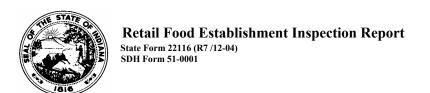


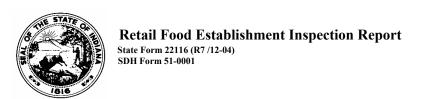
			<u> </u>				
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Spec				812-319-4256	12/17/	2018	13032
			mber and street, city, state, zip code) , Evansville, Indiana, 47713	' <redacted></redacted>			
Owner				Purpose:	Follow-up		se Date
Rober	t Bail	ey		<b>✓</b> Routine	No	12/	27/2018
Owner's Ac				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>				Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Tyne	See addi	tional page)
Responsible	c i cison s	L-ma		НАССР	- Wiena Type	, (See aaai	nonai page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$	$)_4$ $\bigcirc_5$ $\bigcirc$
				I DANNE COM			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
• VIOLATIC		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
					+		
Received by		_	orinted):	Inspected by (name and title properties)	rinted):		
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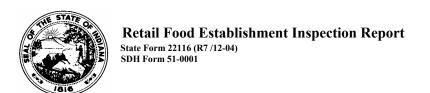
Establishm		OV	ican Grill	Telephone Number	Date of Ins (mm/dd/yr		ID#
			ican Grill	812-401-1977	12/20	/2018	12239
			mber and street, city, state, zip code) e, Evansville, IN, 47710	' <redacted></redacted>			
Owner			<u>, , , , , , , , , , , , , , , , , , , </u>	Purpose:	Follow-uj	p Releas	se Date
Mauro	Mart	tine	<del>?</del> Z	Routine	No	12/	30/2018
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted&gt;</td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td>_</td></reda<>	cted>	•		Complaint			_
Person in C				Pre-Operational		NC 4	$\frac{2}{R}$
<reda< td=""><td>cted&gt;</td><td>•</td><td></td><td>Temporary</td><td>  ~</td><td>. 110</td><td>_ K</td></reda<>	cted>	•		Temporary	~	. 110	_ K
Responsible	e Person's	E-mai	a a constant of the constant o	НАССР	Menu Typ	e (See addi	tional page)
						$\bigcirc$ 6	
Certified F		er		Other (list)	1 2		<u> 1405</u>
		DE INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MADVED "C"			
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
297	NC		Ice machine is so			12/2	20/2018
218	NC	R	Reach in coolers have it	ce build up.		12/2	20/2018
			<u> </u>				
			<u> </u>				
			<u> </u>				
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			<u> </u>				
Received by			orinted):	Inspected by (name and title p	rinted):		
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Establishm PIZZ/		T a	#317147	Telephone Number (812-426-1166)	Date of Ins (mm/dd/yr	·j	то# 12210
			mber and street, city, state, zip code) e, Evansville, IN, 47710	<pre>(<redacted></redacted></pre>	12/19	/2018	
Owner PIZZA	HUT	0	F AMERICA LLC c/o DMA	Purpose:	Follow-uj		se Date /29/2018
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>			Complaint			
Person in C				Pre-Operational	$\frac{1}{c}$	NC_	J R U
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Temporary</td><td></td><td></td><td>_ ~</td></reda<>	cted>			Temporary			_ ~
Responsible	e Person's	E-ma	il		Menu Typ	oe (See addi	tional page)
				HACCP		$\bigcirc$ 6	
Certified Fo		er		Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/4</u> 05
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
294	С		Sanitizer concentration for wiping	g cloths is too weal	۲.	Co	rrected
				_			
Received by			printed):	Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
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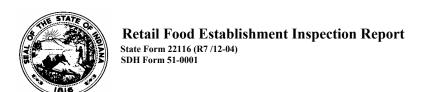
			<u> </u>				
Establishm		<b>∩</b> h	siakan	Telephone Number	Date of Ins (mm/dd/yr		ID#
			nicken	812-423-4291	12/20	)/2018	12072
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	, _ s	,_0.0	
	N ISL	ΑV	e, Evansville, IN, 47710		T. 11	D.I	
Owner	' ماانىد	s F	avorite Chicken	Purpose:	Follow-u		se Date /30/2018
Owner's A		<u> </u>	avonte Chicken	Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>-</td><td>of Violation</td><td></td></reda<>				Follow-up	-	of Violation	
Person in C				Complaint	1. 1	NC_	1 2
<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 Ty	oe (See addi	itional page)
				НАССР			
Certified F	ood Handl	er	_	Other (list)	$ _1\bigcirc_2$	$\bigcirc_3$ $\bigcirc$	$)_{4} \bigcirc _{5} \bigcirc$
<redac< td=""><td>cted&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAI	L ITEMS AI	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	IMMARY OF VIOLATIONS" AN	D IN THE N	IARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	THE STATE OF THE STATE OF THE	(DIII III I	1	orrected By
415	С	R	Live pest activity pr	rocont			21/2018
	1	1					
431	NC	R	Excessive build up in and arc	buna equipment.		12/2	20/2018
			<u> </u>				
						l	
						- I	
						1	
Received by	`		orinted):	Inspected by (name and title p	rinted):		
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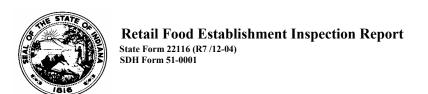
Establishme		od	& Smoke Shop	Telephone Number (812-477-2325)	Date of Ins (mm/dd/yr)		тр# 11948
			mber and street, city, state, zip code)		12/20	/2018	11340
			inter and street, city, state, zip code)	<pre>(<redacted></redacted></pre>			
Owner Khalid		SS2	aleh	Purpose:  Routine	Follow-up		se Date 30/2018
Owner's Ac		000	21011	<del>-  </del>			
<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		(	$0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><b>7</b> R <b>O</b></td></reda<>				Pre-Operational	C	NC_	<b>7</b> R <b>O</b>
Responsible			ii	<b>Temporary</b>	Menu Tyn	e (See addi	tional page)
Responsible	c i cison s	L-1114		НАССР	wienu ryp	e (see aaar	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u> </u>	$0_4$ $0_5$
<redac< td=""><td>ctea&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ctea>						
• CRITICAL	LITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violat	ions.			
