       Summary of Violations:         Pre-Operational       C_       NC_         Temporary       Menu Type (See additional)       1         Other (list)       1       2         SMARKED "C"       *C"</rédacted></th></redac<></reda </reda </reda 	A LC ent Addres iamoi cted> ddress cted> cted> cted> e Person's	ss (nu nd E-ma	mber and street, city, state, zip code) Ave, Evansville, IN, 47711 il	(812-422-6834       (mm/dd/yr)       1         ( <rédacted>       03/01/2018       1         Purpose:       No       03/11/         ✓ Routine       No       03/11/         Follow-up       Complaint       Summary of Violations:         Pre-Operational       C_       NC_         Temporary       Menu Type (See additional)       1         Other (list)       1       2         SMARKED "C"       *C"</rédacted>					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	NARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
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				JII5.					
Received by				Inspected by (name and title p <redacted></redacted>	rinted):				
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Establishm	City ent Addres W Fra cted> ddress cted> charge cted> e Person's	ss (nu ank E-ma	agles #4023 mber and street, city, state, zip code) clin St, Evansville, IN, 47712		lephone Number 12-422-2956 <b>Centre</b> Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	r) /2018 p Releas 03/ of Violation 	
		E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
VIOLATIC	ON(S) REPE	ATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY 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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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
Received by		-	printed):	Inspected by (name and title p	rinted):		
Received by	(signature)	):		Inspected by (signature):			
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Establishm	A HU ent Addres St.Jc cted> ddress	ss (nu DSE	#316305 mber and street, city, state, zip code) ph Ave, Evansville, IN, 47712	Telephone Number (812-424-4433 ( <redacted> Purpose: Purpose: Follow-up Complaint</redacted>	<sup>Follow-u</sup> NO	r) 5/2018 p Releas 03/	
Person in C	harge			Pre-Operational	$ _{\rm c}$ U		J <sub>R</sub> U
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Responsible	e Person's	E-ma	1	НАССР	Menu Ty	pe (See addi	tional page)
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• CRITICAI	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	DN(S) REPE	ATEI	) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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234 NC R Bulk container scoop lacking					oper handle.		03/0	03/2018
D 11				T	. 11 ( 1.1.1	1		
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Section#	C/NC	R	Narrative				orrected By	
344	NC		Hand washing station blocke	, , ,			rrected	
177	C	<u> </u>		Frozen food products improperly stored. Lift 6 inches off the ground.				
136	С		Employees must use designated area for eati	ng and drinking during	breaks.	Co	rrected	
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Establishm	ain D ent Address Cover cted> ddress cted> charge cted> e Person's	s (nu t A	#3731 mber and street, city, state, zip code) ve, Evansville, IN, 47714	Telephone Number (812-423-3731 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C	r) /2018 p Releas 03/ of Violation NC	$ID # 11128$ $e Date 11/2018$ Is: $R_1$ $tional page)$
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431 NC R Cleaning of overall fac				lity needed.		03/0	)9/2018
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Establishment					Telephone Number	Date of In	spection	ID #	
			nunity School		(812-469-5085		., 2/2018	11090	
Establishment	Address Rive	s (nur rsi(	nber and street, city, state, zij de Dr, EVANSV	<sup>p code)</sup> /ILLE, IN, 47714	( <redacted></redacted>	03/02	/2010		
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Person in Char <redacte< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>с_<b>U</b></td><td></td><td></td></redacte<>					Pre-Operational	с_ <b>U</b>			
Responsible Pe		E-mai	1		Temporary	Menu Tv	oe (See addii	ional page)	
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Certified Food		r			Other (list)	1 <u>0</u> 2	<u>()</u> 3	$\underline{0}_{4} \underline{0}_{5} \underline{0}$	
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Section#	C/NC	R	Narrative				orrected By
303 C Three compartment sink not set up with third				basin filled with sanitize	r water		rrected
					i matori		23/2018
-100				Rubber based coving missing in kitchen area.			
