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|--|------------|-------|--|--|-----------------------------------|--------------|------------------|
| Establishm CVS | | ma | acy #6251 | Telephone Number (812-424-3894 | Date of Ins (mm/dd/yr | ·) | то# 12228 |
| | | | mber and street, city, state, zip code) | 1 | 01/16 | /2019 | 12220 |
| 609 N | | | ph Ave, Evansville, IN, 47712 | <pre><redacted></redacted></pre> | | | |
| Owner HOOk | K-SUF | PEF | RX LLC | Purpose: | Follow-up | | se Date /26/2019 |
| Owner's A | ddress | | | Follow-up | Summary | of Violatio | 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 | $\begin{bmatrix} C \end{bmatrix}$ | NC_ | J b O |
| <reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td>C</td><td>110</td><td>_ ~</td></reda<> | cted> | | | Temporary | C | 110 | _ ~ |
| Responsible | e Person's | E-ma | a a constant of the constant o | НАССР | Menu Typ | e (See addi | itional page) |
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| Certified F | | er | | Other (list) | 1 2 | | <u> 1405</u> |
| | | e ini | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AADKED "C" | | | |
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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 |
| | | | No noted violation | ons. | | | |
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| Received by | , | | orinted): | Inspected by (name and title p < redacted> | rinted): | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



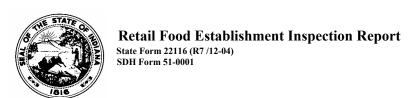
| | | | <u> </u> | | | | |
|---|------------|----------|---|--|--------------------------|-------------|---------------|
| Establishm | | ر م'د | Catering at the Old Post Office | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | | | mber and street, city, state, zip code) | | 01/15 | /2019 | 12004 |
| | | | nd St, Evansville, IN, 47708 | <pre>(<redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| | | rla | Rennie | ✓ Routine | No | 01/ | /25/2019 |
| Owner's A | | | | Follow-up | Summary | of Violatio | ns: |
| <reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td>NC_</td><td>) (</td></reda<> | | 1 | | Complaint | \cap | NC_ |) (|
| Person in C | | | | Pre-Operational | J _R U | | |
| <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 | HACCP | Menu Typ | e (See addi | itional page) |
| | | | | | | | |
| Certified Fo | | er | | Other (list) | 1 2 | | <u> 1405</u> |
| <redac< td=""><td>zieu></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<> | zieu> | | | | | | |
| • CRITICAL | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be C | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by | ` | | | Inspected by (name and title p < redacted> | rinted): | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



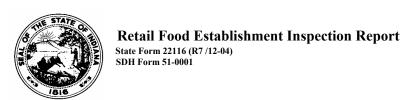
| | . ** | | | | D . 61 | | YD # |
|---|------------|---------------|---|-----------------------------------|----------------------------|------------------------|--------------|
| Establishm Aihua | | rna | ational Market | Telephone Number (812-479-7168) | Date of Ins (mm/dd/yr | ·) | то# 11898 |
| | | | mber and street, city, state, zip code) | | 01/14 | /2019 | |
| | | | River Rd, Evansville, IN, 47715 | <pre>(<redacted></redacted></pre> | | | |
| Owner | _ | | | Purpose: | Follow-uj | | se Date |
| Aihua | Sun | | | Routine | No | 01/ | 24/2019 |
| Owner's Ac | | | | ✓ Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<> | | 1 | | Complaint | | (|) (|
| Person in C | | | | Pre-Operational | \mathbf{C} | NC (| $0_{\rm R}$ |
| <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 | HACCP | Menu Typ | e (See addi | tional page) |
| | | | | Other (list) | | | |
| Certified Fo | | er | | | $1 \underline{\bigcirc 2}$ | $\bigcirc 3 \bigcirc $ | <u> 1405</u> |
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| • CRITICAL | LITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | All violations from 01/10/20 | 019 corrected. | | | |
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| Received by | (name and | l title p | | Inspected by (name and title p | rinted): | | |
| <reda< td=""><td>acte</td><td><b</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<> | acte | < b | | <redacted></redacted> | | | |