Received by	(name and	l title p	printed):	Inspected by (name and title p	rinted):		
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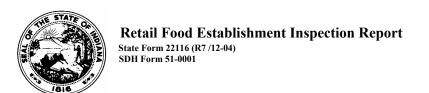
E ( 111 )	4.35			Telephone Number Date of Inspection ID #				
Establishme Linco		ard	len	•	(mm/dd/yr			
			mber and street, city, state, zip code)	812-471-8881	12/18	3/2018	11930	
			Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-uj			
Jenny	Zhar	ng		<b>✓</b> Routine	Yes	12/	28/2018	
Owner's Ac				Follow-up	Summary	of Violation	15:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>				Complaint		_	_	
Person in C				Pre-Operational	$_{\rm c}$ 3	NC 4	$\frac{2}{R}$	
<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	oe (See addii	tional page)	
Certified Fo	3 77 31			Other (list)	100	$\bigcirc$	$\bigcirc$	
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
293	NC	R	Improper use of three comp	partment sink.				
171	С		Bulk container scoops lacking	proper handles.				
173	С	R	Improper storage of raw meat	over vegetables.				
294	С	R	Sanitizer for wiping clothe	s too strong.				
234	NC	R	Knives stored between prep table and wal	II. Broken knifes disc	arded.			
295	С		Bulk container scoop handle in sugar	r touching bulk pro	duct.			
205	С		Non food grade bags being use	d for food storage.		12/1	18/2018	
Received by				Inspected by (name and title pr	rinted):			
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Received by (signature):				Inspected by (signature):				
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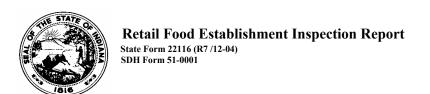
Establishm 1357 (	A HU ent Addres Cove	ss (nui rt A	#316428  mber and street, city, state, zip code)  Ave, Evansville, IN, 47714  F AMERICA LLC c/o DMA	Telephone Number  (812-474-9077  ( <redacted> Purpose:</redacted>	Date of Inst (mm/dd/yr) 12/20/ Follow-up	/2018	11801 se Date (30/2018
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td><math>\cap</math></td><td>-</td><td>1 1</td></reda<>		1		Complaint	$\cap$	-	1 1
Person in C				Pre-Operational	$_{\rm C}$	NC_	<u> </u>
Responsible			il	Temporary	Menu Typ	e (See addi	itional page)
				НАССР	_		
Certified For		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> <u>0</u> 5 <u></u>
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
355	NC	R	Back siphonage device in	need of repair.		12/2	28/2018
Received by		_	printed):	Inspected by (name and title properties)	rinted):		
Received by	(signature	):		Inspected by (signature):			
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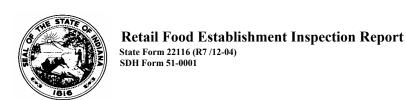
Establishm		ion	East Coast Subs	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-402-7366	12/17	/2018	11782
			int Dr, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
		nee	esesteaks LLC	Routine	Yes	12/	27/2018
Owner's Ad				Follow-up	Summary	of Violation	
Person in C				Complaint	1 . 1	NC_	3 2
<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	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addi	tional page)
C (C IE				Other (list)	.0.		$\bigcirc$
Certified Fo		er				<u> </u>	<u> 1405</u>
• CRITICAL	L ITEMS AF	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	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
256	NC	R	Reach in prep coolers lacking	g thermometers.		12/	17/2018
259	NC	R	Reach in cooler in need	d of repair.		12/2	21/2018
334	С		Hose at three compartment si	nk lacking air gap.		12/2	21/2018
394	NC		Refuse area in need o	f cleaning.		12/2	21/2018
Received by	`		printed):	Inspected by (name and title precised)	rinted):		
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Establishm Penn		ior	East Coast Subs	Telephone Number  Date of Inspection (mm/dd/yr)  11-1-1				
			mber and street, city, state, zip code)	812-402-7366	12/21	/2018	11782	
			ant Dr, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner Tri-Sta	ate Cl	hee	esesteaks LLC	Purpose:	Follow-uj		se Date // 31/2018	
Owner's A			2000CORRO ELO	<del>-{  </del>		-		
<reda< td=""><td></td><td>•</td><td></td><td>Follow-up</td><td>l _ `</td><td>of Violation</td><td>_</td></reda<>		•		Follow-up	l _ `	of Violation	_	
Person in C				Complaint	( )	,,,(	$\frac{0}{R}$	
<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 Tyr	e (See addi	tional page)	
				НАССР		0		
Certified F		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	EATED	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 12/17/20	018 corrected.				
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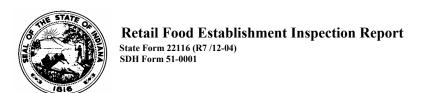
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
PaPa	Johi	าร	#3681	812-867-7272	12/19/2	0010	11777
			mber and street, city, state, zip code)	<pre></pre>	12/19/2	2010	
12414	· High	wa	y 41 N, Evansville, IN, 47725	<re><redacted></redacted></re>			
Owner	_ ,			Purpose:	Follow-up		e Date
		oris	ses Inc	<b>✓</b> Routine	No	12/	29/2018
Owner's A				Follow-up	Summary of	Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_(	$I_{R}$
Responsible			21	Temporary	Menu Type	/C 11:	4:1 \
Kesponsible	e Person's	L-ma	Ш	НАССР	Menu Type	(See aaar	nonai page)
Certified F	ood Handl	er		Other (list)	10	<b>)</b> <sub>3</sub> (	$)_4\bigcirc_5\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	AARKED "C"			
					ID IN THE NA	ND A TEXAS	DELOW AC 4D*
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		]	o Be Co	orrected By
			No noted violation	ons.			