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4	: FOL	Irtr	St, EVANSVILLE, IN, 47708				
<sup>Owner</sup>	teds			Purpose:	Follow-uj NO		<sup>te Date</sup> 12/2018
Owner's Add				Follow-up			
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Certified Food		er		Other (list)	$1 \underline{\bigcirc} 2$		<u>4050</u>
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232	NC	R	Soda gun dispensers ne	ed cleaned.		Co	rrected
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	Spirit	ss (nu	chool <sup>mber and street, city, state, zip code)</sup> ve., EVANSVILLE, IN, 47714	(8 (	elephone Number 812=476=5984 ) Owner prose:		<sup>r)</sup> 3/2018	ID # 11040
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Establishm	e's C ent Addree N Hi Cted> ddress Cted> Charge Cted>	ss (nu gh	nese Cuisine Imber and street, city, state, zip code) way 41, Evansville, IN, 47725	Telephone Number (812-868-8888 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C_1	r) Z/2018 P Releas 03/ of Violation NC	
Certified F	cted>			Other (list)	1 <u>0</u> 2	<u>()</u> 3(	<u>4</u> <u>0</u> 5 <u></u>
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Section#	C/NC	R	Narrative				orrected By
294 C Chemical sanitizer below required concer				ation in wiping cloth b	uckets.	Co	rrected
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Establishm	no's ent Addres St.JC	ss (nu DSE	zza #2577 <sup>nber and street, city, state, zip code)</sup> ph Ave, Evansville, IN, 4	47712	(8 ( Pu	lephone Number 312-424-7333 ) Owner rpose: Routine	Follow-up Re		ID # 10924 e Date 08/2018
Owner's Ac						Follow-up	Summary	of Violation	15:
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Establishm Auntio Establishm 800 N Owner <reda Person in C <reda Responsible</reda </reda 	e Ani ent Addres Gree cted> ddress cted> Charge cted>	ss (nu en f	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715		lephone Number 12-475-0201 (redacted) rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C	p Releas 03/ of Violation NC	
Certified For Ce		er		$- \underbrace{ 0 \text{ ther (list)}}_{2 \text{ other (list)}} 1 \underbrace{ 2 \underbrace{ 0 }_{3} \underbrace{ 0 }_{4} \underbrace$				<u>)<sub>4</sub><u>0</u>5<u>0</u></u>
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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Certified Fo		er		HACCP Other (list)	)4050		
	ON(S) REPE	ATEI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative		D IN THE N		
Section#	C/NC	R				TO Be Co	orrected By
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	Inam		Drean Cuisine	Telephone Number (917-932-3356	spection ·) 7/2018	ю# 13711			
519-520 Main St, Evansville, IN, 47708					( <redacted></redacted>				
<sup>Owner</sup>	cted>			Purpose:		e Date 09/2018			
Owner's A					Follow-up	Summary of Violations:			
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td colspan="4"><math>\begin{bmatrix} \underline{2} &amp; \underline{1} &amp; \underline{2} \end{bmatrix}</math></td></reda<>					Complaint	$\begin{bmatrix} \underline{2} & \underline{1} & \underline{2} \end{bmatrix}$			
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Responsible			il		- Temporary	Menu Type (See additional page)			
					HACCP Other (list)				
Certified F		er			Other (list)	$1 \underline{\bigcirc} 2$	$\underline{\bigcirc}_{3}\underline{\bigcirc}$	<u>/4050</u>	
			ENTIFIED IN THE CHECKLIST A			D IN THF N	ARRATIVE	BELOW AS "P"	
Section#	C/NC	R	FROM FREVIOUS INSPECTION	Narrative	MWART OF VIOLATIONS AN	DINTIE		orrected By	
218	NC		Automatic dish machine no		nitizer basin needs used u	ntil fixed.		)6/2018	
193	С		Time mark needed for holdin	e mark needed for holding of warm foods for no more than 4 hours. Discard after 4 hours. $02/28/20$					
294	С		Cleaner being used in sanitizer buckets as sanitizer.					02/27/2018	
Received by (name and title printed): <redacted></redacted>				Inspected by (name and title printed):					
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Establishm 4700 V Owner <redae Owner's Ad <redae Person in C <redae Responsible Certified Fe <redae< th=""><th>ucks ent Addres V Lloy ddress cted&gt; cted&gt; cted&gt; cted&gt; e Person's</th><th>ss (nu d E E-ma er</th><th></th><th>Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u No Summary C_O</th><th>p Releas 03/ r of Violation NC</th><th></th></redae<></redae </redae </redae 	ucks ent Addres V Lloy ddress cted> cted> cted> cted> e Person's	ss (nu d E E-ma er		Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary C_O	p Releas 03/ r of Violation NC	
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Section#	C/NC	R	Narrative			To Be Co	orrected By
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	ent Addres E MOI Cted> ddress Cted> Cted> Charge Cted> e Person's	ss (nu rgð E-ma	mber and street, city, state, zip code) In Ave, Evansville, IN, 47715	(٤ ( ₽ι	Performe Number 12-437-2572 (redacted) rrpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 03/ of Violation NC_		
·		RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARI	KED "C"				
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Establishm 209 N owner <reda( Owner's Ac <reda( Person in C <reda( Responsible Certified Fe <reda(< th=""><th>ens E ent Addres Wab cted&gt; ddress cted&gt; cted&gt; cted&gt; e Person's</th><th>er</th><th>ewery &amp; Pub mber and street, city, state, zip code) h Ave., Evansville, IN, 47712 il</th><th>(8) (&lt; Pu</th><th>lephone Number 12-909-1956 <b>Complaint</b> Pre-Operational Temporary HACCP Other (list) Complement</th><th>Follow-u NO Summary C</th><th>p Releas 03/ of Violation NC_</th><th></th></reda(<></reda( </reda( </reda( 	ens E ent Addres Wab cted> ddress cted> cted> cted> e Person's	er	ewery & Pub mber and street, city, state, zip code) h Ave., Evansville, IN, 47712 il	(8) (< Pu	lephone Number 12-909-1956 <b>Complaint</b> Pre-Operational Temporary HACCP Other (list) Complement	Follow-u NO Summary C	p Releas 03/ of Violation NC_	
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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			Congratulation					
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