| Received by | | | | Inspected by (signature): | | | |
| | | , | | 1 3 (5) | | | |
| cc: | | | cc: | | cc: | | |
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| Establishm | and F | s (nu | za Shop nber and street, city, state, zip code) e Rd, Evansville, IN, 4771 | 0 | (812-402-8900 (<redacted></redacted> | Date of Insp (mm/dd/yr) 01/15/ | | 11813 |
|--------------|------------|--------------|--|-----------|--|--------------------------------------|-----------|----------------|
| Owner KIM L | WOL | .F | | | Purpose: | Follow-up NO | | e Date 25/2019 |
| Owner's Ad | cted> | | | | Follow-up Complaint | Summary o | _ | _ |
| Person in C | | | | | Pre-Operational | c_ U | NC_ | R = R |
| Responsible | | | 1 | | Temporary | Menu Type | (See addi | tional page) |
| Certified Fo | ood Handl | er | | | HACCP Other (list) | 102 | <u></u> | <u>4</u> 050 |
| • CRITICAL | L ITEMS AF | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE CO | DLUMNS N | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN | N THE "SU | MMARY OF VIOLATIONS" AN | D IN THE NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narr | ative | | | То Ве Со | orrected By |
| | | | No noted | violati | ons. | | | |
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| Received by | acte | d> | orinted): | | Inspected by (name and title precised> | rinted): | | |
| Received by | (signature |): | | | Inspected by (signature): | | | |
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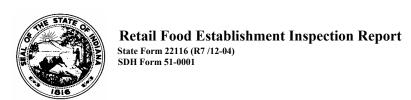
| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
|---|------------|-----------|---|-----------------------------------|----------------------------|--------------|---------------|
| Dolla | r Tre | e# | [‡] 06574 | 812-125-3021 | 01/17/ | | 11601 |
| | | | mber and street, city, state, zip code) | <pre>(<redacted></redacted></pre> | 01/17/ | 2019 | |
| 1 | Diam | non | d Ave, Evansville, IN, 47711 | | | | |
| Owner | Troo | C+ | oroo Ino | Purpose: | Follow-up | | se Date |
| Owner's A | | SI | ores Inc | ✓ Routine | No | | 27/2019 |
| <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 | 1 0 | $_{\rm NC}$ |) () |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td> C</td><td>NC_</td><td><u>R</u></td></reda<> | | | | Pre-Operational | C | NC_ | <u>R</u> |
| Responsible | | | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | HACCP | | | |
| Certified F | | er | | Other (list) | $1 \bigcirc 2$ | <u>3</u> |) <u>4U5U</u> |
| <redag< td=""><td>cted></td><td></td><td></td><td></td><td><u> </u></td><td></td><td></td></redag<> | cted> | | | | <u> </u> | | |
| • CRITICAI | L ITEMS AF | RE IDI | 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 | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by | (name and | l title j | printed): | Inspected by (name and title p | rinted): | | |
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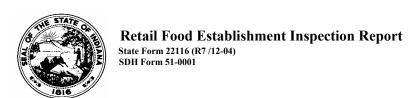
| Establishm | | | | Telephone Number | Date of Insp | | ID# | |
|--|-------------|--------|---|---------------------------------|--------------|--------------|-----------------------------|--|
| The C | 3ran¢ | ola | Jar | (812-437-1899 01/16/2019 1 | | | | |
| | | | mber and street, city, state, zip code) | ()Owner _ | 01/10/ | 2019 | | |
| 1033 M | 1t Plea | sar | nt Rd Suite J, Evansville, IN, 47725 | <reacted></reacted> | | | | |
| Owner | -1.\/ | . 4 | ua a la a | Purpose: | Follow-up | | se Date | |
| | | าtน | res Inc | ✓ Routine | No | 01/ | 26/2019 | |
| Owner's Ac | | | | Follow-up | Summary of | of Violation | as: | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>\cap</td></reda<> | | | | Complaint | \cap | (| \cap | |
| Person in C | _ | | | Pre-Operational | C | $_{\rm NC}$ | P R O | |
| Responsible | | | <u> </u> | Temporary | Menu Tyn | e (See addi | tional page) | |
| Responsible | c i cison s | L-1114 | | НАССР | - Wiena Type | - (See dadii | nonai page) | |
| Certified Fo | ood Handle | er | | Other (list) | 10° | \bigcirc_3 | $)_{4}\bigcirc_{5}\bigcirc$ | |
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| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE N | ADDATIVE | RELOWAS "D" | |
| Section# | C/NC | R | Narrative | WINIART OF VIOLATIONS AN | | | orrected By | |
| Section# | C/NC | N | No noted violation | ane. | | 10 Ве СС | Trected by | |
| | | | NO Hoted violation | JIIS. | | | | |
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| Received by | ` | | , | Inspected by (name and title pr | rinted): | | | |
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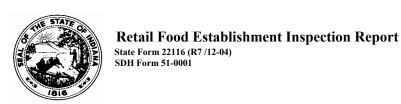
| Establishm | | | | Telephone Number | Date of Insp | ection | ID# |
|--|------------|--------|--|--|-----------------------|------------|-------------------------|
| Famil | y Do | lla | r #20887 | 812-425-0805 | (mm/dd/yr) 01/16/2 | 2010 | 11528 |
| | | | mber and street, city, state, zip code) hbia St, Evansville, IN, 47710 | <pre>(<redacted></redacted></pre> | 0 17 107 | 2019 | |
| | | IUII | ibia St, Evansville, IIV, 477 TU | | | | <u> </u> |
| Owner FAMIL | Y DO | DLL | AR Stores of IN, LP | Purpose: Routine | Follow-up NO | | Se Date 226/2019 |
| Owner's Ac | | | | Follow-up | Summary o | f Violatio | ns: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>$\mathbf{\Lambda}$</td><td>(</td><td>) (</td></reda<> | | | | Complaint | $\mathbf{\Lambda}$ | (|) (|
| Person in C | | | | Pre-Operational | $_{\mathrm{C}}$ U | NC (| J _R U |
| <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 | HACCP | Menu Type | (See addi | tional page) |
| Certified F | ood Handl | er | | Other (list) | $_{1}\bigcirc_{2}($ |),(• | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL | ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | , | Го Ве Со | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by | ` | | printed): | Inspected by (name and title properties) | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



| Establishm | | | | Telephone Number | Date of Ins | | ID# |
|--|-------------|---------|---|----------------------------------|-----------------|--------------|-----------------|
| | | | 02262 | 812-424-7517 | 01/17 | | 11479 |
| | | | mber and street, city, state, zip code) | <pre><redacted></redacted></pre> | 01/17/ | 2013 | |
| | N FIRS | t A | ve, Evansville, IN, 47710 | | | | |
| Owner Mac's | Conv | /er | nience Store LLC | Purpose: | Follow-up NO | | se Date 27/2019 |
| Owner's Ac | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>آ م</td><td></td><td></td></reda<> | | | | Complaint | آ م | | |
| Person in C | | | | Pre-Operational | $_{\rm c}$ U | NC | $I_{R} 0$ |
| <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 | HACCP | Menu Typ | e (See addi | tional page) |
| Certified F | 3 77 31 | | | Other (list) | 100 | | \bigcirc |
| <redac< td=""><td></td><td>er</td><td></td><td></td><td>1 2</td><td><u> </u></td><td><u> 405</u></td></redac<> | | er | | | 1 2 | <u> </u> | <u> 405</u> |
| • CRITICAL | LITEMS AR | 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 |
| 297 | NC | | Ice chute on drink dispe | nser soiled. | | 01/ | 17/2019 |
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| Received by | (signature) |): | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |



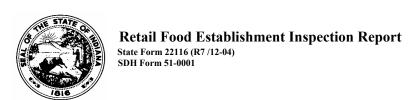
| Establishm | | _ | | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
|--|----------------|-----------------|---|----------------------------------|----------------------------|-------------------------|--|
| Wolf' | | | | 812-424-8891 | 01/15/ | | 11454 |
| | | | mber and street, city, state, zip code) | <pre><redacted></redacted></pre> | 01/13/ | 2019 | |
| | -irst <i>F</i> | \ VE | e, Evansville, IN, 47710 | | | | |
| Owner KIM L | WOL | .F | | Purpose: Routine | Follow-up NO | | rse Date 1 <mark>25/2019</mark> |
| Owner's Ac | | | | Follow-up | Summary of | of Violation | ns: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td>) 1</td></reda<> | | | | Complaint | \cap | |) 1 |
| Person in C | | | | Pre-Operational | $_{\rm C}$ | NC_ | $\frac{2}{R}$ |
| <reda< td=""><td></td><td></td><td>9</td><td>Temporary</td><td>Mana Tan</td><td>- (C 1.1:</td><td>tional page)</td></reda<> | | | 9 | Temporary | Mana Tan | - (C 1.1: | tional page) |
| Kesponsible | e Person's | L-ma | Ш | НАССР | Menu Typo | e (see aaai – | nonai page) |