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Establishm				Telephone Number	Date of Ins		ID#	
Subw	≀ay #∶	36	370	812-425-8014 (mm/dd/yr) 12/18/2018 1177				
			imber and street, city, state, zip code)	<redacted></redacted>	12/18	/2018		
1	Red	Ba	ink Rd, Evansville, IN, 47712	<re><redacted></redacted></re>				
Owner	, с т.		vol/Traval Cuba Ina	Purpose:	Follow-up		se Date	
		OX	el/Troxel Subs Inc	<b>✓</b> Routine	Yes	12/	28/2018	
Owner's Ad				Follow-up	Summary	of Violation		
Person in C				Complaint	1 1	NC		
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td>R</td></reda<>				Pre-Operational	C	NC	R	
Responsible			.il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР				
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>	
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• CRITICAI	L ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATEI	D 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 too low in 3 c	compartment sink and b	uckets.	Co	rrected	
218	NC		Sanitizer and detergent dispenser at 3 compartme	nt sink is not functioning p	roperly.	12/1	19/2018	
				<u> </u>				
Received by	(name and	l titla	printed):	Inspected by (name and title p	rinted):			
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Received by	(signature	):		Inspected by (signature):				
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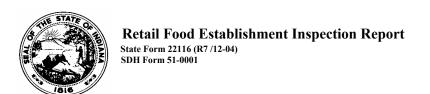
Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#
Burge	_	nk		(812-475-2265	(mm/dd/yr)		11770
			mber and street, city, state, zip code)		12/18/	2018	11770
1617			ach Ave, Evansville, IN, 47714	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
		es'	tments Inc	Routine	No	12/	28/2018
Owner's A				<b>✓</b> Follow-up	Summary o	f Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td><math>\cap</math></td></reda<>				Complaint	$\cap$	(	$\cap$
Person in C				Pre-Operational	$_{\rm C}$ U	NC_(	J <sub>R</sub> U
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)
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		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
			All violations from 12/04/20	018 corrected			, , , , , , , , , , , , , , , , , , ,
			7 til Violatione from 12/6 f/20	310 0011001001			
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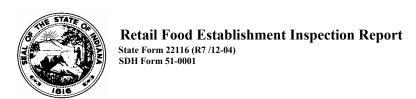
					-		
Establishm		⊏,	ansville Auxiliary Gift Shoppe	Telephone Number	ID#		
			mber and street, city, state, zip code)		12/19	9/2018	11700
3700 \	Wash	ing	ton Ave, Evansville, IN, 47750	( ) Owner			
Owner St \/ir	ncent	E۷	ansville Auxiliary Gift Shoppe	Purpose:	Follow-u No		se Date /29/2018
Owner's Ac		LV	ansville Advillary Gift Shoppe	Routine	-		
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>I ~</td><td>of Violation</td><td></td></reda<>				Follow-up	I ~	of Violation	
Person in C				Complaint	$L_{\alpha}$	,,,(	$0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>  C</td><td>_ NC</td><td> R</td></reda<>				Pre-Operational	C	_ NC	R
Responsible			il	Temporary	Menu Ty	pe (See addi	itional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<b></b>		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
						<u> </u>	
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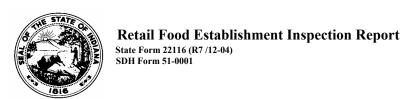
Establishme					Telephone Number Date of Inspection (mm/dd/yr)				
Gas 8	& Foo	od	Mart		[ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
			mber and street, city, state, zip code)		( ) Owner	12/18	/2018		
2912 l	_incol	n A	Ave, Evansville, IN, 47715						
Owner		<i>-</i> 1			Purpose:	Follow-uj		se Date	
Shiva		Kha	atrı		<b>✓</b> Routine	28/2018			
Owner's Ad					Follow-up	Summary	of Violation	is:	
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Person in C				ľ	Pre-Operational	$_{\rm C}$ $\mathbf{U}$	NC_	J <sub>R</sub> U	
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Responsible	e Person's	E-ma	il	ľ	HACCP	Menu Typ	e (See addi	tional page)	
Certified Fo					Other (list)	$_{1}\bigcirc_{2}$	$\bigcirc$	$\bigcap_{z}$	
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• CRITICAL	TTEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU	IMNS MA	RKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		MARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrativ				To Be Co	orrected By	
			No noted vid	olatio	ns.				
Received by	(name and	title 1	orinted):	I	nspected by (name and title pr	rinted):			
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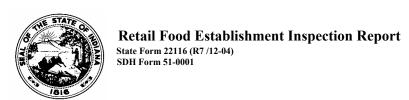
			• •	•			
Establishm New		tier	Restaurant and Bar	Telephone Number  ( ) Establishment	Date of Insp (mm/dd/yr)		тр# 11665
			mber and street, city, state, zip code)	( ) Owner	12/18/	2018	11000
			y 57, Evansville, IN, 47720	<pre>(<redacted></redacted></pre>			
Owner				Purpose:		se Date	
Backe	s Fro	ntie	er LLC	<b>✓</b> Routine	No	12/	28/2018
Owner's Ac				Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$c_{\rm C}$	NC_(	$\mathcal{L}_{R}$
<reda< td=""><td></td><td></td><td>21</td><td>Temporary</td><td>Mana Tana</td><td>- (C1.1:</td><td>······································</td></reda<>			21	Temporary	Mana Tana	- (C1.1:	······································
Responsible	e Person's	L-ma	Ш	НАССР	Menu Type	e (See aaai	tional page)
Certified F	ood Handl	or		Other (list)	$1_1\bigcirc_2($	),(•	$)_4\bigcirc_5\bigcirc$
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		E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	SMARKED "C"			
					ID IN THE N	DDATIVE	DELOW AC 4D9
	C/NC		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S  Narrative	SUMMARY OF VIOLATIONS" AN			
Section#	C/NC	R		tiono		то ве С	orrected By
			No noted viola	lions.			
	1						
D : 11		4141	· 4 B	Tr + 11 / 123	· D		
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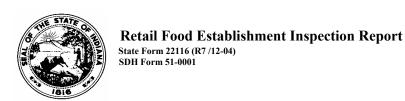
Establishm				Telephone Number Date of Inspection (mm/dd/yr)					
Subw	/ay #	28	905	812-401-1563	12/18		11615		
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	12/10	/2016			
	<u>lain S</u>	t, E	Evansville, IN, 47708	<re><redacted></redacted></re>					
Owner	1055			Purpose:	Follow-up		se Date		
ED KU				Routine	Routine No 12/28/				
Owner's A				Follow-up	Summary of Violations:				
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Person in C				Pre-Operational	C	NC_	<u> </u>		
Responsible			:1	Temporary	Manu Tru	o (Coo addi	tional page)		
Kesponsibio	e rerson's	r-iiia	II.	НАССР	Menu Typ	e (see aaai	uonai page)		
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$ ( $\bullet$	$)_{4}\bigcirc_{5}\bigcirc$		
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		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"					
					D IN THE ST	4 DD 4 774 77	DELOW 10 (P*		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.				
