

	Cabo ent Address ain S Lege ddress cted> Charge cted>	is (nu t, E eay	mber and street, city, state, zip code) Evansville, Indiana, 47708 /	(8) √ [№] √ [№] √ [№]	ephone Number 12-202-5719 redacted> rose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C_1	p Releas 02/ 02/ r of Violation NC	
Certified Fo		er			Other (list)	1 <u>U</u> 2		<u>14050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
344	С		Hand washing sink of	hstr	ucted		Co	rrected
Received by					rinted):			
Received by	acteo	d>		<r< td=""><td>ected by (name and title pr edacted> ected by (signature):</td><td>inted):</td><td></td><td></td></r<>	ected by (name and title pr edacted> ected by (signature):	inted):		
	(Signature)	,.		msp	(signature).			
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Establishm	s Soft ent Addres Mena d Will ddress cted> charge cted> e Person's	iar E-ma			Iephone Number 74-970-2188 (Pedacted> Image: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 02/ 019 02/ 01 Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
VIOLATIC) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
			All violations from 01/31/20)19	corrected.			
Received by				-	redacted>	rinted):		
Received by	(signature):		Insp	ected by (signature):			
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Establishm Shyle	er's B			Telephone Number (812-476-4599	Date of In (mm/dd/y		ID# 12398
			mber and street, city, state, zip code) a, Vanderburgh, Indiana, 47715	(<redacted></redacted>	02/0-	72010	
^{Owner} Porky	's LLC	С.		Purpose:	Follow-u NO		se Date 14/2019
Owner's Ad				Follow-up Complaint	-	of Violation	
Person in C				Pre-Operational		NC_	Ι _R <u>0</u>
Responsible			1	Temporary HACCP	Menu Ty	pe (See addi	tional page)
Certified For		er		Other (list)	1 <u>0</u> 2	<u></u> 3	$)_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE M	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
191	C	ĸ	Date marking lacking in r	meat cooler.)4/2019		
431	NC		Walk in cooler floor	soiled.		02/0	04/2019
			<u> </u>				
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):	<u> </u>	
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Received by	(signature)):		Inspected by (signature):			
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3131 Owner	s #38 ent Address Kansa TIN & ddress cted> Charge cted> e Person's	E-ma	nmber and street, city, state, zip code) Rd, Evansville, IN, 47720 AYLEY INC	() () Pu () () () () () () () () () () () () ()	lephone Number 12-867-3811 Contracted rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u Yes Summary C_1	r) 5/2019 p Releas	16/2019
• CRITICAI	L ITEMS AR	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	1ARK	KED "C"			
VIOLATIC	DN(S) REPE	ATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
295	С		Soda machine drink nozzles and ice sh	nielo	ds in need of clea	aning.	02/0	06/2019
Received by				-	redacted by (name and title proceeded)	rinted):		
Received by	(signature)):		Insp	bected by (signature):			
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3131 Owner MART Owner's Ad <reda< th=""><th>s #38 ent Addres Kansa TIN & ddress cted> Charge</th><th>ss (nu 3S BA</th><th>mber and street, city, state, zip code) Rd, Evansville, IN, 47720 AYLEY INC</th><th>(C) (~ Pu</th><th>elephone Number 312-867-3811 <redacted> urpose: Routine Follow-up Complaint Pre-Operational</redacted></th><th>^{Follow-u} No</th><th>r) 3/2019 p Releas</th><th></th></reda<>	s #38 ent Addres Kansa TIN & ddress cted> Charge	ss (nu 3S BA	mber and street, city, state, zip code) Rd, Evansville, IN, 47720 AYLEY INC	(C) (~ Pu	elephone Number 312-867-3811 <redacted> urpose: Routine Follow-up Complaint Pre-Operational</redacted>	^{Follow-u} No	r) 3/2019 p Releas			
<reda Responsible</reda 				-	Temporary	M T	(C	(;)		
Responsible	e rerson s	E-ma			НАССР	Menu Type (See additional page)				
Certified F		er			Other (list)	1 <u>0</u> 2	<u></u> 3	<u>)4</u> 050		
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARF	KED "C"					
• VIOLATIO	ON(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative				To Be Co	orrected By		
			Violation from 02/06/201	9 c	corrected.					