| Certified F | ood Handle | er | | Other (list) | 102 | \bigcirc 3(\bullet | $)_4\bigcirc_5\bigcirc$ |
| <redag< td=""><td></td><td>-</td><td></td><td></td><td></td><td><u></u></td><td><u>- </u></td></redag<> | | - | | | | <u></u> | <u>- </u> |
| • CRITICAL | LITEMS AF | E 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 NA | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| 218 | NC | | Dish machine not properly dis | pensing sanitizer. | | Co | rrected |
| 431 | NC | R | Walls in cooking/fryer area in | need of cleaning. | | 01/ | 15/2019 |
| | | | 3 , | | | | |
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| Received by | (name and | title p | printed): | Inspected by (name and title p | rinted): | | |
| <reda< td=""><td>acte</td><td> k</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<> | acte | k | | <redacted></redacted> | | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
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| cc: | | | cc: | | cc: | | |
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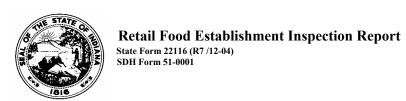
| Establishm | 4 NI | | | Telephone Number | Date of Ins | maatian | ID# |
|---|------------|--------|---|--|-----------------------|-------------------------|-------------------------|
| Subw | | | | _ | (mm/dd/yr | | 11362 |
| | | ee (nu | mber and street, city, state, zip code) | 812-477-5432 | 01/16 | /2019 | 11302 |
| | | | ver Rd Ste C, Evansville, IN, 47715 | <pre>(<redacted></redacted></pre> | | | |
| Owner | | | <u> </u> | Purpose: | Follow-u | n Releas | se Date |
| Rupal | Pate | | | Routine | No | 01/ | 26/2019 |
| Owner's Ac | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>\mathbf{a}</td><td>(</td><td>) (</td></reda<> | | • | | Complaint | \mathbf{a} | (|) (|
| Person in C | | | | Pre-Operational | $_{\rm C}$ $_{\rm C}$ | NC_ | \mathcal{I}_{R} |
| <reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>) (T</td><td>/C 11:</td><td>· 1</td></reda<> | | | 2 | Temporary |) (T | /C 11: | · 1 |
| Responsible | e Person's | L-ma | Ш | НАССР | Menu Typ | se (see aaai | tional page) |
| Certified F | ood Handl | er | | Other (list) | $1\bigcirc 2$ | \bigcirc_3 \bigcirc | $)_4\bigcirc_5\bigcirc$ |
| <redac< td=""><td></td><td></td><td></td><td></td><td>1</td><td><u> </u></td><td></td></redac<> | | | | | 1 | <u> </u> | |
| • CRITICAL | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | - | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | <u> </u> | | | orrected By |
| | | | No noted violation | ons. | | | |
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| Received by | | | | Inspected by (name and title p < redacted> | rinted): | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



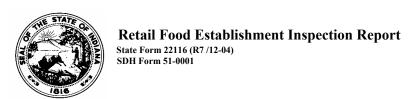
| | | | | • | | | 1 |
|---|----------------|--------------|---|----------------------------------|-----------------------------|------------|---------------------|
| Establishmo Suns | | ark | et | Telephone Number (812-424-3533) | Date of Inspe (mm/dd/yr) | | ть# 11346 |
| | | | mber and street, city, state, zip code) | | 01/15/2 | 2019 | 11540 |
| | | | Ave., Evansville, IN, 47713 | <pre><redacted></redacted></pre> | | | |
| Owner MAHN | 1 ○ [|) D | AVED | Purpose: | Follow-up | | e Date 25/2019 |
| | |) D | AICK | Routine | No | 01/ | 25/2019 |
| Owner's Ad | | | | Follow-up | Summary of | | |
| Person in C | | | | Complaint | \cap | NC_ | $\lfloor R \rfloor$ |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>c_O_</td><td>NC</td><td>R</td></reda<> | | | | Pre-Operational | c_ O _ | NC | R |
| Responsible | e Person's | E-ma | il | Temporary | Menu Type | (See addi | tional page) |
| | | | | НАССР | | \ <u> </u> | |
| Certified Fo | | er | | Other (list) | 102 | <u>3</u> | <u>14050</u> |
| | | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| 426 | NC | R | Remove unnecessary items be | eing stored in back | | | 31/2019 |
| 120 | 110 | 1 \ | Tromovo dimococcary Romo Sc | ning otorou iii buok. | | 0 1/0 | 3172010 |
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| Received by | (name and | l title p | printed): | Inspected by (name and title pr | rinted): | | |
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| Received by | (signature |): | | Inspected by (signature): | | | - |
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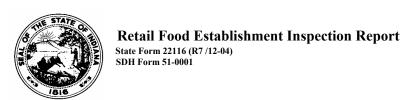
| Establishm | ent Name | | | | Telephone Number | Date of Ins | | ID# |
|---|------------|-----------|-------------------------------------|----------------------------|--|-------------------|--------------|--------------|
| lSam´ | s Clu | ıb | #8123 | | 812-473-2518 | (mm/dd/yr | , | 11294 |
| | | | mber and street, city, state, zip c | ode) | | 01/15 | /2019 | 11201 |
| | | | a St., Evansville | | ' <redacted></redacted> | | | |
| Owner | | | | | Purpose: | Follow-up | | e Date |
| Sam's | East | <u>In</u> | C. | | ✓ Routine | No | 01/ | 25/2019 |
| Owner's Ac | | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></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 | $_{\rm C}$ \cup | NC_ | R U |
| <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-ma | il | | HACCP | Menu Typ | e (See addi | tional page) |
| Certified Fo | and Handle | | | | Other (list) | 100 | \bigcirc | \bigcirc |
| <redac< td=""><td></td><td>er</td><td></td><td></td><td></td><td></td><td><u> </u></td><td><u> 405</u></td></redac<> | | er | | | | | <u> </u> | <u> 405</u> |
| • CRITICAL | LITEMS AR | E IDI | ENTIFIED IN THE CHECKLIST AN | ND NARRATIVE COLUMNS M | AARKED "C" | I | | |
| • VIOLATIO | N(S) REPE | ATEI | FROM PREVIOUS INSPECTIONS | S 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 |
| 285 | NC | | Dish machine in cafe area no | ot reaching proper tempera | ature for sanitizing. Called f | or repair. | 01/1 | 18/2019 |
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| Received by | | | printed): | | Inspected by (name and title p < redacted> | rinted): | | |
| Received by | | | | | Inspected by (signature): | | | |
| cc: | | | cc | | | cc: | | |



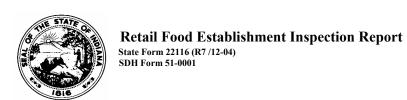
| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | ection | ID# |
|--|------------|--------|---|--|----------------------------|------------|---|
| Roun | ders | Pi | zza | 812-424-4960 | 01/16/ | 2010 | 11290 |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | <pre></pre> | 01/16/ | 2019 | |
| 510 W | / Mill | Rd | ., EVANSVILLĖ, IN, 47710 | <re><redacted></redacted></re> | | | |
| Owner | N 4 1: | | | Purpose: | Follow-up | | se Date |
| David | | net | | Routine | No | 01/ | 26/2019 |
| Owner's A | | | | Follow-up | Summary o | f Violatio | 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 | $_{\rm C}$ | NC_ | \mathcal{L}_{R} |
| Responsible | | | :1 | Temporary | Manu Trma | (Coo addi | tional page) |
| Kesponsibio | e rerson's | c-ilia | II | HACCP | Menu Type | (see aaai | nonai page) |
| Certified F | ood Handle | er | | Other (list) | 10 | •),(| $)_4\bigcirc_5\bigcirc$ |
| <redag< td=""><td></td><td>-</td><td></td><td></td><td>1</td><td><u></u></td><td><u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u></td></redag<> | | - | | | 1 | <u></u> | <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u> |
| | | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | |
| | | | | | D IN THE NA | DD ATIVE | DELOW AC 4D9 |
| | C/NC | | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | WIMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | | го ве С | orrected By |
| | | | No noted violation | ons. | | | |
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| D: 11 | . (' | 4:41 | | Transact disease. | -it1). | | |
| Received by | * | _ * | printea): | Inspected by (name and title properties) | rintea): | | |
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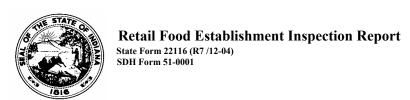
| Establishm | | | | Telephone Number Date of Inspection (mm/dd/yr) | | | | | |
|--|------------|-----------------|---|---|---|-------------------|--------------|--|--|
| The F | Pie P | an | | 812-425-2261 | 01/16 | | 11255 | | |
| | | | mber and street, city, state, zip code) | <pre> </pre> | 01/16/ | 2019 | | | |
| | orth F | ² ar | k Dr, Evansville, IN, 47710 | | Follow-up | | | | |
| Owner Pie Pa | an II (| C. | | Purpose: | | se Date //26/2019 | | | |
| Owner's A | | <u> </u> | | | | | | | |
| <reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<> | | | | Follow-up | Summary | of Violation | | | |
| Person in C | Charge | | | Pre-Operational | Complaint C NC 1 | | | | |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td> N</td></reda<> | | | | Temporary | | | N | | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | e (See addi | tional page) | | |
| | | | | Other (list) | $\bigcup_{i \in \mathcal{I}} \mathcal{I}_{i}$ | \bigcirc_3 | \bigcap | | |
| Certified F | | er | | | | <u>3</u> C | <u>/405</u> | | |
| | | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | | |
| 430 | NC | R | Area around dish machine | e needs repair. | | 01/2 | 25/2019 | | |
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| Received by | | | | Inspected by (name and title p < redacted> | rinted): | | | | |
| Received by | | | | Inspected by (signature): | | | | | |
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| cc: | | | cc: | | cc: | | | | |



| Establishm | | | | Telephone Number | Date of Inspec | tion | ID# | |
|--|------------|--------|---|---|-------------------------|---------------------|--------------|--|
| China | a King | g | | 812-423-1896 | (mm/dd/yr) 01/15/2 | 010 | 11147 | |
| | | | mber and street, city, state, zip code) | <pre></pre> | 01/13/2 | 019 | | |
| | Diam | non | d Ave, Evansville, IN, 47711 | | Follow-up | | | |
| Owner | l/in a | | | Purpose: | | se Date | | |
| China | | | | ✓ Routine | No | | 25/2019 | |
| Owner's Ad | | | | Follow-up | Summary of | Violatior | IS: | |
| Person in C | | | | Complaint | \cap | _{NC_} (|) () | |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>c__</td><td>NC_</td><td><u> </u></td></reda<> | | | | Pre-Operational | c_ _ | NC_ | <u> </u> | |
| Responsible | | | il | Temporary | Menu Type (| See addii | tional page) | |
| | | | | НАССР | | | | |
| Certified F | | er | | Other (list) | $1 \bigcirc 2 \bigcirc$ | <u>)</u> 3 <u> </u> | <u>)4U5U</u> | |
| <redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<> | cted> | | | | | | | |
| • CRITICAL | L ITEMS AR | 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 NAR | RATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | T | o Be Co | orrected By | |
| | | | No noted violati | ons. | | | | |
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| Received by | ` | | orinted): | Inspected by (name and title printed): <redacted></redacted> | | | | |
| Received by | | | | Inspected by (signature): | | | | |
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| cc: | | | cc: | | cc: | | | |



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|--|---------------------|--------|---|--|--------------------------|--------------|-----------------------------------|
| Establishm Mara | | #1 | 15 | Telephone Number | Date of Inc (mm/dd/yr | | тр# 11113 |
| | | | mber and street, city, state, zip code) | 812-426-9258 | 01/18 | 3/2019 | 11113 |
| 2905 E | ent Addres Broad | wa. | y Ave, EVANSVILLE, IN, 47712 | <pre><redacted></redacted></pre> | | | |
| Owner K.M.T | Inc | | | Purpose: | Follow-u | | ne Date 28/2019 |
| Owner's Ac | | | | Follow-up | | | |
| <reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>of Violation</td><td></td></reda<> | cted> | | | Complaint | Summary | of Violation | |
| Person in C | | | | Pre-Operational | | NC_ | $\bigcup_{\mathbf{R}} \mathbf{U}$ |
| <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 | HACCP | Menu Tyj | oe (See addi | tional page) |
| Certified F | and Handl | | | Other (list) | 100 | \bigcirc |),(),() |
| <redag< td=""><td></td><td>er</td><td></td><td></td><td>1 2</td><td></td><td><u>/4030</u></td></redag<> | | er | | | 1 2 | | <u>/4030</u> |
| | | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | D 11 (1112) | | orrected By |
| 191 | С | | Ready to eat, potentially hazardous for | ood lacking date ma | arking | | 18/2019 |
| 131 | | | Tready to eat, potentially hazardous to | bod laoking date me | arking. | 017 | 10/2010 |
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| Received by | ` | | | Inspected by (name and title p < redacted> | rinted): | | |
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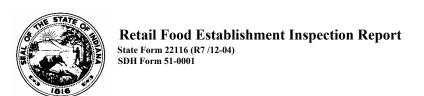