Section#	C/NC	R	Narrative				orrected By		
187	С		Potentially hazardous food held above 41 degr		walk in.		rrected		
218	NC	R	Reach in cooler is not functi	oning properly.		12/	19/2018		
Received by	•	_ `		Inspected by (name and title pr	rinted):				
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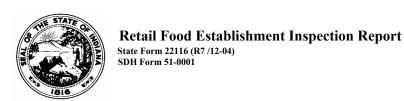
					7		
Establishm Supe		lot	ما	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-476-4008	12/18	3/2018	11562
			in Ave, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner			· · · · · · · · · · · · · · · · · · ·	Purpose:	Follow-u		se Date
JATIN		<u>EL</u>		<b>✓</b> Routine	No 12/28/20		28/2018
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>		1		Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	J <sub>R</sub> U
<reda< td=""><td></td><td></td><td>9</td><td>Temporary</td><td>M T</td><td> (C 1.1:</td><td>4:1</td></reda<>			9	Temporary	M T	(C 1.1:	4:1
Kesponsibi	e Person's	Ł-ma	П	НАССР	Menu Ty	se (see aaai	tional page)
Certified F	ood Handl	er		Other (list)	$10^{\circ}$	(•) <sub>3</sub> (	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td></td><td></td><td><u> </u></td><td>1 2</td><td><u></u></td><td><u>/4030</u></td></redag<>				<u> </u>	1 2	<u></u>	<u>/4030</u>
• CRITICAI	, ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	MINIARI OF VIOLATIONS AN	D IIV THE IV		orrected By
Section	C/ITC	K	No noted violation	one -		10 BC CC	nrected By
			No noted violatio	JI15.			
Received by	(name and	l title i	printed):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
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Owner's Active Certified Formula (Certified Formula	ent Addres First A  US, I  ddress Cted> Charge Cted> e Person's	NC.	mber and street, city, state, zip code) e, Evansville, IN, 47710	Telephone Number  (812-425-2359  (redacted>  Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)	Follow-up NO Summary C	Release 12/	110 # 11435 se Date 28/2018 ns: 1
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN TOTAL	ADD ATTI	DELOW 10 "P"
• VIOLATIO	ON(S) REPE	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MMARY OF VIOLATIONS" AN	D IN THE N		orrected By
324	NC	R	Grease trap maintenance log	n not un to date			18/2018
527	140	11	Crease trap maintenance lo	g not up to date.		14/	10/2010
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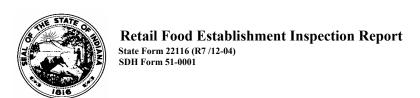
Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
Subw	/ay			(812-868-0557   12/19/2018   11				
Establishm	ent Addres	ss (nui	mber and street, city, state, zip code)	( ) Owner	12/19/	2018		
12500	) N Hi	<u>gh</u>	way 41, Evansville, IN, 47725					
Owner				Purpose:	Follow-up No		se Date	
Priti P				Routine	29/2018			
Owner's Ac	ddress			Follow-up	of Violation	ns:		
Person in C	Charge			Complaint	_ 1	NC_(	) _ ()	
<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				Temporary	Menu Type	(See addi	tional page)	
				НАССР		~ ~		
Certified F		er		Other (list)	1()2(	<b>9</b> )3(_	) <sub>4</sub> () <sub>5</sub> ()	
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• CRITICAL	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
334	С		Mop sink lacking a	air gap.		Co	rrected	
Received by		_	rinted):	Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
				inspected by (signature).				
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	eplac	s (nu	Else mber and street, city, state, zip co Evansville, IN, 47		Telephone Number (812-470-7772 ( <redacted>    Date of Inspection (mm/dd/yr)   12/21/2018    </redacted>					
Belind	la Bre	ivc	ael		Purpose:  Routine	Follow-up NO		31/2018		
Owner's Ac		71 7 0	,go1		Follow-up	Summary of				
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>-</td><td>_</td></reda<>	cted>				Complaint	Summary	-	_		
Person in C					Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_(	$\bigcup_{\mathbf{R}} \mathbf{U}$		
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Responsible	e Person's	E-ma	il		НАССР	Menu Type	(See addi	tional page)		
C (C IE	177 11				Other (list)	102	$\bigcirc$	$\bigcirc$		
Certified Fo		er					<u>3</u>	<u> 405</u>		
		E IDE	ENTIFIED IN THE CHECKLIST AN	ND NARRATIVE COLUMNS M	I IARKED "C"	1				
			FROM PREVIOUS INSPECTIONS			D IN THE NA	RRATIVE	BELOW AS "R"		
Section#	C/NC	R		Narrative				orrected By		
				No noted violation	ons.			V		
					<u> </u>					
Received by	acte	<b>d&gt;</b>	orinted):		Inspected by (name and title p < redacted>	rinted):				
Received by	(signature	):			Inspected by (signature):					
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Establishm	ont Nama			Telephone Number	Date of Ins	nection	ID#
		Sp	orts Bar & Grill	812-401-4630	(mm/dd/yr)	)	11322
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	( <redacted></redacted>	12/20	/2010	
Owner				Purpose:	Follow-up	Releas	se Date
O'Bria		poi	rts Bar & Grill	Routine	No	30/2018	
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	_ 1	NC_	
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo	ood Handl	er		Other (list)	1()2(	$(\ )_3(ullet)$	) <sub>4</sub> ( ) <sub>5</sub> ( )
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• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(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
173	С		Improper storage of ra	aw meat		Co	rrected
430	NC	R	Floor tiles in the kitchen area need to		acad		27/2018
430	INC	11	1 1001 tiles in the kitchen area need to	be repaired or repr	aceu.	1 2/2	21/2010
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted):		
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Received by	(signature	):		Inspected by (signature):			
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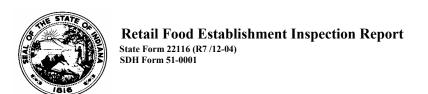
Establishmed 4200 Owner	place ent Addres Third	s (nu Av	Cinemas  mber and street, city, state, zip co e., Evansville, IN nemas Inc		(8) (<	Icphone Number 312-425-1386 <redacted></redacted>	Date of In (mm/dd/y) 12/20  Follow-u NO	r) 0/2018 p Releas	11315 e Date 30/2018
Owner's Ac		Cii	iemas inc			Routine Follow-up	of Violation		
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Person in C	_					Pre-Operational	$_{\rm C}$ U	NC 4	$\frac{2}{R}$
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Responsible	e Person's	E-ma	11			НАССР	Menu Ty	pe (See addii	ional page)
Certified Food Handler <redacted></redacted>						Other (list)	1 2	<u>3</u>	)4050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AN	ID NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS	ARE DENOTED IN THE "SUN	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
342	NC		Water	not getting hot at	ha	ınd sink.		12/2	23/2018
232	NC		Tray in cabinet under slushy	y machine heavily soiled	and	d needs removed for o	leaning.	12/2	20/2018
Received by	(name and	title	printed):			redacted>	inted):		
Received by	Received by (signature):					Inspected by (signature):			
cc:			cc:				cc:		



Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
			<i>‡</i> 11365	812-425-0635 12/18/2018 11				
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	<pre></pre>	12/10/	2010		
1	viain :	St,	EVANSVILLE, IN, 47711		Follow-up			
		ERI	PRISES	Purpose:  Routine		se Date 28/2018		
Owner's A				Follow-up	ns:			
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) (</td></reda<>		1		Complaint	$\cap$	(	) (	
Person in C				Pre-Operational	c	NC_	$\frac{1}{R}$	
Responsible			il	Temporary	Menu Type	: (See addi	tional page)	
responsion	0 1 01 5011 5		-	НАССР				
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4O5O</u>	
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• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violation	ons.				
Received by				Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
				, , , ,				
cc:			cc:		cc:			



Establishm				Telephone Number	Date of Inspo (mm/dd/yr)	ection	ID#	
McDo	onald	s ŧ	<i>‡</i> 35249	812-422-8005	12/20/2	2010	11198	
			mber and street, city, state, zip code)	<pre></pre>	12/20/	2016		
	First A	<del>\</del> ve	e, Evansville, IN, 47710	<re><redacted></redacted></re>				
Owner PAUL	SNIC	DEF	3	Purpose:  Routine	se Date 730/2018			
Owner's Ac	ddress			Follow-up	Summary of	f Violatio	ns:	
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Person in C				Pre-Operational		NC_(	J <sub>R</sub> U	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Temporary</td><td>  ~</td><td>110</td><td>_ K</td></reda<>	cted>			Temporary	~	110	_ K	
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)	
					$1 \circ \epsilon$			
Certified Fo		er		Other (list)	$1 \underline{\bigcirc 2}$		<u>/4</u> <u>5</u> <u>5</u>	
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• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			Го Ве Со	orrected By	
			No noted violati	ons.				
							-	
	1							
Received by	*	_ *	printed):	Inspected by (name and title p	rinted):			
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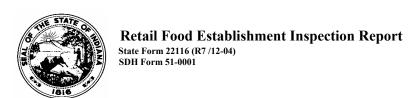
Establishm					Telephone Number	Date of Inspe	ction	ID#
CVS	Phar	ma	acy #6252		812-425-1525	(mm/dd/yr)	2010	11183
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		<redacted></redacted>	12/19/2	2018	
4480 I	First /	<del>\</del> ve	e, Evansville, IN, 47710		<re><redacted></redacted></re>			
Owner	. 01.15	\	27110		Purpose:	Follow-up		se Date
		'타	RX LLC		<b>✓</b> Routine	No	12/	29/2018
Owner's A					Follow-up	Summary of	`Violation	ns:
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Person in C					Pre-Operational	$_{\rm C}$	$_{\rm NC}$	$I_{R}$
Responsible					<b>Temporary</b>	Menu Type	(Can addi	tional mass)
Kesponsibio	e rerson's	c-ilia	ш		НАССР	Menu Type	(see aaan	iionai page)
Certified F	ood Handl	er			Other (list)	1(),(	$)_3$	$)_4\bigcirc_5\bigcirc$
		-				1	<u> </u>	<u> </u>
• CRITICAL	ITEMS AD	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COL	I ZIMILI	MARKED "C"			
						D 131 (2011) 31 4 1	DD 4 7711 / E	DELOW 10 (D
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrat			1	o Be Co	orrected By
			No noted vi	olati	ons.			
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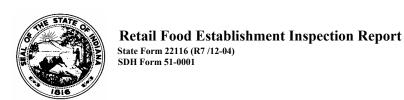
			<u> </u>				
Establishme		, 1	oungo	Telephone Number	Date of Inst (mm/dd/yr)		ID#
			ounge	812-319-1238	12/20/	2018	11123
			mber and street, city, state, zip code) Dia St., EVANSVILLE, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Dave		with	า	<b>✓</b> Routine	No	12/	30/2018
Owner's Ad				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>				Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible			il	Temporary	Menu Tyn	: (See addi	tional page)
F			_	НАССР		~ (~~~	
Certified Fo		er		Other (list)	102	$\bigcirc_3$	<u>)</u> 4 <u>0</u> 5 <u>0</u>
		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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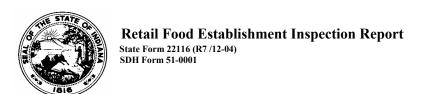
			<u> </u>				
Establishm		, " ~	0.00	Telephone Number	Date of Ins (mm/dd/yr		ID#
Lic's				812-422-4862	12/17	/2018	11085
			mber and street, city, state, zip code) Id Ave, Evansville, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner	Dian	1011	d Ave, Evansville, IIV, 47711	Purpose:	Follow-u	n Releas	se Date
Don S	Smith			Routine	No		27/2018
Owner's A				Follow-up		of Violation	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>Summary</td><td></td><td></td></reda<>	cted>			Complaint	Summary		
Person in C				Pre-Operational	$\cup$ $\cup$	NC_	I <sub>R</sub> U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>C</td><td>. 110</td><td></td></reda<>				Temporary	C	. 110	
Responsible	e Person's	E-ma	ii	НАССР	Menu Typ	e (See addi	itional page)
				Other (list)			
Certified F		er		Other (list)	1 2	<u>3</u>	<u> 1405</u>
<1euau	Jieu>						
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	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
430	NC		Wall next to sorbet freezer	r needs repair.		12/3	31/2018
Received by			orinted):	Inspected by (name and title p < redacted>	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			ec:		cc:		



E ( LE L	4 <b>N</b> T			TO I I NO I	D-461	<b></b>	ID #
Establishmo Quick		't		Telephone Number (812-477-7588)	Date of Ins (mm/dd/yr		то# 11048
			mber and street, city, state, zip code)	1	12/19	/2018	11046
2508 \	Wash	ing	ton Ave., Evansville, IN, 47714	<pre>(<redacted></redacted></pre>			
Owner	_			Purpose:	Follow-up		se Date
Divyal	Pate			<b>✓</b> Routine	No	12/	29/2018
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC (	$0_{\rm R}$
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)	$\bigcirc$		
Certified Fo		er			1 <u></u> 2	$\bigcirc 3 \bigcirc $	<u> 14050</u>
<1 <del>E</del> uat	ieu>						
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations				
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Establishm			Dink		elephone Number	Date of In (mm/dd/yr		ID#
Swon				3' [	312-629-5423	12/18	3/2018	11019
			mber and street, city, state, zip code) Rd., Evansville, IN, 47711	(<	<redacted></redacted>			
Owner		_		Pu	irpose:	Follow-u		se Date
Heath		<u>Ma</u>	theis	~	Routine	No	12/	28/2018
Owner's Ac					Follow-up	Summary	of Violation	ns:
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Person in C				=	Pre-Operational	$_{\rm C}$ U	NC_(	J <sub>R</sub> 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  Henu Type (See additional pag				
				<b>—</b>	╡			$\setminus \cap \cap$
Certified Fo		er		<u> </u>	Other (list)	1 <u></u> 2	<u>3</u>	<u>/4</u> 05
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	<b>AAR</b> F	KED "C"			
• VIOLATIO	N(S) REPE	ATED	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
			No violations	j.				
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Establishm	e's C	s (nui	nese Cuisine nber and street, city, state, zip code) way 41, Evansville, IN, 47725	(8	lephone Number 312-868-8888 <redacted></redacted>	Date of Ins (mm/dd/yr 12/19		10992
Owner Grace	Sung		Kent Dam	Pu	rpose:	Follow-u		L se Date 29/2018
Owner's Ad <reda Person in C <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Follow-up Complaint Pre-Operational</td><td>-</td><td>of Violation</td><td>ns:  R_0</td></reda<></reda 	cted>				Follow-up Complaint Pre-Operational	-	of Violation	ns:  R_0
Responsible Certified Foundation	e Person's ood Handl	E-mai	1		Temporary HACCP Other (list)	Menu Typ	oe (See addi	tional page)  4  5
• VIOLATIO	ON(S) REPE	ATED	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N		
Section#	C/NC	R	Narrative	<u> </u>	alaa aasiti			orrected By
235	NC		Dish machine not properly dis	per	nsing sanitizer.		12/	19/2018
Received by	acte	<b>d&gt;</b>	orinted):	<r< td=""><td>ected by (name and title proceeds)</td><td>rinted):</td><td></td><td></td></r<>	ected by (name and title proceeds)	rinted):		
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Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
El Ch				812-421-1986	12/17	/2018	10941
			nber and street, city, state, zip code)  J Ave, Evansville, IN, 47712	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Andre	s Cor	rea		Routine	No	12/	27/2018
Owner's A				<b>✓</b> Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC (	$0_{\rm R}$
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Responsible	e Person's	E-mai	l	НАССР	Menu Typ	e (See addi	tional page)
Certified F	3 11 31			Other (list)	100	$\bigcirc$	$\bigcirc$
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		RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Follow up from 12-1	1-2018.			
			All violations from the previous insp	pection were correct	cted.		
Received by		_	rinted):	Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishmo 925 No Owner	r Gerent Address otted> charge oted> e Person's	OR	al #2693  nber and street, city, state, zip code)  k Dr, Evansville, IN  P LLC	, 47710	Pu	lephone Number 12-422-3212 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	P Release 12/ of Violation	29/2018 as:
			NTIFIED IN THE CHECKLIST AND NA						
			FROM PREVIOUS INSPECTIONS ARE		MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R		Narrative				To Be Co	orrected By
			No	noted violation	ns.	•			
Received by		_	rinted):		_	ected by (name and title pr	rinted):		
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Received by						ected by (signature):			
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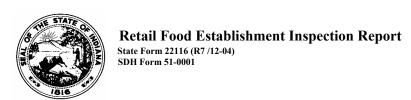
Owner Arby's Owner's Ac <redac <redac="" <redac<="" c="" certified="" fe="" in="" person="" responsible="" th=""><th>s #5° ent Addres N Gre s Res ddress cted&gt; charge cted&gt; e Person's</th><th>tau E-mai</th><th>mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 rant Group</th><th>Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)</th><th>Follow-up NO Summary C</th><th>P Release 12/of Violation</th><th>_</th></redac>	s #5° ent Addres N Gre s Res ddress cted> charge cted> e Person's	tau E-mai	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 rant Group	Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)	Follow-up NO Summary C	P Release 12/of Violation	_
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE N	IARRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	MINIMAL OF VIOLATIONS AND	D II ( THE I		orrected By
294	С	11	Sanitizer concentration for wipir	ng cloths too weak			rrected
207			Carmizer concentration for wipin	ig cioti is too weak	•	00	Toolog
			<u> </u>				
Received by	(name and	titla r	printed):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
cc:			cc:		cc:		



Ginmiya Asian Diner Fetabikibunent Address (umber and street, city, state, zip code) 4827 Davis Lant Drive Ste F, Evansville, IN, 47715  Owner De Hui Yu  Owner's Address Credacted> Follow-up Feron in Charge	Establishm		<u>_:</u>	na Diana	Telephone Number	Date of Ins (mm/dd/yr		ID#		
Section   Content   Cont					812-471-8100	,		10815		
Owner's Address   Follow-up   Purpose:   Follow-up   Release Date   12/28/2018   Owner's Address   Follow-up   Complaint   Pre-Operational			,		<redacted></redacted>	, . 0				
De Hui Yu Owaer's Address credacted> Follow-up Cromplaint Frecon in Charge Credacted> From in Charge Credacted> Frecon in Charge Credacted> Frecon in Charge Credacted> Frecon in Charge Credified Food Handler		avis L	.an	Drive Ste F, Evansville, IIV, 477 15		E II	l n ı	D 4		
Complaint   Charge   Complaint   Compla		ii Yu								
Person in Charge   Person's E-mail   Temporary   ItaCCP   ItaCCP   Other (list)   Person's E-mail   Temporary   ItaCCP   Other (list)   Person's E-mail   Temporary   ItaCCP   Other (list)   Person's E-mail   Temporary   ItaCCP   Other (list)   Person's E-mail   Memi Type (See additional page)   Person's E-mail   Pe					Follow-up	Summary	of Violation	ns:		
Responsible Person's K-mail    Temporary   HACCP   Other (list)   Inspected by (name and title printed):    Temporary   HACCP   Inspected by (signature):    Menu Type (See additional page)   Inspected by (signature):   Menu Type (See additional page)   Inspected by (signature):			1		Complaint	2	(	) 2		
Responsible Person's K-mail    Temporary   IJACCP   Dither (list)   Image:						$\begin{bmatrix} 1 & 1 & 1 \end{bmatrix}$				
Responsible Person's I-mail    Certified Food Handler   Credacted   Certified Food Previous Inspections are Denoted in the "Summary Of Violations" and in the Narrative Below as "I"   To Be Corrected By   Certified Food Previous Inspections are Denoted in the "Summary Of Violations" and in the Narrative Below as "I"   To Be Corrected By   Certified Food In Walk in Summary Of Violations" and In the Narrative Below as "I"   To Be Corrected By   Certified Food In Walk in Greezer   Cooler for Wiping Cloths too strong.   Corrected By   Certified   Certified Food In Walk in Greezer   Cooler for Wiping Cloths too strong.   Corrected By   Certified   Certified Food In Walk in Greezer   Cooler for Walk in Greezer   Cooler for Stored Six inches off the floor.   12/18/2018   Certified Food In Walk in Greezer   Certifie						Temporary				
Certified Food Handler <a href="#">Certified Food Handler</a> - 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	Responsible	e Person's	E-ma	il		Menu Typ	e (See addi	tional page)		
*CRUTICAL 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	C4:6-4 E	17				100	$\bigcirc$	$\bigcap_{i}$		
VIOLATIONS' REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"      Section# C/NC R Sanitizer concentration for wiping cloths too strong.      Corrected By      294 C R Sanitizer concentration at dishwasher too weak.      12/21/2018      177 C R Food in walk in freezer/cooler not stored six inches off the floor.      12/18/2018      10			er			102		<u>/4030</u>		
Section# C/NC R Sanitizer concentration for wiping cloths too strong. Corrected By 294 C R Sanitizer concentration at dishwasher too weak. 12/21/2018 177 C R Food in walk in freezer/cooler not stored six inches off the floor. 12/18/2018	• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
294 C R Sanitizer concentration for wiping cloths too strong.  294 C R Chemical concentration at dishwasher too weak.  12/21/2018  177 C R Food in walk in freezer/cooler not stored six inches off the floor.  12/18/2018	• VIOLATIC	N(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
294 C R Chemical concentration at dishwasher too weak.  12/21/2018  177 C R Food in walk in freezer/cooler not stored six inches off the floor.  12/18/2018	Section#	C/NC	R	Narrative			To Be Co	orrected By		
177 C R Food in walk in freezer/cooler not stored six inches off the floor.  12/18/2018	294	С	R	Sanitizer concentration for wipin	g cloths too strong	<b>J</b> .	Co	rrected		
Received by (name and title printed): <redacted>  Received by (signature):  Inspected by (signature):  Inspected by (signature):</redacted>	294	С	R	Chemical concentration at dish	washer too weak.		12/2	21/2018		
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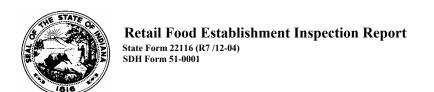
Establishm	ent Name			Telephone Number	Date of Ins	spection	ID#
_		sia	an Diner	812-471-8100	(mm/dd/yr		10815
			mber and street, city, state, zip code)	( ) Owner	12/21	/2018	
	avis L	.ant	Drive Ste F, Evansville, IN, 47715		<u> </u>		<u> </u>
Owner De Hu	ıi Yu			Purpose:	Follow-uj		se Date //31/2018
Owner's Ac				<b>✓</b> Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_
Person in C				Pre-Operational		NC (	$0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified Fo		er			1 2	$\bigcirc 3 \bigcirc$	<u>/405</u>
<redac< td=""><td>ieu&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ieu>						
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			All violations from 12/18/20	)18 corrected.			
-							
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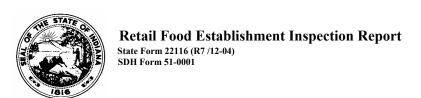
			•				
Cross		ام ا	CΛ	Telephone Number	Date of Ins (mm/dd/yr)		ID#
				812-867-0828	12/19	/2018	13440
			mber and street, city, state, zip code) Ver Rd, Evansville, Indiana, 47725	<pre>(<redacted></redacted></pre>			
Owner	an's	Fο	od Group	Purpose:	Follow-up NO		se Date 29/2018
Owner's Ac		1 0	ou Group	Routine		_	
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>_</td><td>_</td></reda<>				Follow-up	Summary	_	_
Person in C				Complaint	[ ()	NC_(	)
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC</td><td>R</td></reda<>				Pre-Operational		NC	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Hondle	DP .		Other (list)	$10^{\circ}$	$\bigcirc$	),()_5()
<redag< td=""><td></td><td>ei.</td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redag<>		ei.				<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Violation from 12/13/201	8 corrected.			-
Received by	(nama ard	titlo -	printed).	Inspected by (name and title p	rinted):		
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Received by	(signature)	):		Inspected by (signature):			
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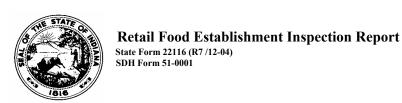
Establishment Name Panda Express #2906					ephone Number	Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	1 .	26-372-8203	12/19	/2018	13770	
			B Drive, Evansville, IN, 47715	(<	<pre><redacted></redacted></pre>				
Panda Express Inc					pose: Routine	Follow-up No		se Date 29/2018	
Owner's Address					Follow-up		of Violation		
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td></td></reda<>	cted>				Complaint	Summary	_		
Person in C					Pre-Operational	$_{\rm c}$ 1	NC_	J b O	
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Responsible	e Person's	E-ma	il	=	Temporary	Menu Typ	se (See addi	tional page)	
				=	HACCP				
Certified Fo		er			Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/405</u>	
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARK	ED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	orrected By	
438	С		Working container of toxic ma	teri	al not labeled.		Co	rrected	
Received by	(name and	title p	printed):	Inspe	ected by (name and title pr	inted):			
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				T =			т	
Starbucks Coffee Co. #29444				Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr) 12/18/2018 1375			
Establishm	ent Addres V Lloy	ss (nu d E	mber and street, city, state, zip code) Expressway, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>	12/10	/2016		
Owner Starbu	ıcks (	Cof	fee Co.	Purpose:	Follow-up NO		se Date 28/2018	
Owner's Ac	ddress			Follow-up	Summary	of Violation	ne:	
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Person in C				Complaint	$\cup$	(	$0_{\rm R}$	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td><math>C_{\overline{C}}</math></td><td>NC_</td><td>7 R C</td></reda<>				Pre-Operational	$C_{\overline{C}}$	NC_	7 R C	
Responsible			il	Temporary	Menu Tvr	ne <i>(See addi</i>	tional page)	
responsi	0 1 01 0011 5		-	НАССР				
Certified Fo		er		Other (list)	102	<u>3</u>	$)_4 \bigcirc _5 \bigcirc$	
• CRITICAL	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			To Be Co	orrected By	
			No noted violation	ons.				
Received by	*			Inspected by (name and title p < redacted>	rinted):			
Received by				Inspected by (signature):				
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Establishment Name Xpress Mart  Establishment Address (number and street, city, state, zip code) 1921 E. Franklin, Evansville, IN, 47711  Owner Amrinder J. Kaur				Telephone Number  (812-401-2331  ( <redacted>  Purpose:  Routine</redacted>	13776 13776 se Date 27/2018			
Owner's Ad <redaction contro<="" control="" of="" td="" the=""><td>ddress Cted&gt; Charge Cted&gt;</td><td></td><td></td><td>Follow-up Complaint Pre-Operational Temporary HACCP</td><td>No Summary of C Menu Type</td><td>of Violation</td><td>ns:</td></redaction>	ddress Cted> Charge Cted>			Follow-up Complaint Pre-Operational Temporary HACCP	No Summary of C Menu Type	of Violation	ns:	
Certified Fo			ENTIFIED IN THE CHECKLIST AND NADDATIVE COLUMNS	Other (list)	102	<u></u>	04050	
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S					
Section#	C/NC	R	Narrative				orrected By	
118	С	R	No certified food safe	ety person.		01/17/2019		
<pre>Received by</pre>	acte	<b>d&gt;</b>	orinted):	Inspected by (name and title p	orinted):			
Received by	(signature	):		Inspected by (signature):				
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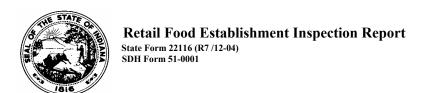
Establishment Name				Telephone Number	Date of Insp (mm/dd/yr)		ID#
The D	Daily	Gr	rind	812-401-2040	12/17/		13843
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	12/17/	2010	
	9th St	, E	vansville, IN, 47708	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
Tara Gore				Routine	No	12/	27/2018
Owner's Ac	_			Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>. 1</td><td>(</td><td>) 1</td></reda<>				Complaint	. 1	(	) 1
Person in C				Pre-Operational	C	NC_(	<u> </u>
Responsible			:1	Temporary	Many Tym	(Can addi	tional page)
Kesponsible	e rerson's	r-iiia	II.	НАССР	Menu Typo	e (see aaai	uonai page)
Certified Fo	ood Handl	er		Other (list)	1(),(	$\bigcirc$ 3( $\bullet$	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"	l		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		IN IN THE N	DDATIVE	DELOWAS "D"
Section#	C/NC	R	Narrative	WIWIARY OF VIOLATIONS AN			
							orrected By
294	С	R	Sanitizer not dispensing in automatic dishwasher a		_	Co	rrected
			concentration weak. Use sanitizing sink ur	ntil machine sanitizer i	s fixed.		
					+		
					+		
Received by	(nome or	title:	printed):	Inspected by (name and title p	rintad):		
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Establishm		11.7	10	Telephone Number	Date of Inspection (mm/dd/yr)			
Catfis				812-401-2233	12/21/2010			
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>				
	E. VII	gin	ia St, Evansville, IN, 47715			I n .		
Owner Angie	Malv	in		Purpose:	Follow-uj		se Date // 31/2018	
Owner's Ac		111		Routine				
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td></td><td>of Violation</td><td></td></reda<>				Follow-up		of Violation		
Person in C				Complaint	$\cap$	(	$0_{\rm R}$	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><b>7</b> R <b>O</b></td></reda<>				Pre-Operational	C	NC_	<b>7</b> R <b>O</b>	
Responsible			il	Temporary	Menu Tvr	ne <i>(See addi</i>	tional page)	
responsi	0 1 01 0011 5		-	НАССР				
Certified Fo	ood Handl	er		Other (list)	$1\bigcirc_2$	$\bigcirc_3$ ( $\bullet$	$)_{4}\bigcirc_{5}\bigcirc$	
					<u> </u>	<u> </u>	<u></u>	
• CRITICAI	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ADDATIVE	DELOWAS "D"	
				WIWIARY OF VIOLATIONS" AN	DINTHEN			
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violation	ons.				
							_	
D : 11			: D	Y ( 11 / 101	· 1			
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Establishm				Telephone Number	Date of Inspe	ction	ID#
Diva's	s Coo	oki	ng	812-602-8682	(mm/dd/yr)	0040	14002
			mber and street, city, state, zip code)	( ) Owner	12/20/2	2018	
1224	McAu	thc	or Circle, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
				Routine	No	12/	30/2018
Owner's A	ddress			Follow-up	Summary of	Violation	ns:
				Complaint	$\cap$	(	) ()
Person in C	Charge			Pre-Operational	$_{\rm C}$	$_{\rm NC}$	R = R
Responsible	o Porson's	F_ma	1	Temporary	Menu Type	(See addi	(tional page)
responsible	c i ci son s	L-ma		НАССР	- Type	(Bee daar	monui puge)
Certified F	ood Handl	er		Other (list)	$10^{\circ}$	$\mathbf{D}_{3}$	$_{4}O_{5}O_{1}$
				final	<u> </u>	<u></u>	<u></u>
• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		IN IN THE NAI	DD ATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	MINIARI OF VIOLATIONS AN			
Section#	C/NC	K		-4:		о ве С	orrected By
			Approved for opera	ations.			
			Install rubber based cov	/e molding.			
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The F		Н	ouse Kitchen	Telephone Number (812-471-9798	Date of Ins (mm/dd/yr	j	ъ# 14003
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	12/20	/2018	
		.ea	d Rd, Evansville, IN, 47715				
Owner Kierst	en St	ahl		Purpose:	Follow-up		se Date // 30/2018
Owner's Ac	ddress			Follow-up	Cummory	of Violation	na:
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td></td><td>_</td><td>_</td></reda<>	cted>					_	_
Person in C				Complaint		. (	$O_{R}$
<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 Temporary	Menu Tvr	ne <i>(See addi</i>	tional page)
responsi	0 1 01 0011 5			HACCP	mena 1 y p		
Certified F	ood Handl	er		Other (list)	$1\bigcirc 2$	$\bigcirc$ 3( $\bullet$	),(),()
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		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	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
			Approved for oper	ration			
			7,6510,000,000	TOTAL TOTAL			
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