Received by				-	bected by (name and title proceeded)	rinted):				
Received by				Insp	pected by (signature):					
cc:			cc:			cc:				



1356 M Owner Yun L Owner's Ad <reda Person in C <reda Responsible</reda </reda 	d Buf ent Addres N Gre in ddress cted> Charge cted> e Person's	ss (nu en E-ma	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Telephone Number (812-476-6666 (<redational Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redational 	Follow-u NO Summary C	p Releas 02/ 019 02/ 01 Violation NC_	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
Section	ente		All violations from 1/30/2019 r	emain corrected		10200	
				emain conected.			
Received by	acteo	d>	. ,	Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishm 6636 E Owner Red R	Robir ent Addres E Lloyo Robin	ss (nu d E	Sourmet Burgers mber and street, city, state, zip code) xpressway, Evansville, IN, 47751 ernational Inc	Purpose:	Follow-u NO	p Releas 02/	ID # 11715 se Date 14/2019
Owner's Ad				Follow-up	Summary	of Violation	15:
Person in C		•		Complaint			
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u></u></td><td>NC_</td><td></td></reda<>				Pre-Operational	с <u></u>	NC_	
Responsible			il	Temporary	Menu Ty	oe (See addi	tional page)
-				НАССР		\sim	
Certified Fo		er		Other (list)	$1 \underline{\bigcirc} 2$	<u>3</u>	<u>)₄O₅O</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	DN(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND 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></redacted>	printed):		
Received by	v (signature):		Inspected by (signature):			
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Establishm		nh	ve Teke N Beke	Telephone Number	Date of Ins (mm/dd/yr		ID #	
			ys Take N Bake	(812-402-8686	02/07	/2019	11675	
			River Rd, Evansville, IN, 47715	(<redacted></redacted>				
^{Owner} Chad	Crico			Purpose:	Follow-up		te Date 17/2019	
Owner's A)		✔ Routine	Yes			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>ns:</td></reda<>				Follow-up	Summary	of Violation	ns:	
Person in C				Complaint	_ 1	NC () _1	
<reda< td=""><td>cted></td><td>•</td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u> </u></td></reda<>	cted>	•		Pre-Operational	C	NC_	<u> </u>	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type (See additional page)			
				Other (list)	\cap	\frown	$\cap \cap$	
Certified For Certified For Certified For Certified For Certain Certai		er		Other (list)	$1 \underline{\bigcup} 2$		<u>4050</u>	
• CRITICAL	LITEMS AF	RE IDF	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative				orrected By	
335 C R Back siphonage device in				need of repair.		02/	14/2019	
		1						
Received by		_ `		Inspected by (name and title pr <redacted></redacted>	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



Establishm 4828 Owner	reens ent Addres Davis	ss (nu La	10939 ^{mber and street, city, state, zip code)} ant Dr, Evansville, IN, 47715	Telephone Number (812-475-9541 (<redacted> Purpose:</redacted>	Follow-u	.; 5/2019 p Releas	ID # 11605 se Date
Walgr	een C	\mathbf{b}		✔ Routine	No	02/	16/2019
Owner's A	ddress			Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational			$\mathbf{U}_{\mathbf{R}}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe (See addi	tional page)
				Other (list)		\bigcap	$) \cap \cap$
Certified For Ce		er		Other (hst)	$1 \underline{\bigcirc} 2$	$\underline{\bigcirc}_{3}\underline{\bigcirc}$	<u>/4050</u>
1							
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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Establishm	SPO ent Addres Weinb Roeh ddress Cted> charge cted> e Person's		SDEN mber and street, city, state, zip code) n Ave. #110, Evansville, IN, 47711		lephone Number 12-479-8887 Content Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C_) 5/2019 P Releas 02/ of Violation NC_	
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	 ARK	ED "C"			
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ons				V
				5110	•			
Received by				<ľ	ected by (name and title proceeded)	rinted):		
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Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID #
Schn				(812-473-4510	`	., 5/2019	11307
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	02/00	<i>"</i> 2013	
	Gree	n r	River Rd, EVANSVILLE, IN, 47715		F 11	D 1	
Owner Schnu	icks N	Лаг	kets Inc	Purpose: Routine	Follow-u NO	1	se Date 15/2019
Owner's A				✔ Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational		(
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Responsible	e Person's	E-ma	11	НАССР	Menu Iy	pe (see aaan	tional page)
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$		$)_4 \bigcirc 5 \bigcirc$
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• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			All violation from 01/31/20)19 corrected.			
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Received by				Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
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Establishm	S Poil	ss (nu	e Shell umber and street, city, state, zip code) inte Blvd., Evansville, IN, 47715	(8)	ephone Number 12-479-9461 دredacted>	Date of In (mm/dd/yr 02/06		њ# 11175
^{Owner} Dersc	h Ene	erg	ies Inc	_	rpose: Routine	Follow-u NO		se Date 16/2019
Owner's A	ddress				Follow-up	Summary	of Violation	
<reda< td=""><td>cted></td><td>J</td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>	J			Complaint			
Person in C					Pre-Operational		(J _R U
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Responsible	e Person's	E-ma	11		НАССР	Menu Ty	pe (See addi	tional page)
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u> 3 <u>C</u>	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
		e idi	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	JARK				
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ons	i.			
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Received by	/ (signature)):		Insp	bected by (signature):			
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Establishme		fe	@ Walther's Golf-N-F	- un Center		lephone Number 12-464-4472	Date of Ins (mm/dd/yr	•)	ID# 11163
Establishme	ent Addres	s (nu	nber and street, city, state, zip code) Ave, EVANSVILLE, I		- ×	<redacted></redacted>	02/06	/2019	11100
Owner			GE INC.			rpose: Routine	Follow-u NO		^{te Date} 16/2019
Owner's Ad						Follow-up	Summary	of Violation	15:
<reda< td=""><td></td><td></td><td></td><td></td><td></td><td>Complaint</td><td>Ω</td><td>ſ</td><td></td></reda<>						Complaint	Ω	ſ	
Person in C						Pre-Operational	c U		
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Responsible	e Person's	E-ma	1			НАССР	Menu Ty	se (see aaan	tional page)
Certified Food Handler						Other (list)	$1 \bigcirc 2$	$\bigcirc_3 \bigcirc$	$)_4 \bigcirc 5 \bigcirc$
<redacted></redacted>							1		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N						ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE D	ENOTED 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
			No	noted violation	ons	•			
						ected by (name and title pr edacted>	rinted):		
Received by	(signature)):			Insp	ected by (signature):			
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	ers ent Addres Pete umar ddress cted>	rsk K	mber and street, city, state, zip code) ourg Rd., Evansville, IN, 47725 Patel	(C (Pu V	Routine Complaint	Follow-u Yes	p Releas 02/ of Violation	16/2019 ^{15:}	
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u> </u></td></reda<>					Pre-Operational	C	NC_	<u> </u>	
Responsible			il de la constant de	⊨	Temporary	Menu Ty	pe <i>(See addi</i>	tional page)	
Certified F		er			HACCP Other (list)	102	<u></u> 3	<u>)</u> ₄ <u>0</u> 5 <u>0</u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"				
• VIOLATIO	ON(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 Corrected By		
295	С	R	Ice machine shield in need	d o	f cleaning.		Co	rrected	
Received by	(name and	l title	printed):	Insp	bected by (name and title pr	rinted):			
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Received by					bected by (signature):				
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	ers ent Addres Pete umar	erst	^{mber and street, city, state, zip code)} Durg Rd., Evansville, IN, 47725 Patel	Telephone Number (812-867-2126 (<redacted> Purpose: Routine Follow-up</redacted>	Follow-u NO	r) 8/2019 p Releas	ID # 11114 se Date 18/2019
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>		•		Complaint			
Person in C				Pre-Operational		(J _R U
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Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe (See addi	tional page)
Certified F		er		Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	DN(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Violation from 2/6/2019	corrected.			
Received by	acte	d>		Inspected by (name and title)	printed):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



	ent Addres	s (nu	t ^{mber and street, city, state, zip code)} ourg Rd., Evansville, IN, 47725	Telephone Number (812-867-2386 (<redacted> Purpose:</redacted>	Date of In (mm/dd/y) 02/06 Follow-u	^{.,} 5/2019	ID # 11042 se Date	
Derek	Unge	eth	iem	Routine	Yes			
Owner's A	ddress			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	<u>с</u> О		$2_{R} 1$	
Responsible			il	- Temporary	Menu Type (See additional page)			
responsion			-	НАССР				
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u> 3) ₄ <u>0</u> 5 <u>0</u>	
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIC	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		Food prep employee not washi	ng when required.	Co	Corrected		
187	С	R	Hot food not being held at the required te	mperature of 135 de	grees.	Co	rrected	
430	NC		Wall in kitchen in need	of repair.		04/2	24/2019	
177	С		Food in walk in cooler not stored at lea	ast 6 inches off the	floor.	02/0	06/2019	
431	NC		Walk in cooler shelving and fans	in need of cleaning	g.	02/0	08/2019	
Received by			,	Inspected by (name and title provided by (name and title p	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm Horne Establishm 11845 Owner Derek Owner's Ad <reda Person in C <reda Responsible Certified F</reda </reda 	ets N ent Address Pete Unge ddress cted> Charge cted> e Person's	erst eth	mber and street, city, state, zip code) Durg Rd., Evansville, IN, 47725 iem	Telephone Number (812-867-2386 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u Yes Summary C	r) B/2019 P Releas 02/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Food elevated off the walk				
			Walk in cooler shelving and	I fans cleaned.			
Received by				Inspected by (name and title pr credacted>	rinted):		
Received by				Inspected by (signature):			
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1521 Owner Hickoi Owner's Ad <redat Person in C <redat Responsible Certified Fd <redat< th=""><th>ory Pi ent Address N Mai ry Pit ddress Cted> Cted> cted> cted> cted> cted> cted> cted></th><th>ss (nu in Sto E-ma</th><th>mber and street, city, state, zip code) St, Evansville, IN, 47711 op Inc</th><th>(8 (< Pu -</th><th>Alephone Number 12-422-6919 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary C_</th><th>r) B/2019 P Release 02/ of Violation NC_</th><th></th></redat<></redat </redat 	ory Pi ent Address N Mai ry Pit ddress Cted> Cted> cted> cted> cted> cted> cted> cted>	ss (nu in Sto E-ma	mber and street, city, state, zip code) St, Evansville, IN, 47711 op Inc	(8 (< Pu -	Alephone Number 12-422-6919 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C_	r) B/2019 P Release 02/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
Section#	C/IIC	K					TO BE CO	JITECIEU By
			No noted violation	ons				
Received by				-	redacted>	inted):		
Received by	(signature)):		Insp	bected by (signature):			
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	t Bar ent Address reen S KEN ddress Cted> Cted> Cted> cted> cted> ood Handle	ss (nu Riv MP E-ma		(8) (V) Pu (V) Pu (V) Pu	lephone Number 12-479-0511 credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 02/ of Violation NC	
• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section# C/NC R Narrative							To Be Co	orrected By
No noted viola					<u>.</u>			
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Received by				-	ected by (name and title pr edacted>	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			сс:			cc:		



	Y´S #	ss (nu	4 ^{mber and street, city, state, zip code)} River Rd, Evansville, IN, 47715		spection c) 5/2019	ID # 10902 se Date			
SERV	US, I	nc.		Purpose:	Follow-u Yes		15/2019		
Owner's A	ddress			Follow-up	Summary	of Violations:			
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td>1 5</td></reda<>				Complaint			1 5		
Person in C				Pre-Operational	с _	Z			
Responsible			il	Temporary	Menu Type (See additional page)				
				НАССР	\square	$\frown \frown$	\sim		
Certified For Ce		er		Other (list)	1 <u>0</u> 2		$\underline{0}_{4} \underline{0}_{5} \underline{0}$		
• CRITICAL	L ITEMS AR	RE IDH	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO	. ,	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N				
Section#	C/NC	R	Narrative				orrected By		
415	C	_	Live pest activity present. Ca						
295	C	R	Food residue present on clea				05/2019		
345	C	_	Hand washing sink on front line used for purpo		_		05/2019		
294	C	R	Sanitizer concentration for all w	•			rrected		
430	NC	R	Walls around mop sink and ceiling along						
433	NC	R	Mop not stored to allow pro						
422	NC		Personal items stored improperly on rack w						
431	NC	R	Facility under and behind equipme	nt in need of clean	ing.	02/0	09/2019		
Received by				Inspected by (name and title p <redacted></redacted>	rinted):				
Received by				Inspected by (signature):					
cc:			cc:		cc:				



Establishment N				Telephone Number	spection	ID #			
			Schnucks #728	(812-473-4510		, 5/2019	10832		
			nber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>credacted></pre>	02/00	/2013			
				Purpose:	Follow-u		se Date $4 E / 2010$		
ADVANCE Owner's Addre		KE.	SH CONCEPTS FRANCHISE CORF		No				
<redacte< td=""><td></td><td></td><td></td><td>✓ Follow-up</td><td>Summary</td><td>of Violation</td><td>15:</td></redacte<>				✓ Follow-up	Summary	of Violation	15:		
Person in Char				Complaint	$\left \begin{array}{c} 0 \end{array} \right $) [)		
<redacte< td=""><td>ed></td><td></td><td></td><td>Pre-Operational Temporary</td><td>L</td><td></td><td></td></redacte<>	ed>			Pre-Operational Temporary	L				
Responsible Per	rson's E	-mail	I	насср	Menu Type (See additional page)				
				Other (list)		\bigcirc			
Certified Food		r			$1 \underline{\bigcirc} 2$	$\underline{\bigcirc}_{3}\underline{\bigcirc}$	<u>/4@5</u>		
• CRITICAL ITE	EMS ARE	E IDEI	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"					
• VIOLATION(S)) REPEA	TED	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		
			All violation from 01/31/20	019 corrected.					
Received by (nar		- 1	rinted):	Inspected by (name and title p	rinted):				
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Received by (sig	gnature):			Inspected by (signature):					
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Establishme 601 W Owner	letree ant Address /alnut Evans Ldress Cted> harge Cted>	s (nui St	Evansville mber and street, city, state, zip code) , Evansville, IN, 47708 lle Hotel, LLC	Telephone Number (812-423-5002 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C) /2019 P Releas 02/ of Violation NC_	
Certified Fo	ted>			Other (list)	$1 \underline{\bigcup} 2$		<u>14_5</u>
			INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS		D IN THE Y		DELOW AS "D"
• VIOLATIO Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	JMMARY OF VIOLATIONS" AN	D IN THE N		orrected By
Section#	CINC	N	No noted violati	ons		TUBECO	Trected By
				0110.			
Received by			printed):	Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishm				Telephone Number	Date of In (mm/dd/y		ID #	
			Food & Drinks	(812-550-1599	· ·	5/2019	13832	
			mber and street, city, state, zip code)	<pre>(<redacted>)</redacted></pre>	02/00	/2013		
II∠IN Owner		_n	BLVD, Evansville, IN, 47708		Follow-u	p Releas	a Data	
Roofto	op Re	sta	lurant	Purpose:	Yes		15/2019	
Owner's A				Follow-up	Summary	of Violations:		
<reda< td=""><td></td><td>1</td><td></td><td colspan="5">Complaint C 2 NC 1 R</td></reda<>		1		Complaint C 2 NC 1 R				
Person in C	0			Pre-Operational	с_ ∠	NC	R	
Responsible				Temporary	Menu Type (See additional page)			
Responsion	c i ci son s	L-ma	u	НАССР	Wienu Ty			
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{O}_4 \underline{O}_5 $	
		F IDE	CNTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
218	NC		Dishwasher not dispensi	ng sanitizer.			1/2019	
188	С		Improper reheating of foods	v		Corrected		
191	С	R	Not date marking all req			02/0	06/2019	
Received by		-	printed):	Inspected by (name and title printed):				
Received by				Inspected by (signature):				
cc:			cc:	cc:				



	isance ent Address Gree ii Cha ddress cted> Charge cted> cted> cted> cted> cted>	ss (nu n F ama E-ma		Telephone Number (812-602-3535 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C Menu Tyj	r) 5/2019 P Releas 02/ r of Violation _ NC_	D R O
<redac< td=""><td>cted></td><td></td><td></td><td></td><td>12</td><td></td><td></td></redac<>	cted>				12		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
Section#	CINC	K		04 40 40		TOBECO	JITECIEU By
			All violations from inspection on	01-16-19 corrected	ן.		
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	v (signature)):		Inspected by (signature):			
cc:			сс:		cc:		



Establishm	ers C	s (nu	e & Coffee Bar mber and street, city, state, zip code) e Ste. E-2, Evansville, IN, 47715	Telephone Number (812-453-8316 (<redacted> Purpose:</redacted>	Date of In (mm/dd/y) 02/04 Follow-u	r) I/2019	ID # 13879 se Date	
David	Jone	S		Routine	No 02/14/2019			
Owner's A				Follow-up	Summary of Violations:			
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td colspan="3"></td></reda<>				Complaint				
Person in C				Pre-Operational	$\underline{C2} NC 0 R$			
Responsible			1	Temporary	Menu Type (See additional page)			
Responsion		E-ma	1	НАССР				
Certified F		er		Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc} 3 \underline{\bigcirc} 4 \underline{\bigcirc} 5 \underline{\bigcirc}$			
• 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 BELOW AS "R"								
Section# C/NC R Narrative						To Be Corrected By		
173	С		Improper storage of egg	s in cooler.	Corrected			
294	С		Chemical sanitizer concentration	nemical sanitizer concentration below required level.			. 02/04/2019	
Received by		-		Inspected by (name and title p	rinted):			
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Received by (signature):				Inspected by (signature):				
cc:			cc:	cc:				