

Vanderburgh County Department of Health Telephone 812-435-5695

Fax 812-435-5871

Establishmo 956 Po Owner GOOSE Owner's Ac	en's Fent Address	St Re	staurant nber and street, city, state, z Evansville, IN est LLC		(8) (<	lephone Number 312-459-1761 <redacted> urpose: Routine Follow-up</redacted>	12345 12345 19/2019			
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Responsible	Person's	E-mai	il		┡	Temporary HACCP	Menu Typ	oe (See addii	tional page)	
Certified Fo		er				Other (list)	1	<u></u>)4050	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARK	ŒD "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS 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	
				Dish machine is sar						
324	С			reaching 140 F for lo		•	ine.			
			Breake	Breaker for dishmachine needs service.						
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SDH Form 51-0001

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			or each violation is specified in the market pertion of the	этер					
Establishm	ent Name				lephone Number	Date of Ins (mm/dd/yr		ID#	
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			mber and street, city, state, zip code) Evansville, IN, 47708	(<	redacted>	0 1, 1 1	,20.0		
Owner			1 11		rpose:	Follow-up		se Date	
		ana	alo-Ibay	~	Routine	Yes	04/	21/2019	
Owner's Ad					Follow-up Complaint	Summary	of Violation		
Person in C				⊨	Pre-Operational	$_{\rm c}$ 1	NC_	1 .2	
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Responsible	e Person's	E-ma	il		Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified F	ood Handle	er			Other (list)	$1\bigcirc 2$	\bigcirc 3(\bullet	$)_4\bigcirc_5\bigcirc$	
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• CRITICAI	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"				
• VIOLATIO	ON(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	
128	С		lacking hot water (100 F) for first floor restroom hand	d sin	k. Measured at 74 F. S	Servicing	04/11/2019		
346	NC	R	Lacking soap for upstairs	Lacking soap for upstairs hand sinks.					
347	NC	R	Lacking disposable towels	at	hand sinks.		Co	rrected	
			Provided hand washing signs	s fc	or hand sinks.				
257	NC		Thermometers missing for several upstairs and down sta	air su	shi refrigeration units. To	emps ok.	04/	12/2019	
430	NC		Walkin freezer has ice accumulation from fans ur	nto s	helving and flooring.	Service			
D : 11	(1	12.1	· 4 D	Ţ	(11 / 164	: (1)			
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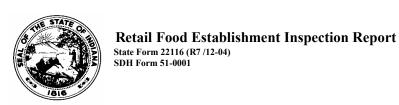
	ent Addres Lincol IL AM dress Cted> harge Cted> Person's	n A			(8) (V	lephone Number 312-473-7101 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	C_O	Releas 04/		
	 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" 									
Section#	C/NC	R		Narrative			1	To Ro Co	orrected By	
SCCIIIII#	CITIC	IV.			255			TO DE CO	лиски Бу	
				No noted violation	ons					
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Establishmond 14134 Owner	n Ch ent Addres Darr	nst nst	ch of Darmstadt mber and street, city, state, zip code) adt Rd, Evansville, IN,	47725	**Telephone Number** (812-464-7807) (<redacted> Purpose:</redacted>	Date of Insp (mm/dd/yr) 04/10/2	2019 Releas	11576 11576	
		arn	nstad Church		✓ Routine	No	04/	20/2019	
Owner's Ad					Follow-up	Summary o	f Violation	ns:	
Person in C					Complaint	\cap	$_{\rm NC}$		
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Responsible			il		Temporary	Menu Type	(See addi	tional page)	
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• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS N	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOT	FED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative		,	Го Ве Со	orrected By	
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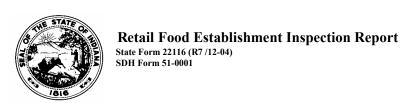
Establishmo HORI		ΙН	OMES SWIRCA	Telephone Number () Establishment Date of Inspection (mm/dd/yr) 04/08/2019 ID # 1150					
			mber and street, city, state, zip code) quare, Evansville, IN, 47715	() Owner	04/00			
Owner Horizo	n Ho	me	es .	_	rpose: Routine	Follow-u No		18/2019	
Owner's Ac	ldress				Follow-up Complaint	Summary	of Violation	•	
Person in C		ı			Pre-Operational Temporary	c_ U	NC_	J _R U	
Responsible	Person's	E-ma	il		НАССР		pe (See addii		
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u>	<u>)4</u> 05 <u>0</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN			D IN THE N	JADDATIVE	DELOW AC "D"	
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Retail Food Establishment Inspection Report

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

Establishm	ent Name			Telephone Number	Date of Ins	spection	ID#
Zesto)			812-424-1416	(mm/dd/yr	•	11460
Establishm	ent Addres		mber and street, city, state, zip code)	() Owner	04/11	/2019	
102 W	/ Frar	ıkli	n St, EVANSVILLE, IN, 47710	' <redacted></redacted>			
Owner				Purpose:	Follow-up		se Date
Big Co	one Ir	IC.		✓ Routine	No	04/	21/2019
Owner's A				Follow-up	Summary	of Violatio	ns:
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Person in C				Pre-Operational	$_{\rm C}$ 1	NC_	$\frac{1}{R}$
Responsible			:1	Temporary	Manu Tyr		tional page)
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Certified F	ood Handle	er		Other (list)	$1\bigcirc 2$	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
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• CRITICAI	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		2 11, 1112.1,		orrected By
294	С	1	Sanitizer at sink below require	ed concentration			rrected
204			Carnazer at sink below require	ca concentration.			ircolou
	-						
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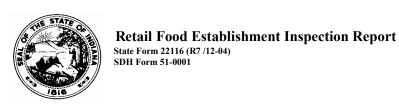
Establishm			HOUSE SWIRCA	Telephone Number () Establishment	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)		04/08/	2019	11378
5300	Carria	age	Dr., EVANSVILLE, IN, 47715	' <redacted></redacted>			
Owner SWIR	CA			Purpose: Routine	Follow-up No		se Date // 18/2019
Owner's A				Follow-up	Summary o	f Violation	ns:
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Person in C				Pre-Operational	$_{ m c}$ U	NC (\mathcal{I}_{R} \mathcal{U}_{R}
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
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• CRITICAL	L ITEMS AF	RE IDE	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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No noted violation	ons.			
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishmo 2400 Owner	e K #4 ent Addres E Riv	ss (nu ers	02414 mber and street, city, state, zip coo ide Dr, Evansville nience Store LLC	e, IN, 47714	relephone Number (812-477-6352 (<redacted> Purpose: Routine</redacted>	Date of Inspe (mm/dd/yr) 04/11/2 Follow-up	2019 Releas	11242 11242 e Date 21/2019		
Owner's Ac					Follow-up	Summary of	Violation	ns:		
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					НАССР					
Certified Fo	ood Handl	er			Other (list)	102	<u>)</u> 3 <u>(</u>	<u>14050</u>		
• CRITICAL	. ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND	D NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS A	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.					
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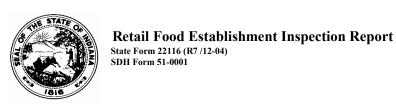
Establishme Order)w(s Nest #30	Telephone Number (812-422-2556 Date of Inspection (mm/dd/yr) ID #				
Establishme	ent Addres	ss (nu	mber and street, city, state, zip code) nan Ave, Evansville, IN, 47710	<pre>(<redacted></redacted></pre>	04/09	/2019	11207	
Owner	V OIT	<i>-</i> 111	lan Ave, Evansvine, III, 477 10	Purpose:	Follow-u	n Releas	se Date	
ORDE	ROF	O	WLS NEST #30	Routine	No		19/2019	
Owner's Ad				Follow-up	Summary	of Violation	ns:	
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• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
303	С	R	Dish machine not sanitiz	zing dishes.		Co	rrected	
291	NC	R	No chemical sanitizer	test strips.		04/10/2019		
191	С	R	Ready to eat foods not d	Co	rrected			
438	С	R	Chemical spray bottle not labe	eled with content.		Co	rrected	
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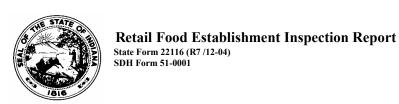
SDH Form 51-0001

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

Establishme					Telephone Number Date of Inspection ID #					
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			mber and street, city, state, zip code)			04/09/2	019			
3221	Marin	er	Dr., Evansville, IN, 47713		' <redacted></redacted>					
Owner	211.0				Purpose:	Follow-up	Releas			
FKG ()			✓ Routine	No	04/	19/2019		
Owner's Ac					Follow-up	Summary of	Violation	is:		
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Responsible	e Person's	E-mai	ll .		НАССР	Menu Type (See additional page)				
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Certifica F	ood Handi	.1				102	<u> </u>	<u> </u>		
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		MMARY OF VIOLATIONS" AN					
Section#	C/NC	R	Narrati			T	o Be Co	rrected By		
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Establishm		en	by Post #2953		Telephone Number (812-477-3141	Date of Insp (mm/dd/yr)		ть# 11138		
Establishm	ent Addres	ss (nu	mber and street, city, state, zip of Ave., Evansville,	code)	<pre>(<redacted></redacted></pre>	04/10/	2019			
Owner			y Post #2953		Purpose:	Follow-up		se Date 20/2019		
Owner's Ac	ddress		•		Follow-up	Summary o	f Violation	ns:		
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Certified Fo	ood Handl	er			Other (list)	102	\bigcirc_3	$0_4 0_5 $		
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST A	ND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO			FROM PREVIOUS INSPECTIONS		MMARY OF VIOLATIONS" AN					
Section#	C/NC	R		Narrative			To Be Co	orrected By		
				No noted violation	ons.					
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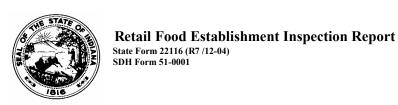
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• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECT	IONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative				To Be Co	rrected By	
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Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishme	ent Name			Telephone Number Date of Inspection ID #				
Kanp	ai			812-471-7076	(mm/dd/yr) 04/08		11052	
Establishme	ent Addres		mber and street, city, state, zip code)	(,) Owner .	04/08	2019		
4593 V	Vashir	ngto	on Ave., EVANSVILLE, IN, 47714	' <redacted></redacted>				
Owner				Purpose:	Follow-up		se Date	
Jayso		lur	10Z	✓ Routine	No	04/	18/2019	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	C	NC	$R_{\underline{}}$	
Responsible			il	Temporary	Menu Tyn	e (See addi	tional page)	
responsible	er croon o			НАССР				
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 (•	$_{4}\bigcirc_{5}\bigcirc$	
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	-			
• VIOLATIC	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		I	To Be Co	orrected By	
173	С		Improper storage of egg	s in cooler.		Corrected		
402	NC		Tile floor in need of			04/26/2019		
				p				
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):			
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td>,</td><td></td><td></td></red<>				<redacted></redacted>	,			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



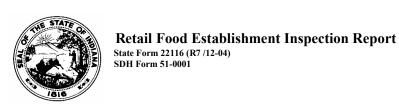
Establishment Name Holiday Retirement Village Establishment Address (number and street, city, state, zip code)					12-429-0701	Date of Ins (mm/dd/yr 04/10		то# 11035	
1200 V	V Bue	na	Vista, EVANSVILLE, IN, 47710		redacted>				
Owner Derek	Duni	gaı	า	_	rpose: Routine	Follow-uj		e Date 20/2019	
Owner's Ad					Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>NC_</td><td>1</td></reda<>					Complaint	\cap	NC_	1	
Person in C	0				Pre-Operational	C_O	NC	R	
Responsible			il		Temporary	Menu Ty	e (See addi	tional page)	
-				\blacksquare	НАССР				
Certified Fo		er			Other (list)	1 <u>02</u>	<u>3</u>	<u>14©5</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 "SUI	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	orrected By	
430	NC	R	Walls behind stove in need of re	esu	rfacing/painting	-	05/10/2019		
Received by	(name and	title p	printed):	Insp	ected by (name and title pr	rinted):			
<reda< td=""><td>acte</td><td><t</td><td></td><td><r< td=""><td>edacted></td><td></td><td></td><td></td></r<></td></reda<>	acte	< t		<r< td=""><td>edacted></td><td></td><td></td><td></td></r<>	edacted>				
Received by	(signature)):		Inspe	ected by (signature):				
cc: cc:						cc:			



Retail Food Establishment Inspection Report

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

Establishment Name					Telephone Number	Date of Ins		ID#
G.D.				• .	812-425-8700	04/09	,	10978
4810 l	Jnive	rsit	mber and street, city, state, zip y Dr., EVANSVI	LLE, IN, 47712				
Owner Dan G	Gruno	w/C	Chad Grunow		Purpose:	Follow-up		ne Date 19/2019
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>1</td><td>(</td><td>1</td></reda<>		1		Complaint	1	(1	
Person in C				Pre-Operational	c_1	NC_	J _R I	
Responsible			il		Temporary			tional page)
responsible	er croon s				НАССР			
Certified Fo		er			Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
		RE IDI	ENTIFIED IN THE CHECKLIST A	AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTION	NS 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
187	С	R	Potentially hazardous food	cold holding above 41 degre	ees. Product was moved to	walk in.	Co	rrected
Received by			printed):		Inspected by (name and title properties) <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):				
cc: cc:						cc:		



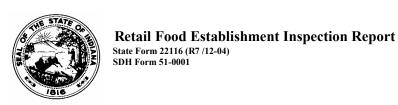
	IKLII		STREET DAIRY QUE	EN	Telephone Number (812-424-5821	Date of Inspe (mm/dd/yr) 04/11/2		то# 10890
			mber and street, city, state, zip code) n St, Evansville, IN, 477	10	' <redacted></redacted>	O T /11/2	-010	
Owner PAUL	A KIR	RΚ			Purpose:	Follow-up NO		e Date 21/2019
Owner's Ad				Follow-up	Summary of	Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>1</td></reda<>				Complaint	\cap	(1	
Person in C					Pre-Operational	$_{\rm C}$	NC_($I_{R}U$
<reda< td=""><td></td><td></td><td>2</td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>			2		Temporary			
Responsible	e Person's	Ł-ma	Ш		НАССР	Menu Type	(See aaan	ionai page)
Certified Fo	ood Handle	er			Other (list)	$_{1}\bigcirc_{2}($	$)_3$	$_{4}\bigcirc_{5}\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>							
• CRITICAL	ITEMS AR	E IDE	NTIFIED 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 NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Na	rrative		7	To Be Co	rrected By
			No note	d violat	ion.			
Received by			printed):		Inspected by (name and title p	rinted):		
<reda< td=""><td>acte</td><td><t</td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	< t			<redacted></redacted>			
Received by (signature):					Inspected by (signature):			
cc:			cc:			cc:		



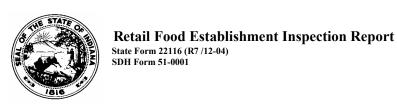
Retail Food Establishment Inspection Report

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

Establishment Name		Telephone Number Date of Inspection ID #				
Ginmiya Asian Diner		812-471-8100	(mm/dd/yr) 04/10/		10815	
Establishment Address (number and street, city, state,		(,) Owner .	04/10/	2019		
4827 Davis Lant Drive Ste F, Ev	ansville, IN, 4//15			T = -		
De Hui Yu		Purpose:	Follow-up NO		Se Date 20/2019	
Owner's Address	Follow-up	Summary	of Violation	ns:		
<redacted></redacted>	Complaint	\cap		1 ^		
Person in Charge	Pre-Operational	$_{\rm C}$ U	NC	$I_R U$		
<redacted></redacted>	Temporary	M T				
Responsible Person's E-mail		НАССР	Menu Typ	e (See aaai	tional page)	
Certified Food Handler		Other (list)	1()2(\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$	
<redacted></redacted>			1	<u></u>	<u> </u>	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECT	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	
234 NC Knife im	properly stored betw	een equipment.		Corrected		
Received by (name and title printed):	-	Inspected by (name and title p	rinted):			
<redacted></redacted>		<redacted></redacted>	initeu).			
Received by (signature):	Inspected by (signature):					
ce:		cc:				



Establishment Name Lollys Pop Bar Establishment Address (number and street, city, state, zip code) 1016v S Weinbach Evansville, IN, 47714 Owner Todd Megar Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail</redacted></redacted>						lephone Number 13-906-7319 redacted> rpose: Routine Follow-up Complaint Pre-Operational	Follow-uj) /2019	
Responsible Person's E-mail						Temporary HACCP	Menu Typ	oe (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	1ARK	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 discrepanci	ies				
								<u></u>	
Received by	(name and	title p	orinted):	T	Insp	ected by (name and title pr	rinted):		
<reda< td=""><td>acted</td><td><t</td><td></td><td></td><td colspan="5"><redacted></redacted></td></reda<>	acted	< t			<redacted></redacted>				
Received by (signature):					Insp	ected by (signature):			
cc:				cc:	сс:				



Establishme	ent Address Ationa Brown Idress Cted> harge Cted> Person's	s (nu al F	in BBQ/ U of E Purple Palooza mber and street, city, state, zip code) dwy, Washington, IN, 47501	Pu /	lephone Number 12-698-4158 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Summary C	2/2019 Releas	0_{R}
<redac< td=""><td>ted></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td></redac<>	ted>					1		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	*11417	RI OF FIGURIOUS AIN	on, men		orrected By
187	С	1/	Mac N Cheese not maintained at 135 in tra	ane	it Reheating Cor	recting		2/2019
107	0		Was it should not maintained at 100 in the	ai 13	it. Reneating. Oor	recting	0-7/	12/2013
J ()				<r< td=""><td>ected by (name and title predacted></td><td>inted):</td><td></td><td></td></r<>	ected by (name and title predacted>	inted):		
					ected by (signature):			
cc:			cc:			cc:		