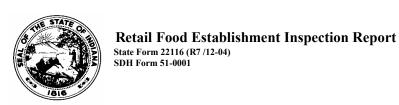


Vanderburgh County Department of Health Telephone 812-435-5695

Fax 812-435-5871

Establishme			, ,	Telephone Number	ection	ID#		
			retzels	574-970-2188	(mm/dd/yr) 01/31/	2019	13056	
			mber and street, city, state, zip code) Dr, Evansville, Indiana, 47715	(<redacted></redacted>	0 1,0 1,	_0.0		
Owner	vicita	us	Bi, Evalisville, indiana, 477 10	Purpose:	Follow-up	Releas	se Date	
Ronal	d Will	ian	ns	Routine	Yes		10/2019	
Owner's Ac				Follow-up	Summary o	f Violatio	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>1 0</td></reda<>				Complaint	1		1 0	
Person in C				Pre-Operational	C	NC	$R_{\rm R}$	
Responsible			:1	Temporary	Menu Tyne	(See addi	tional naga)	
Kesponsible	e i eison s	L-IIIa	ш	НАССР	Menu Type (See additional page)			
Certified Fo		er		Other (list)	102	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>	
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			Го Ве Со	orrected By	
324	С		Grease trap log not up					
234	NC		Bulk container lacking p			01/3	31/2019	
			3.	•				
Received by			orinted):	Inspected by (name and title properties) <pre></pre>	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			ce:		cc:			



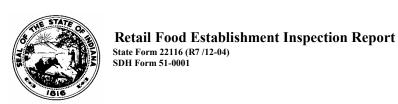
Sushi Maru Express @ Meijer Establishment Address (number and street, city, state, zip code) 2622 Menards Dr, Evansville, IN, 47715 Owner Sushi Maru Express Inc Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S Section# C/NC R Narrative</redacted></redacted></redacted>						lephone Number 201-654-0422 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) ED "C"</redacted>	Follow-u NO Summary	Release 02/	_
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECT	IONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	rrected By
				No violations	i.				
		L			_				
Received by	acte	d>	printed):		<r< td=""><td>redacted></td><td>rinted):</td><td></td><td></td></r<>	redacted>	rinted):		
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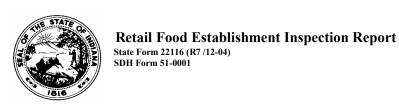
State Form 22116 (R7 /12-04)

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

Meije Establishm	··					12-647-2200 redacted>	Date of Ins (mm/dd/yr) 01/31)	13006
Owner			Limited Partne			rpose: Routine	Follow-up		ne Date 10/2019
Owner's Ad					=	Follow-up Complaint		of Violation	
Person in C						Pre-Operational		NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il		=	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er			-	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
345	С		Hand washing sink	d washing sink being used for purpose other than hand washing.				Co	rrected
Received by			printed):		_	ected by (name and title predacted>	rinted):		
Received by	Received by (signature):					Inspected by (signature):			
cc:				cc:			cc:		



Establishme 105 N C Owner Noah Owner's Ad	er Bis ent Addres Green Hayd Idress	Riv en	p/Rogers Hair Academy East mber and street, city, state, zip code) eer Rd, Vanderburgh, Indiana, 47715	() Owner	Follow-u No	/2019 Releas	11/2019
Person in C <redace certified="" fo<="" responsible="" td=""><td>harge cted> e Person's</td><td>E-ma</td><td>il</td><td>Complaint Pre-Operational Temporary HACCP Other (list)</td><td>c_1</td><td></td><td>2 _R0</td></redace>	harge cted> e Person's	E-ma	il	Complaint Pre-Operational Temporary HACCP Other (list)	c_1		2 _R 0
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative		ND IN THE N		BELOW AS "R"
344	С		Hand sink blocked by e	equipment			rrected
307	NC		No hood ventilation for cooking. Cooking prohibited & limited		erve items		rrected
142	NC		Coffee being roasted from a nor				1/2019
172	110		Conce being reasted from a non-	1.	02/0	7172013	
Received by	Received by (name and title printed):						
<red< td=""><td>`</td><td>_ '</td><td>· /</td><td><pre><red (name="" <redacted="" and="" by="" p="" title=""></red></pre></td><td>imiea):</td><td></td><td></td></red<>	`	_ '	· /	<pre><red (name="" <redacted="" and="" by="" p="" title=""></red></pre>	imiea):		
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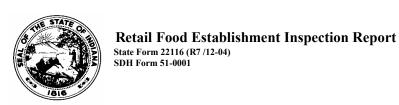


Establishmo 2500 I Owner Wal-m Owner's Ac	ent Addres N Firs nart S	t A	rket #5452 The street, city, state, and city, cit		(8) (< Pu	lephone Number 312-647-9499 <redacted> rpose: Routine Follow-up</redacted>	Follow-u) /2019	07/2019
<pre><reda< pre=""></reda<></pre>					=	Complaint	0	NC	$\begin{bmatrix} & 1 \end{bmatrix}$
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>=</td><td>Pre-Operational</td><td>(<u> </u></td><td>NC</td><td> K</td></reda<>	cted>				=	Pre-Operational	(<u> </u>	NC	K
Responsible	e Person's	E-ma	il			Temporary HACCP	Menu Tyj	e (See addi	tional page)
Certified Fo		er				Other (list)	102	<u></u>	<u>0</u> 4 <u>0</u> 5
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	IONS 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
139	NC	R	Ва	by formula expired.	Dis	carded		Co	rrected
Received by	acte	< t	orinted):		<r< td=""><td>redacted></td><td>rinted):</td><td></td><td></td></r<>	redacted>	rinted):		
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishme	ant Name				Telephone Number	Date of Ins	nection	ID#
Hone	y Bal		d Ham Co		812-471-2940	(mm/dd/yr))	12006
			mber and street, city, state, z River Rd, Evar	dip code) nsville, IN, 47715	(.) Owner .	01/29	72019	
Owner Best H					Purpose:	Follow-up		e Date 08/2019
Owner's Ad								
<reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up Complaint</td><td>-</td><td>of Violation</td><td></td></reda<>					Follow-up Complaint	-	of Violation	
Person in C					Pre-Operational	$_{\rm c}$ 1	$_{\rm NC}$	$\bigcup_{R} \bigcup_{R}$
			-		Temporary			
Responsible	Person's	E-ma	il		НАССР	Menu Typ	e (See addii	ional page)
Certified Fo		er			Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
		E IDI	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATEE	FROM PREVIOUS INSPECTI	ONS 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	rrected By
443	С		Sanitizer concentration	for wiping cloths and at the	ree compartment sink too	strong.	Coi	rected
Received by	`	_ '	. /		Inspected by (name and title properties) <redacted></redacted>	rinted):		
Received by	(signature)):			Inspected by (signature):			
cc:					cc:			



Ruler Food Store #227 Establishment Address (number and street, city, state, zip code) 2040 E Morgan Ave, Evansville, IN, 47711 Owner Jay C Food Stores Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S Section# C/NC R Narrative</redacted></redacted></redacted>						lephone Number 312-471-9970 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	P Release 02/	11984 11984 e Date 07/2019 as: R 0 tional page)
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTION	ONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	rrected By
				No noted violati	ons				
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SDH Form 51-0001

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

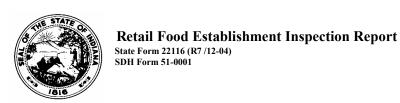
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Establishm		Ff~	•	Telephone Number	Date of Ins (mm/dd/yr		ID#	
Grand				812-476-6666	01/30	/2019	11901	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner	1 0.0	<u> </u>	1 (1 of 1 (a, 2 varieville, 11 (, 17) 10	Purpose:	Follow-u	p Releas	se Date	
Yun L	in			Routine	Yes		09/2019	
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	$_{\rm c}$	NC_		
Responsible			:1	Temporary	Menu Tvr	se (Saa addi	tional page)	
Responsible	e i eison s	L-IIIa	11	НАССР	wichu Typ	oc (see aaa)	nonui puge)	
Certified Fo	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$)_4 \bigcirc _5 \bigcirc$	
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• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO	ON(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	R	Improper storage of raw meat in the wa	alk in and reach in o	cooler.	Co	rrected	
191	С	R	Ready to eat food lacking	Ready to eat food lacking date label.				
187	С	R	Food not maintained at required temperature (41	greater).	Со	Corrected		
303	С		Food contact surfaces no	Food contact surfaces not sanitized.				
234	NC	R	Scoops for dispensing products la	cking proper hand	le.	Со	rrected	
193	С	R	Improper use of time as a pub	<u> </u>			30/2019	
						.,,	707=0.0	
		<u> </u>						
Received by	*			Inspected by (name and title properties) <redacted></redacted>	rinted):			
Received by	(signature):		Inspected by (signature):				
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SDH Form 51-0001

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

Establishme	ne's (ent Address cted> harge cted>	n A	elato & More mber and street, city, state, z Ave, Evansville		Pu /	lephone Number 12-479-8272 Credacted >	c_ 0	Release 02/	_
Certified Fo		er				Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
				No noted violation	ons				
			10		Ţ		1		
Received by	acte	<u>'<k< u=""></k<></u>	orinted):		< <u>r</u>	ected by (name and title predacted>	inted):		
Received by	(signature)):			Insp	ected by (signature):			
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Vanderburgh County Department of Health
Telephone 812-435-5695

Fax 812-435-5871

321 W Owner	s Ho ent Addres /alnut	s (nu St	e mber and street, city, state, 2 , Evansville, IN NG SERVICE	N, 477008	Telephone Number (812-402-0424 (redacted> Purpose: Routine	Date of Inst (mm/dd/yr) 01/30/	/2019	11630 se Date 09/2019
Owner's Ad					Follow-up	Summary of	of Violation	ns:
<pre><reda< pre=""></reda<></pre>					Complaint	\cap	NC_(
<reda< td=""><td></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 Type	e (See addi	tional page)
					HACCP		$\sim G$	
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u> 05 <u></u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	IONS 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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SDH Form 51-0001

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

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Establishm			a Tiandaa Baataurant	Telephone Number	Date of Ins (mm/dd/yr		ID#
			s Tiendas Restaurant	812-483-3483	01/30	/2019	11580
1016-			mber and street, city, state, zip code) bach Ave, Evansville, IN, 47714	' <redacted></redacted>			
Owner	liron	طم		Purpose:	Follow-up		se Date
Jose N		ua		Routine	Yes		09/2019
<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	Charge			Complaint Pre-Operational	_c 3	NC 4	$2_{\rm R}5$
<reda< td=""><td>cted></td><td>•</td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>	cted>	•		Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	and Handl	ом		Other (list)	102	\bigcirc),(),()
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	ON(S) REPE	EATEL	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
191 C R Ready to eat food lacking date marking.					01/30/2019		
187	С	R	Potentially hazardous food not being he	lower.			
218	NC	R	Walk in cooler in need		01/3	31/2019	
146	NC	R	Dessert in cooler not	labeled.		01/3	30/2019
173	С	R	Improper storage of ra	aw meat.		01/3	30/2019
Received by			printed):	Inspected by (name and title precised >	rinted):		
Received by	y (signature	e):		Inspected by (signature):			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

1313 I Owner Dallas Owner's Ac <redac< th=""><th>l's Pi ent Addres N Firs S R Ma ddress cted></th><th>st A</th><th>mber and street, city, state, zip code) AVE, Evansville, IN, 47710</th><th>Telephone Number (812-434-6909 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational</th><th>Follow-up Yes</th><th>/2019 Release 02/</th><th>11511 se Date (10/2019 ns:</th></redac<>	l's Pi ent Addres N Firs S R Ma ddress cted>	st A	mber and street, city, state, zip code) AVE, Evansville, IN, 47710	Telephone Number (812-434-6909 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational	Follow-up Yes	/2019 Release 02/	11511 se Date (10/2019 ns:	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	oe (See addi	tional page)	
Certified Fo	ood Handle	er		Other (list)	102	<u></u>)4050	
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	SUMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
324 NC R Three compartment sink faucet in need of repair.							15/2019	
411	NC		Increased lighting need	led in kitchen.		02/15/2019		
Received by	(name and	title p	Derinted):	Inspected by (name and title p	rinted):			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishm	ent Name			Telephone Number	Date of Ins		ID#	
T Min	imar	t		812-473-2585	(mm/dd/yr	•	11476	
			mber and street, city, state, zip code)	() Owner	01/28	/2019		
2400 \	<i>N</i> ash	ing	ton Ave., Evansville, IN, 47714					
Owner	D Tor	201	20	Purpose:	Follow-up		se Date /07/2019	
Pash Owner's Ac		IIai	<u>ig</u>	Routine	Yes			
<reda< td=""><td></td><td>ı</td><td></td><td>Follow-up</td><td>-</td><td>of Violation</td><td></td></reda<>		ı		Follow-up	-	of Violation		
Person in C				Complaint	1.2		$\frac{1}{R}$	
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	itional page)	
				HACCP		\bigcirc 6		
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u>	<u>)4</u> 05	
• CRITICAL	ITEMS AF	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	
129	С		Employee not washing wh	nen required.		Со	rrected	
295	С	R	Ice machine shield in need			01/28/2019		
324	NC			Grease trap log not up to date.				
Received by	•	_ ^	printed):	Inspected by (name and title p	rinted):			
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SDH Form 51-0001

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

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SDH Form 51-0001

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

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SDH Form 51-0001

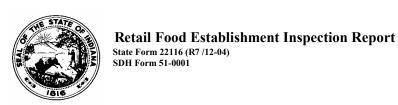
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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3430	Taylo	r A	ve., Evansville,	IN, 47714	' <redacted></redacted>			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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Section#	C/NC	R	Narrative				orrected By
307	NC	R	Hood vent not extended over	fryer cooking area.			02/2019
431	NC	R	Floor in fryer area has gr	ease build-up.		02/0	04/2019
297	NC		Ice machine for non-consumption ice	02/0	04/2019		
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SDH Form 51-0001

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

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

The Pony Establishment Address (number and street, city, state, zip code) 4820 Tecumseh, EVANSVILLE, IN, 47715 Owner PONY INDY LLC Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU</redacted></redacted></redacted>						lephone Number 312-473-0472 <redacted> redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	c_{0}	Release 02/	
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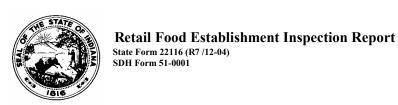
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			mber and street, city, state, zip code)	812-475-1400	01/31	/2019	11349	
			on St, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner		17	. D /E !! D' : I	Purpose:	Follow-u		se Date	
	_	Kn	ipp, Pres./Family Dining Inc.	Routine	No	02/	10/2019	
Owner's Ad				Follow-up		of Violation		
Person in C				Complaint	L 3	NC_S	3 , 4	
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Certified For		er			1 2	<u> </u>	<u>/405</u>	
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
118	С	R	Food establishment lacking cert	ified food employee	€.	02/2	28/2019	
415	С	R	Live pests present. Conta	ct pest control.		02/01/2019		
416	NC		Trapped pests in need	Trapped pests in need of removal.				
438	С		Working containers for toxic materials not	labeled with common	name.	Co	rrected	
431	NC	R	Flooring under equipment and prep	area excessively so	oiled.	02/01/2019		
295	NC	R	Equipment and shelv	ing soiled.		02/0	01/2019	
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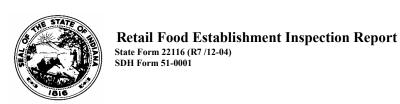
SDH Form 51-0001

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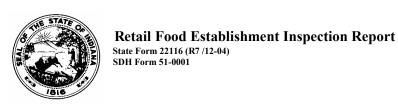
Schni	Establishment Name Schnucks #728 Establishment Address (number and street, city, state, zip code) 8501 N Green River Rd, EVANSVILLE, IN, 477					12-473-4510 redacted>	Date of Ins (mm/dd/yr 01/31)	то# 11307
Owner			kets Inc		Pu	rpose: Routine	Follow-up Yes		e Date 10/2019
Owner's Ad						Follow-up	Summary	of Violation	ns:
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Person in Charge < redacted>						Pre-Operational	C	$_{\rm NC}$	$R_{\rm R}$
Responsible Person's E-mail						Temporary	Menu Typ	e (See addi	tional page)
Acsponsible Person of L. mun						НАССР			
Certified Food Handler <redacted></redacted>						Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
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443	С		Sanitizer concentration	on at three compartn	ner	nt sink in deli too	strong.	Co	rrected
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Establishm	ent Addres	s (nu	mber and street, city, state, zip code) Dia St, Evansville, IN, 4771	0	<pre><redacted></redacted></pre>	01/28	/2019	
Owner Colum	nbia F	00	d Market Incorporated		Purpose:	Follow-up		se Date 07/2019
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Vanderburgh County Department of Health Telephone 812-435-5695

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

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Ferna		ua	<u>eia </u>	✓ Routine	Yes		09/2019	
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Person in C				Complaint	3	NC	1 5	
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
173	С	R	Raw meat being thawed over unc	overed bulk produ	ct.	Co	rrected	
199	NC	R	Improper thawing of fro	zen foods.		Corrected		
303	С		Improper use of 3 compartment].	Corrected			
239	NC			Utensils not inverted to prevent contamination.				
430	NC	R	Ceiling tiles need replaced & broken floor tiles in		eplaced.	02/0	06/2019	
431	NC	R	Area around 3 compartment sink			01/3	30/2019	
191	С	R	Ready to eat food not da		J		30/2019	
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

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	пеы	OH	Ave, Evansville, IN, 47714				<u> </u>	
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Owner's A				Follow-up	Summary	of Violation	ns:	
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• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	UMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
295	NC	R	Dessert cooler in need	of cleaning.		Co	rrected	
173	С		Improper storage of raw r	meat in cooler.		Corrected		
324	С	R		Hand sink in need of repair in serving area.				
232	NC		-	orage area in need of painting.				
			Ŭ Ü	1 0				
Received by			orinted):	Inspected by (name and title properties)	rinted):			
Received by	(signature):		Inspected by (signature):				
cc:			cc:	•	cc:			



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

Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
Circle				812-475-0014	01/28	•	11156	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<redacted></redacted>	01/20	72010		
Owner C & S	Inc			Purpose:	Follow-up Yes		se Date 07/2019	
Owner's Ac				Follow-up	Summary	of 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	$_{\rm C}$ 1	NC_	$I_{R}U$	
<reda< td=""><td></td><td></td><td>:1</td><td>Temporary</td><td>Monu Tur</td><td></td><td>tional page)</td></reda<>			:1	Temporary	Monu Tur		tional page)	
Kesponsible	e rerson's	c-ma	ш	HACCP	Menu Typ	e (see aaai	nonai page)	
Certified Fo		er		Other (list)	102	<u></u>	<u>_4</u> _5	
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	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	
443						01/2	28/2019	
291	NC		Establishment lacking sanitizer co			01/28/2019		
					-			
Received by	*	_ ^	orinted):	Inspected by (name and title properties)	rinted):			
Received by	(signature)):		Inspected by (signature):				
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SDH Form 51-0001

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

	S M	s (nui	t #25 mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(8) (<	Pephone Number 112-475-0014 Prose:	Date of Ins (mm/dd/yr 01/29) /2019	1D# 11156
C&S	Inc			_	Routine	No		08/2019
Owner's Ad					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	c_ O	NC_	R_U
Responsible			il		Temporary	Menu Typ	e (See addi	tional page)
					HACCP			
Certified Fo		er			Other (list)	1 <u></u> 2		<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			All violations from 01/28/20)19	corrected.			
Received by	*	-	orinted):		ected by (name and title pr	inted):		
<reda< td=""><td>acted</td><td><t</td><td></td><td><r< td=""><td>redacted></td><td></td><td></td><td></td></r<></td></reda<>	acted	< t		<r< td=""><td>redacted></td><td></td><td></td><td></td></r<>	redacted>			
Received by	(signature)):		Insp	ected by (signature):			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

The Kite	ablishment Name le Kitchen Buffet/Tropicana Hotel/Conference Cent ablishment Address (number and street, city, state, zip code) 21 NW Riverside Dr, Evansville, IN, 4770				(8	12-433-4000	Date of Ins (mm/dd/yr))	ъ# 11132
					\	redacted>			
Owner Aztar In	diana (Sam	ning Co LLC / dba	Tropicana Evansville		rpose: Routine	Follow-up		ne Date 10/2019
Owner's Ad						Follow-up	Summary	of Violation	18:
Person in C						Complaint	_ 1) [1
<reda< td=""><td>cted></td><td></td><td></td><td></td><td></td><td>Pre-Operational Temporary</td><td>C</td><td>NC</td><td> K</td></reda<>	cted>					Pre-Operational Temporary	C	NC	K
Responsible	Person's	E-ma	il			HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er				Other (list)	102	<u></u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SUN	MMA	RY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
191	С	R	Ready to eat food	d in reach-in cooler w	in reach-in cooler was lacking date marking.				rrected
Received by	(name and	title p	l printed):	I	Insp	ected by (name and title pr	rinted):		
<red< td=""><td>acted</td><td>/<</td><td></td><td></td><td><r< td=""><td>edacted></td><td></td><td></td><td></td></r<></td></red<>	acted	/ <			<r< td=""><td>edacted></td><td></td><td></td><td></td></r<>	edacted>			
Received by	ceived by (signature):					ected by (signature):			
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SDH Form 51-0001

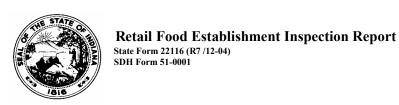
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishmo 300 S Owner	K #4 ent Addres Gree Conv	n F	00093 mber and street, city, state, zip code) River Rd, Evansville, IN, 47 nience Store LLC	715	Purpose:	Date of Insp (mm/dd/yr) 01/28/	2019 Releas 02 /	11107 11107 se Date 07/2019
<reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up</td><td>Summary o</td><td>_</td><td>_</td></reda<>					Follow-up	Summary o	_	_
Person in C					Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC_()
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC</td><td> K</td></reda<>	cted>				Pre-Operational	<u> </u>	NC	K
Responsible	e Person's	E-ma	il		Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo		er			Other (list)	102	<u></u>	<u>_4</u> _5
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COI	LUMNS 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	Narra	tive			To Be Co	rrected By
			No noted v	iolati	ons.			
						+		
						-		
Received by	acte	d>	printed):		Inspected by (name and title precised) < redacted>	inted):		
Received by	(signature):			Inspected by (signature):			
cc:			cc:			cc:		



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

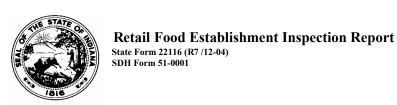
Establishme	ent Name			Telephone Number	Date of Ins	pection	ID#
		Sta	dium Inn	812-476-1936	(mm/dd/yr	•	11071
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	01/28	/2019	
	Jivisi	on	St, EVANSVILLE, IN, 47711				
Owner Ron S	chutz	<u>,</u>		Purpose: Routine	Follow-uj Yes		se Date 707/2019
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>				Complaint	-		
Person in C	0			Pre-Operational	$_{\rm C}$ $_{\rm U}$	NC_	$\frac{2}{R}$
<reda< td=""><td></td><td></td><td>:1</td><td>Temporary</td><td>Monu Tur</td><td>o (Caa addi</td><td>tional page)</td></reda<>			:1	Temporary	Monu Tur	o (Caa addi	tional page)
Responsible	e rerson's	L-IIIAI	II	НАССР	wienu i y	e (see aaai	iionai page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$)_4$ \bigcirc_5 \bigcirc
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
291	NC		Establishment lacking sanitizer co		•		28/2019
431	NC		Walk in cooler fans and ceilings	in need of cleaning) .	01/2	29/2019
-							
Received by	*	_ ^	orinted):	Inspected by (name and title properties)	rinted):		
Received by	(signature)):		Inspected by (signature):			
ce:			cc:		cc:		



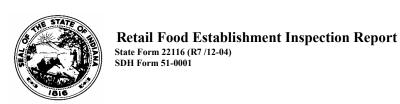
Vanderburgh County Department of Health Telephone 812-435-5695

Fax 812-435-5871

Establishme 2350 [Owner Ron S Owner's Ac <redac <redac="" <redac<="" c="" certified="" fc="" in="" person="" responsible="" th=""><th>chutz dress cted> harge cted> Person's</th><th>S (nui</th><th>dium Inn mber and street, city, state, zip code) St, EVANSVILLE, IN, 47711 ii</th><th>Pu</th><th>lephone Number 312-476-1936 < redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary</th><th>Release 02/</th><th>_</th></redac>	chutz dress cted> harge cted> Person's	S (nui	dium Inn mber and street, city, state, zip code) St, EVANSVILLE, IN, 47711 ii	Pu	lephone Number 312-476-1936 < redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	Release 02/	_
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			All violations from 01/28/2	010	corrected			
			7 til Violations nom o 1/20/2	010	corrected.			
Received by			orinted):		ected by (name and title predacted>	inted):		
Received by	(signature)):		Insp	ected by (signature):			
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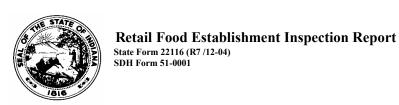
Establishme 1120 Owner Vicki E Owner's Ac <redac <redac="" <redac<="" c="" certified="" fc="" in="" person="" responsible="" th=""><th>Cook ent Addres Wash Barne ddress cted> harge cted> e Person's cod Handle cted></th><th>s (num ning S E-mai</th><th>and More Ther and street, city, state, zip code) The gton Sq, Evansville, IN The state of the</th><th></th><th>Pu</th><th>lephone Number 12-476-7884 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>$_{\rm c}$</th><th>Release 02/</th><th>_</th></redac>	Cook ent Addres Wash Barne ddress cted> harge cted> e Person's cod Handle cted>	s (num ning S E-mai	and More Ther and street, city, state, zip code) The gton Sq, Evansville, IN The state of the		Pu	lephone Number 12-476-7884 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	$_{\rm c}$	Release 02/	_
			FROM PREVIOUS INSPECTIONS ARE DENO				D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			1	To Re Co	rrected By
Section	0,110		No no	ted violation	anc			10 20 00	u Dj
			INO NO	teu violatio	JI 15	•			
Received by	(name and	title r	orinted):		Insp	ected by (name and title pr	rinted):		
<reda< td=""><td>1</td><td>-</td><td>,</td><td></td><td></td><td>redacted></td><td>,</td><td></td><td></td></reda<>	1	-	,			redacted>	,		
Received by	(signature)):			Insp	ected by (signature):			
cc:			cc:				cc:		



Vanderburgh County Department of Health
Telephone 812-435-5695

Fax 812-435-5871

Establishment Name			Tel	lephone Number	Date of Ins		ID#
Tropicana Pavilli	on- Cavanaugh'	's	(8	12-433-4000	(mm/dd/yr)		10853
Establishment Address (number and 450 NW Riverside D	street, city, state, zip code) Or, EVANSVILLE, II	N, 47708	(redacted>	01/31	12019	
Owner Aztar Indiana Gaming C	o LLC / dba Tropicana	Evansville		rpose: Routine	Follow-up		e Date 10/2019
Owner's Address				Follow-up	Summary	of Violation	is:
<redacted></redacted>				Complaint	1	(1
Person in Charge < redacted>				Pre-Operational	c_1	$_{\rm NC}$	R
Responsible Person's E-mail				Temporary	Menu Tvn	e (See addi)	ional page)
neoponosor reson o 2 mm				НАССР			
Certified Food Handler <redacted></redacted>				Other (list)	1 2	<u>3</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL ITEMS ARE IDENTIFIED	IN THE CHECKLIST AND NARRAT	IVE COLUMNS M	MARK	ED "C"			
• VIOLATION(S) REPEATED FROM P	VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH					ARRATIVE	BELOW AS "R"
Section# C/NC R		Narrative				To Be Co	rrected By
187 C R Ready	to eat food held above 41 de	grees in reach	n in c	ooler. Voluntarily dis	scarded.	Co	rected
Received by (name and title printed):		1	Insp	ected by (name and title pr	rinted):		
<redacted></redacted>			<r< td=""><td>edacted></td><td></td><td></td><td></td></r<>	edacted>			
Received by (signature):		Insp	ected by (signature):				
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Establishme	ent Name				Telephone Number	Date of Insp	ection	ID#	
		i () Schnucks #	728	812-473-4510	(mm/dd/yr) 01/31/		10832	
Establishmo	ent Addres V Gre	s (nu en	mber and street, city, state, zip River Rd. Evans	p code) sville, IN, 47715	() Owner	01/31/	2019		
Owner					Purpose:	Follow-up	Releas	se Date	
		RE	SH CONCEPTS F	RANCHISE CORP	Routine	Yes		10/2019	
Owner's Ac					Follow-up	Summary of	of Violation	ns:	
					Complaint	1	(\cap	
Person in C					Pre-Operational	c_1	NC_(P R O	
Responsible			il		Temporary		(See addi	tional page)	
_					НАССР				
Certified Fo		er			Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <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 INSPECTIO	ONS 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	
191	С		Imp	oroper date marking	g of PHF.		Corrected		
Received by	(name and	title p	printed):	Ι	Inspected by (name and title pr	rinted):			
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Received by	(signature)):			Inspected by (signature):				
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SDH Form 51-0001

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

Establishment Name Adeles Establishment Address (number and street, city, state, zip code) 4488 First Ave, Evansville, IN, 47710 Owner James Yoe Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler</redacted></redacted>						lephone Number 12-467-0295 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	c_{0}	Release 02/	_
				T AND NARRATIVE COLUMNS N ONS ARE DENOTED IN THE "SU			D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative					orrected By
SCCIOII#	CITIC	1/		No noted violati	000			TO DE CO	лисии Бу
				No noted violati	0115	•			
Daggi 11	(mama 1	4;41-	winted):		Te: -:	aatad by (nam 1 4:41	intad):		
2 \						Inspected by (name and title printed): <redacted></redacted>			
Received by (signature):					Inspected by (signature):				
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SDH Form 51-0001

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

715 Locust St, Evansville, IN, 47715 (<red< a="">)</red<>	e Date
	e Date
Owner Rosie Stevens Purpose: Routine Follow-up Releas 02/	12/2019
Owner's Address Follow-up Summary of Violation	s:
<pre><redacted></redacted></pre>) (
Person in Charge reducted Pre-Operational Pre-Operational	$R_{\rm R}$
<redacted> Responsible Person's E-mail Menu Type (See addit</redacted>	ional naga)
HACCP	ionai page)
Certified Food Handler Other (list) 10203	$0_4 \bigcirc 5 \bigcirc$
• 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	
	rrected By
Wing Fest	
No noted violations.	
Received by (name and title printed): Inspected by (name and title printed):	
<redacted></redacted>	
Received by (signature): Inspected by (signature):	
ce: ce:	



SDH Form 51-0001

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

	Stopent Address Cted> harge	Riv	mber and street, city, state, zip code) /er Rd. Ste. B, Evansville, IN, 477 Doley	Purpose: Routine Follow-up Complaint Pre-Operational	Pollow-up NO Summary o	2019 Releas 02/	_		
Responsible	Person's	E-ma	il		Temporary HACCP	Menu Type (See additional page)			
Certified Fo		er			Other (list)	1 <u>2</u>	<u>J</u> 3 <u>C</u>	<u> 4050</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	MNS MA	ARKED "C"				
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		MARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative No poted vio		200		To Be Co	orrected By	
			No noted vio	ialio	oris.				
D : 11	, ,		· D		T (11 / 123	:			
Received by			orinted):		Inspected by (name and title precised)	rinted):			
Received by	(signature)):		Inspected by (signature):					
cc:			cc:			cc:			



SDH Form 51-0001

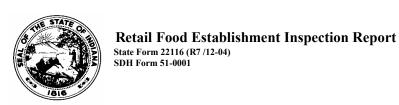
Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishment Name Pizza Pub Establishment Address (number and street, city, state, zip code) 606 N Main St, Evansville, IN, 47711 Owner Yvonne Woodburn Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail</redacted></redacted>							ephone Number 12-909-1704 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary		Releas 02/	$I_{R}0$
Responsible Person's E-mail Certified Food Handler <redacted></redacted>							HACCP Other (list)	Menu Type 1 2	3	4055
			ENTIFIED IN THE CHECKLIS							
• VIOLATIO Section#	ON(S) REPE	ATED R	FROM PREVIOUS INSPECTI			MMA	RY OF VIOLATIONS" AN			orrected By
431	NC	K	Frv	Narrative Fryer & oven area need cleaning.						29/2019
701	110		119	CI & OVCII alca	1100	u ci	cariirig.		0 1/2	2012013
								+		
								+		
Received by	(name and	title p	printed):			Inspe	ected by (name and title pr	rinted):		
2 \					<r< td=""><td>edacted></td><td></td><td></td><td></td></r<>	edacted>				
					Inspected by (signature):					
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Subway (Deaconess Midtown) Establishment Address (number and street, city, state, zip code) 520 Mary St Ste 110, Evansville, IN, 47710 Owner Houchens North Foods LLC						Purpose: Follow-up Release I					
Owner's Ad		NOI	III FOOUS LLC			Routine			11/2019		
<reda< td=""><td></td><td></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	harge				=	Complaint Pre-Operational	$\bigcup_{C} U$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$		
<reda< td=""><td></td><td></td><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>						Temporary					
Responsible	Person's	E-mai	il			НАССР	Menu Typ	e (See addii	ional page)		
Certified Fo	od Handle	er				Other (list)	$1\bigcirc_2$	\odot_3	$_{4}\bigcirc_{5}\bigcirc$		
					_						
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AN	ND NARRATIVE COLUMNS M	IARK	ED "C"					
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS	S ARE DENOTED IN THE "SU	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R		Narrative				To Be Co	rrected By		
426	NC		Remove an	nd or elevate items	s be	ehind walk-in.		02/0)4/2019		
Received by	(name and	title p	printed):		Insp	ected by (name and title pr	rinted):				
						edacted>					
Received by (signature):					Inspected by (signature):						
cc:			cc	:: ::	cc:						



Vanderburgh County Department of Health Telephone 812-435-5695

Fax 812-435-5871

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Responsible	Person's	E-ma	1		=	HACCP	Menu Typ	e (See addi	tional page)	
Certified Fo	ood Handle	er				Other (list)	102	<u></u>	04050	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS N	MARK	ED "C"				
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DE	NOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative				To Be Co	orrected By	
			No r	noted violation	ons					
					<r< td=""><td colspan="5">Inspected by (name and title printed): <redacted></redacted></td></r<>	Inspected by (name and title printed): <redacted></redacted>				
Received by (signature):						Inspected by (signature):				
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