| Establishm | | | | Telephone Number Date of Inspection (mm/dd/yr) | | | | | |
|---|------------|---------------|--|---|------------------------------|--------------|---------------------|--------------|--|
| Happ | y Ga | rde | en | (8 | 12-479-8933 | - | 3/2019 | 11007 | |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | (|) Owner | 01/16 | 5/2019 | | |
| 1927 | Pollac | ck A | Ave., Evansville, IN, 47714 | | | | | | |
| Owner | | | | Pu | rpose: | Follow-u | | se Date | |
| Zu Xir | ig ∠ha | anç | | Routine No 01/28/2 | | | | | |
| Owner's Ac | | | | | ns: | | | | |
| <reda< td=""><td></td><td></td><td></td><td></td><td>) 1</td></reda<> | | | | |) 1 | | | | |
| Person in C | | | | Complaint C NC Pre-Operational C NC S N | | | | | |
| <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 | \vdash | НАССР | Menu Ty | pe <i>(See addi</i> | tional page) | |
| | | | | _ | Other (list) | | | $\cap \cap$ | |
| Certified Fo | | er | | | Other (list) | 1 <u>U</u> 2 | \bigcirc_3 | <u> 1405</u> | |
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| 297 | NC | | Can opener soil | | | | <u> </u> | 18/2019 | |
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| Establishm | 4 NT | | | TO I I NY I | Data of La | | ID # |
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| | | erio | can Cookie Co | Telephone Number (812-471-1774 | Date of Ins (mm/dd/yr | | 10995 |
| Establishme 800 N | ent Addres Gree | s (nu n F | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | () Owner | 01/17 | /2019 | |
| Owner | | | , , | Purpose: | Follow-u | n Releas | se Date |
| Agape | Bak | erie | es Inc | Routine | No | | 27/2019 |
| Owner's Ac | | | | 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 | | | $0_{\rm R}$ |
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| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | | |
| Certified Fo | | er | | Other (list) | 1 <u>0</u> 2 | <u>3</u> | <u>)4</u> 050 |
| | | 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" |
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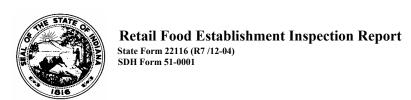
| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
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| Donu | t Bar | ١k | | 812-426-2311 | 01/17/ | | 10931 |
| | | | mber and street, city, state, zip code) | <pre></pre> | 01/17/ | 2019 | |
| | First A | \ ve | e, EVANSVILLE, IN, 47710 | <re><redacted></redacted></re> | | | |
| Owner |) //EN | | _ | Purpose: | se Date | | |
| CHRIS | | 4IP | F | ✓ Routine | No | 01/ | 27/2019 |
| 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} |
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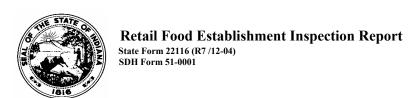
| Establishm | | | | Telephone Number | Date of Inspe (mm/dd/yr) | ection | ID# | |
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| Domi | no s | Pi | zza #2571 | 812-477-5544 | ` ' | 2040 | 10923 | |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | () Owner | 01/16/2 | 2019 | | |
| 1300 \$ | S Gre | en | River Rd, Evansville, IN, 47715 | | | | | |
| Owner | | | | Purpose: | Follow-up | | se Date | |
| E`-VIL | LE P | IZZ | ZA, INC | ✓ Routine | No | 01/ | 26/2019 | |
| Owner's A | | | | Follow-up | Summary of | f Violatio | 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 | $ _{\mathcal{C}} U$ | NC_(| J _R U | |
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| Responsible | e Person's | E-ma | il | НАССР | Menu Type | (See addi | tional page) | |
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| Certified Fo | | er | | Other (list) | 1 <u></u> 2 | | <u> 1405</u> 0 | |
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| • CRITICAL | L ITEMS AR | E 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 | | , | Го Ве Со | orrected By | |
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| Establishme | ent Name | | | Telephone Number | Date of Ins | nection | ID# |
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| Acrop | | | | 812-475-9320 | (mm/dd/yr | •) | 10827 |
| | | s (nu | mber and street, city, state, zip code) | | 01/18 | /2019 | 10021 |
| 501 N | Gree | n F | River Rd, Évansville, IN, 47715 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-u | | se Date |
| Yiochr | iella, | LL | .C | Routine | No | 01/ | 28/2019 |
| Owner's Ac | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\mathbf{a}</td><td>(</td><td>) (</td></reda<> | | | | Complaint | \mathbf{a} | (|) (|
| 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 | oe (See addi | tional page) |
| Certified Fo | ad Handl | | | Other (list) | 100 | \bigcirc |),(•),(-) |
| <redac< td=""><td></td><td>er</td><td></td><td></td><td>$1 \bigcirc 2$</td><td>\bigcirc3\bigcirc</td><td><u> </u></td></redac<> | | er | | | $1 \bigcirc 2$ | \bigcirc 3 \bigcirc | <u> </u> |
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| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | Follow-up from inspection on 1/11/19. Dish ma | chine now functioning p | roperly. | | |
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| 6770 Owner | an ent Addres E Virg | jini | mber and street, city, state, zip code) a St, Evansville, IN, 4771 nising Corp | 15 | Telephone Number (214-406-4486 (<redacted> Purpose:</redacted> | Date of Insp (mm/dd/yr) 01/15/ | 2019 Releas | 13784 13784 se Date 25/2019 |
|---|----------------------------|--------------|--|--------------|---|--------------------------------------|--------------|--------------------------------------|
| Owner's A | | HCI | iisiiig Corp | | Routine Follow-up | | | |
| <reda< td=""><td></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 | harge | | | | Pre-Operational | $\begin{bmatrix} c \end{bmatrix}$ | NC_(| $\bigcup_{\mathbf{R}} \mathbf{U}$ |
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| Certified Fo | | er | | | | 1 <u></u> | <u>3C</u> | <u> 4050</u> |
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| Establishm | | | | Telephone Number Date of Inspection (mm/dd/yr) 10.4 | | | | | |
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| El Pa | | | | (8 | 12-602-3535 | ` | 5/2019 | 13853 | |
| | | | mber and street, city, state, zip code) | (_ | redacted> | 01/10 | <i>"</i> 2013 | | |
| | Gree | n r | River Rd, Evansville, IN, 47715 | | | | | | |
| Owner Eutiqu | ıi Cha | ma | a | | rpose: Routine | Follow-u Yes | | 26/2019 | |
| Owner's Ac | | 11110 | <u> </u> | | | | | | |
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| Person in C | | | | ⊨ | Complaint | $\begin{bmatrix} C \end{bmatrix} \begin{bmatrix} 1 \end{bmatrix}$ | | | |
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| Responsible | e Person's | E-ma | il | | Temporary | Menu Ty | pe <i>(See addii</i> | tional page) | |
| | | | | | НАССР | | \bigcirc \bigcirc | | |
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| • CRITICAL | LITEMS AR | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | íARK | ŒD "C" | | | | |
| • VIOLATIO | | | 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 | |
| 146 | NC | R | Food packages not label | ed | correctly | | 01/2 | 23/2019 | |
| 324 | С | | Grease trap maintenance log | g n | ot up to date. | | 01/16/2019 | | |
| 344 | С | | Hand sink not acce | ssi | ble. | | Co | rrected | |
| 345 | С | | Hand sink used for other purposes o | the | er than hand wa | shing. | 01/1 | 16/2019 | |
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| Establishm The I | | Ιo | unge LLC. | Telephone Number (812-550-1001 | Date of Ins (mm/dd/yr) |) | то# 14007 |
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| | | | mber and street, city, state, zip code) | | 01/16 | /2019 | 1 |
| | | | t., Evansville, IN, 47710 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Robbi | n Red | dde | n | Routine | No | 01/ | 26/2019 |
| Owner's Ac | ddress | | | Follow-up | Summary | of Violation | ns. |
| | | | | | _ ` | _ | _ |
| Person in C | harge | | | Complaint | [() | (| $\frac{0}{R}$ |
| <reda< td=""><td></td><td></td><td></td><td>✓ Pre-Operational</td><td> C</td><td>NC</td><td><u>R</u></td></reda<> | | | | ✓ Pre-Operational | C | NC | <u>R</u> |
| Responsible | | | 1 | Temporary Temporary | Menu Tyr | e (Saa addi | tional page) |
| Responsible | c i cison s | L-ma | | НАССР | iviciia 1 yp | e (see aaai | nonai page) |
| Certified F | 1 11 11 | | | Other (list) | $1 \cdot \bigcirc 3$ | \bigcirc | \bigcirc |
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