



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

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.

Establishment Name Penn Station East Coast Subs		Telephone Number (812-402-7366)	Date of Inspection (mm/dd/yr) 12/17/2018	ID # 11782
Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Dr, Evansville, IN, 47715		() Owner <redacted>		
Owner Tri-State Cheesesteaks LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 12/27/2018
Owner's Address <redacted>			Summary of Violations: C 1 NC 3 R 2	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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
256	NC	R	Reach in prep coolers lacking thermometers.	12/17/2018
259	NC	R	Reach in cooler in need of repair.	12/21/2018
334	C		Hose at three compartment sink lacking air gap.	12/21/2018
394	NC		Refuse area in need of cleaning.	12/21/2018

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name New Frontier Restaurant and Bar	Telephone Number () Establishment () Owner <redacted>	Date of Inspection (mm/dd/yr) 12/18/2018	ID # 11665
Establishment Address (number and street, city, state, zip code) 12945 Highway 57, Evansville, IN, 47720	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		
Owner Backes Frontier LLC			
Owner's Address <redacted>	Follow-up No Release Date 12/28/2018		
Person in Charge <redacted>			
Responsible Person's E-mail 	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Certified Food Handler <redacted>	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>	
Received by (signature): 	Inspected by (signature): 	
cc:	cc:	cc:



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Form header with fields: Establishment Name (Super 8 Motel), Telephone Number (812-476-4008), Date of Inspection (12/18/2018), ID # (11562), Establishment Address (4600 E Morgan Ave, Evansville, IN, 47715), Owner (JATIN PATEL), Purpose (Routine), Follow-up (No), Release Date (12/28/2018), Summary of Violations (C 0 NC 0 R 0), Menu Type (2 selected).

• 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No noted violations.

Received by (name and title printed): <redacted>
Inspected by (name and title printed): <redacted>

Received by (signature):
Inspected by (signature):

cc: (three empty fields)



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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.

Establishment Name Wendy's #324	Telephone Number (812-425-2359)	Date of Inspection (mm/dd/yr) 12/18/2018	ID # 11435
Establishment Address (number and street, city, state, zip code) 3351 First Ave, Evansville, IN, 47710	() Owner <redacted>		
Owner SERVUS, Inc.	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/28/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C 0 NC 1 R 1	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
324	NC	R	Grease trap maintenance log not up to date.	12/18/2018

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Subway		Telephone Number (812-868-0557) () Owner	Date of Inspection (mm/dd/yr) 12/19/2018	ID # 11376
Establishment Address (number and street, city, state, zip code) 12500 N Highway 41, Evansville, IN, 47725				
Owner Priti Patel	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/29/2018	
Owner's Address		Summary of Violations: C 1 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 2 3 4 5		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
334	C		Mop sink lacking air gap.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Someplace Else		Telephone Number (812-470-7772)	Date of Inspection (mm/dd/yr) 12/21/2018	ID # 11326
Establishment Address (number and street, city, state, zip code) 930 Main St, Evansville, IN, 47708		() Owner <redacted>		
Owner Belinda Breivogel	Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No	Release Date 12/31/2018
Owner's Address <redacted>	<input type="checkbox"/> Follow-up		Summary of Violations:	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		Menu Type (<i>See additional page</i>)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
<input type="checkbox"/> HACCP				
<input type="checkbox"/> Other (list) _____				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name O'Brians Sports Bar & Grill		Telephone Number (812-401-4630)	Date of Inspection (mm/dd/yr) 12/20/2018	ID # 11322
Establishment Address (number and street, city, state, zip code) 1801 N Green River Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner O'Brians Sports Bar & Grill		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/30/2018
Owner's Address <redacted>			Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C		Improper storage of raw meat.	Corrected
430	NC	R	Floor tiles in the kitchen area need to be repaired or replaced.	12/27/2018

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Showplace Cinemas		Telephone Number (812-425-1386	Date of Inspection (mm/dd/yr) 12/20/2018	ID # 11315
Establishment Address (number and street, city, state, zip code) 4200 Third Ave., Evansville, IN, 47710		() Owner <redacted>		
Owner North Park Cinemas Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/30/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 2 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
342	NC		Water not getting hot at hand sink.	12/23/2018
232	NC		Tray in cabinet under slushy machine heavily soiled and needs removed for cleaning.	12/20/2018

Received by (name and title printed):	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name McDonalds #11365		Telephone Number (812-425-0635	Date of Inspection (mm/dd/yr) 12/18/2018	ID # 11200
Establishment Address (number and street, city, state, zip code) 20 N Main St, EVANSVILLE, IN, 47711		() Owner <redacted>		
Owner P & L ENTERPRISES		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/28/2018
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name McDonalds #35249		Telephone Number (812-422-8005)	Date of Inspection (mm/dd/yr) 12/20/2018	ID # 11198
Establishment Address (number and street, city, state, zip code) 3704 First Ave, Evansville, IN, 47710		() Owner <redacted>		
Owner PAUL SNIDER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/30/2018	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Ginmiya Asian Diner		Telephone Number (812-471-8100)	Date of Inspection (mm/dd/yr) 12/21/2018	ID # 10815
Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Drive Ste F, Evansville, IN, 47715		() Owner <redacted>		
Owner De Hui Yu	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/31/2018	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			All violations from 12/18/2018 corrected.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Crossroads IGA		Telephone Number (812-867-0828	Date of Inspection (mm/dd/yr) 12/19/2018	ID # 13440
Establishment Address (number and street, city, state, zip code) 6401 N Greenriver Rd, Evansville, Indiana, 47725		() Owner <redacted>		
Owner Houchen's Food Group	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/29/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0		
Responsible Person's E-mail				
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
			Violation from 12/13/2018 corrected.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Form containing establishment details: Establishment Name (Panda Express #2906), Telephone Number (626-372-8203), Date of Inspection (12/19/2018), ID # (13770), Address (2445 Menards Drive, Evansville, IN, 47715), Owner (Panda Express Inc), Purpose (Routine), Follow-up (No), Release Date (12/29/2018), Summary of Violations (C1, NC0, R0), Menu Type (3), and Certified Food Handler (<redacted>).

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 438, C, Working container of toxic material not labeled, Corrected.

Signature lines: Received by (name and title printed): <redacted>, Inspected by (name and title printed): <redacted>, Received by (signature):, Inspected by (signature):, cc:



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Establishment Name Starbucks Coffee Co. #29444		Telephone Number () Establishment () Owner <redacted>	Date of Inspection (mm/dd/yr) 12/18/2018	ID # 13755
Establishment Address (number and street, city, state, zip code) 4700 W Lloyd Expressway, Evansville, IN, 47712				
Owner Starbucks Coffee Co.	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/28/2018	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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- 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): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Xpress Mart		Telephone Number (812-401-2331)	Date of Inspection (mm/dd/yr) 12/17/2018	ID # 13776
Establishment Address (number and street, city, state, zip code) 1921 E. Franklin, Evansville, IN, 47711		() Owner <redacted>		
Owner Amrinder J. Kaur	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 12/27/2018	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler				

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- 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
118	C	R	No certified food safety person.	01/17/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
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

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.

Establishment Name The Daily Grind	Telephone Number (812-401-2040)	Date of Inspection (mm/dd/yr) 12/17/2018	ID # 13843
Establishment Address (number and street, city, state, zip code) 1 SE 9th St, Evansville, IN, 47708	() Owner <redacted>		
Owner Tara Gore	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/27/2018
Owner's Address <redacted>		Summary of Violations: C 1 NC 0 R 1	
Person in Charge <redacted>		Menu Type (See additional page)	
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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
294	C	R	Sanitizer not dispensing in automatic dishwasher and front counter sanitizing bucket concentration weak. Use sanitizing sink until machine sanitizer is fixed.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:

