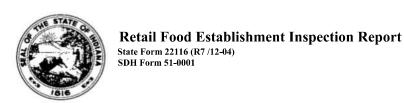


Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#		
Hone	у Мо	on	Coffee Co.	812-602-3123	05/14/	2010	13224		
			mber and street, city, state, zip code)	(<redacted></redacted>	03/14/	2019			
612 S	Wein	ıba	ch Ave, Evansville, IN, 47714						
Owner Jessic	a Par	'so	ns	Purpose: ✓ Routine	Follow-up Yes		se Date 24/2019		
Owner's Ac		-	110						
<reda< td=""><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary o</td><td>_</td><td>_</td></reda<>				Follow-up Complaint	Summary o	_	_		
Person in C						NC S	3 ₅ 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-mai	il	Temporary	Menu Type	: (See addi	tional page)		
				НАССР	\bigcirc				
Certified Fo		er		Other (list)	1 <u></u> 2	<u>3</u>	<u>)4050</u>		
				A A DAZED #GP					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MADE DENOTED IN THE 65LL		in in this si	DDATE	DELOW AC 4D*		
	* *		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN					
Section#	C/NC	R	Narrative	d of alassissis			orrected By		
431	NC		Shelving in kitchen in need				15/2019		
256	NC	R	Reach in coolers lacking prop			05/15/2019			
430	NC		Reach in cooler door seal in	•		Co	rrected		
294	С		Sanitizer for wiping cloth	es too weak.		Co	rrected		
Received by			printed):	Inspected by (name and title p	rinted):				
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Received by				Inspected by (signature):					
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Establishme	y Mo ent Addres Wein ca Par ddress cted>	ss (nui Iba SO	Coffee Co. mber and street, city, state, zip code) ch Ave, Evansville, IN, 47714 ns	Telephone Number (812-602-3123 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational	Follow-u	7) 1/2019 1 Releas	
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Tyj	oe (See addi	tional page)
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative	O corrected		To Be Co	orrected By
		\vdash	Violation from 5/14/2019	9 corrected.			
		\vdash					
		\vdash					
Received by		_	orinted):	Inspected by (name and title properties)	rinted):		
Received by	(signature)):		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

			• •				
Establishm Philly				Telephone Number	Date of Ins (mm/dd/yr		то# 12995
				812-602-4027	05/15	/2019	12995
			Rd Ste D, Evansville, IN, 47725	' <redacted></redacted>			
Owner				Purpose:	Follow-up		se Date
Laura	O'Le	ary		✓ Routine	No	05/	25/2019
Owner's A				Follow-up	Summary	of Violatio	as:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>\mathbf{a}</td><td>(</td><td>) (</td></reda<>	cted>			Complaint	\mathbf{a}	() (
Person in C				Pre-Operational	$_{\rm C}$ U		J _R U
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td><u> </u></td><td>1,6</td><td> ~</td></reda<>	cted>			Temporary	<u> </u>	1,6	~
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified For		er			1 <u></u> 2	<u>3</u>	<u> 1405</u>
		EIDI	ENTERIOR IN THE CHECKLIST AND VADDATIVE COLUMNS IN	A DIVED 400			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection.			
Received by	acte	< t		Inspected by (name and title poses <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishm	ent Name			Telephone Number Date of Inspection ID #				
Pang		itcł	nen	812-401-2405	(mm/dd/yr		12480	
			mber and street, city, state, zip code)	() Owner	05/14	12019		
111 S (Green	Riv	ver Rd Ste E, Evansville, IN, 47715	' <redacted></redacted>				
Owner				Purpose:	Follow-uj		se Date	
Randy	/ Hob	sor	า	✓ Routine	No	05/	24/2019	
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational		NC	$I_{R} 0$	
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Responsible	e Person's	E-mai	il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР		~ ~		
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc 2$	$\bigcup_3 \bigcirc$) ₄ () ₅ ()	
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• CRITICAL	. ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
324	NC		Back siphonage device in r	need of repair.		05/	15/2019	
	<u> </u>							
	-							
D : 11	<u> </u>	111		T / 11 / 1005	* . 1			
Received by		_		Inspected by (name and title p	rinted):			
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Received by	(signature)):		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

Establishment Name Schnucks #742 Establishment Address (number and street, city, state, zip code) 600 E Bnvl-NH Rd, Evansville, IN, 47725 Owner Schnucks Markets Inc Owner's Address <redacted> Person in Charge <redacted></redacted></redacted>					8 V	rpose: Routine Follow-up Complaint	Follow-u	5/2019 Releas	
					=	Pre-Operational Temporary	<u> </u>		
Responsible	Person's	E-ma	il		=	НАССР	Menu Tyj	se (See addii	tional page)
Certified Food Handler						Other (list)	1 2	<u>3</u>)405
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST	FAND NARRATIVE COLUMNS M	MARKI	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTION	ONS ARE DENOTED IN THE "SU	MMAI	RY OF VIOLATIONS" AN	D IN THE N	IARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
				No noted violation	ons.	•			
Received by			orinted):		_	ected by (name and title predacted>	rinted):		
Received by	(signature)):			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

1								
Establishme				Telephone Number	Date of Ins (mm/dd/yr		ID#	
Los B				812-474-9078	•	/2019	12261	
Establishmo	ent Addres Nater	for	nber and street, city, state, zip code) d Blvd, Evansville, IN, 47715	(<redacted></redacted>	00/17	72013		
Owner				Purpose:	Follow-uj			
Los Bı	ravos	Ind		Routine	No	05/	27/2019	
Owner's Ac				✓ Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	CU		\mathcal{I}	
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td></td><td> ~</td></reda<>	cted>			Temporary			~	
Responsible	Person's	E-mai	1	НАССР	Menu Typ	e (See addii	tional page)	
						\bigcirc		
Certified Fo		er		Other (list)	1 2	\bigcirc 3 \bigcirc	<u> 1405</u>	
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M.				MARKED "C"				
• VIOLATIC	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	
			Corrected violation from 4/1	0/19 inspection				
			_					
D : 11	/ 1			T (11 (1.24	1			
Received by	*		rinted):	Inspected by (name and title properties)	inted):			
Received by	(signature):		Inspected by (signature):				
ce:			сс:		ce:			



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

E (11' 1	4 % 1			TO LA NO L	Date of Ins		ID #
Twice		امرا		Telephone Number	(mm/dd/yr		ID#
				812-582-1473	05/13	/2019	12204
			mber and street, city, state, zip code) (y Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner Miller			-	Purpose:	Follow-uj		se Date 23/2019
Owner's Ac				√Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>ns:</td></reda<>				Follow-up	Summary	of Violation	ns:
Person in C				Complaint		(0_{R}
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>7 R O</td></reda<>				Pre-Operational	C	NC_	7 R O
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	\bigcirc_3	<u>)4</u> <u>0</u> 5
		RE 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
			No discrepance	eies			
			rto dicoropanio				
Received by			printed):	Inspected by (name and title p < redacted>	rinted):		
Received by				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

			•	•			
Establishm	_	`		Telephone Number	Date of Ins (mm/dd/yr		ID#
Sava				812-773-5001	05/16	•	12163
			mber and street, city, state, zip code) VN Rd, Evansville, IN, 47711	(<redacted></redacted>	00/10	72010	
Owner	_			Purpose:	Follow-up		se Date
Larry I	Lang			√ Routine	No	05/	26/2019
Owner's Ad				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>(</td><td>\mathbf{r}</td></reda<>				Complaint	1	(\mathbf{r}
Person in C				Pre-Operational	C	NC_	J _R U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>) (T</td><td>(C 1.1)</td><td></td></reda<>				Temporary) (T	(C 1.1)	
Responsible	e Person's	E-mai	d .	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	and Handle			Other (list)	102	\bigcirc	$)_{4}\bigcirc_{5}\bigcirc$
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		E IDE	ENTERIED IN THE CHECKLIST AND NADDATINE COLUMNS A	AARVED 600			
			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				orrected By
171	С		Employee handling ready to eat f	ood with bare hand	ls.	Co	rrected
Received by		_		Inspected by (name and title properties)	rinted):		
Received by	(signature)):		Inspected by (signature):			
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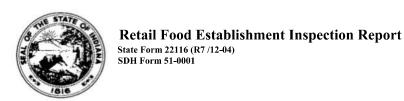
State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

			•	•			
Establishm		#	2110	Telephone Number	Date of Ins (mm/dd/y)		ID#
			2148	812-491-9976	05/15	/2019	11993
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	⁽ <redacted></redacted>	00/10	72010	
Owner				Purpose:	Follow-u		se Date
Chedo	dar's (Cas	sual Cafe	√ Routine	Yes	05/	25/2019
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>✓ Complaint</td><td>2</td><td></td><td>))</td></reda<>	cted>			✓ Complaint	2))
Person in C	_			Pre-Operational	$_{\rm C}$ Z	NC 4	$\frac{2}{R}$
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Responsible	e Person's	E-mai	il	НАССР	Menu Typ	oe (See addi	tional page)
				Other (list)			
Certified Fo		er		Other (list)	1 <u>U</u> 2	<u> </u>	<u>/4050</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			1	orrected By
199	NC		Improper thawing of potentially	v hazardous food			rrected
129	С	R	Employees not washing w				rrected
136	С	R	Employee food and drink in fo	•			rrected
431	NC	1 \	Reach in cooler seals in nee				15/2019
431	NC		Reach in cooler seals in flee	ed of cleaning.		03/	13/2019
Received by		_		Inspected by (name and title properties)	rinted):		
Received by	(signature):		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

			•	•			
Establishm			la ia	Telephone Number	Date of Ins (mm/dd/yr		ID#
Linco				812-471-8881	05/14	/2019	11930
			mber and street, city, state, zip code)	' <redacted></redacted>	00/11	72010	
	Linco	n <i>F</i>	Ave, Evansville, IN, 47714				
Owner	Zhar			Purpose:	Follow-uj		
Jenny Owner's Ad		ıy		✓Routine			24/2019
<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				Complaint	2		$\frac{2}{R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R_</td></reda<>				Pre-Operational	C	NC_	- R_
Responsible			il	Temporary	Menu Tvi	oe (See addii	tional page)
				НАССР		<u> </u>	
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bullet	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
443	С		Sanitizer concentration for wipin	ng cloths too strong) .	Co	rrected
136	С		Employee drink in food			Corrected	
431	NC	R	Kitchen floors and walls under/behind ed		aning.	07/1	17/2019
293	NC	R	Improper use of three com	partment sink.		Co	rrected
						<u> </u>	
							
							
						<u> </u>	
Received by				Inspected by (name and title precised>	rinted):		
Received by	(signature):		Inspected by (signature):			
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ort Vanderburgh County Department of Health
Telephone 812-435-5695

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Establishm	_	ر مر	0.0	Telephone Number	Date of Ins (mm/dd/y)		ID#	
Linco				812-471-8881	05/16	/2019	11930	
			nber and street, city, state, zip code) Ave, Evansville, IN, 47714	⁽ <redacted></redacted>				
Owner				Purpose:	Follow-u		se Date	
Jenny	Zhar	ng		Routine	No	05/	26/2019	
Owner's A				√ Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	$_{\rm C}$ U	NC (, RO	
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Responsible	e Person's	E-mai	1	НАССР	Menu Typ	se (See addi	tional page)	
C. CC. I.E.	1 77 11			Other (list)	.0.),()	
Certified For		er			1 2	<u> </u>	<u> </u>	
• CRITICAL	L ITEMS AR	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			All violations from 05/14/20	019 corrected.				
	1							
	<u> </u>							
Received by			rinted):	Inspected by (name and title properties) <redacted></redacted>	rinted):			
Received by				Inspected by (signature):				
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							_	
Roya Roya		_		Telephone Number	Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	812-479-9732	05/15	/2019	11889	
			Ave, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner	_			Purpose:	Follow-up		se Date	
North	Park	Cir	nemas Inc	Routine	No	05/	25/2019	
Owner's Ac				√ Follow-up	Summary	of Violation	ns:	
<reda< 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	$_{\rm C}$ $_{\rm C}$	NC_	0_{R}	
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Responsible	e Person's	L-mai	Ш	НАССР	Menu Typ	e (See aaai	nonai page)	
Certified Fo	ood Handle	er		Other (list)	10,0	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$	
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		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARKED "C"	<u> </u>			
• 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	
			Violation from 5/3/2019	corrected.				
Received by		_	printed):	Inspected by (name and title pr	rinted):			
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Establishm				Telephone Number	Date of Insp	ection	ID#	
Wend	dy′s ‡	‡ 34	46	812-401-7126	(mm/dd/yr)	2010	11439	
			mber and street, city, state, zip code)	() Owner .	05/16/	2019		
401A S	S Boel	nne	Camp Rd., Evansville, IN, 47712	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
SERV		nc.		✓ Routine	No	05/	26/2019	
Owner's Ac				Follow-up	Summary of	of Violation	ns:	
<reda< 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	$_{\rm C}$	NC_(J _R U	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>Mana Tan</td><td>- /C 1.1:</td><td>· · · · · · · · · · · · · · · · · · ·</td></reda<>				Temporary	Mana Tan	- /C 1.1:	· · · · · · · · · · · · · · · · · · ·	
Responsible	e Person's	rma	II.	НАССР	Menu Type	e (See aaai	tional page)	
Certified Fo	ood Handle	or		Other (list)	1(),(\bigcirc_3),(),5()	
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADVED "C"	<u> </u>			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violation	ons.				
Received by		_		Inspected by (name and title printed): <redacted></redacted>				
Received by				Inspected by (signature):				
Received by	(signature	<i>)</i> .		inspected by (signature):				
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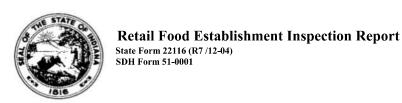
State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishme	'S Ur	s (nui	Pizza mber and street, city, state, zip code) nes Blvd, Evansville, IN, 47714	(812-477-5411) (eredacted>	Date of Instance (mm/dd/yr		ть# 11354	
Owner Joshu Owner's Ac	a Adk			Purpose: ✓ Routine Follow-up	Follow-up No S a		^e ^{a e} 23/2019	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>3 <i>a</i></td><td>0) 040</td><td>,</td></reda<>	cted>			Complaint	3 <i>a</i>	0) 040	,	
Person in C				Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC ($\bigcup_{\mathbf{R}} \mathbf{U}$	
<reda< td=""><td></td><td></td><td></td><td colspan="5">Temporary</td></reda<>				Temporary				
Responsible	Person's	E-mai	il	НАССР	e p	oe (See addi	tional page)	
Certified Fo		er		Other (list)	1 2	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$	
• CRITICAL	ITEMS AR	E IDE	NTIFIED 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			To Be Co	orrected By	
443	С		Sanitizer concentration for wipin	g cloths too strong	J.	Co	rrected	
			-					
ece e b	(a a a	ер	о е)	pece b (aea ep	e)			
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ece e b	(gae,)		pece b (gae)				
cc			cc		сс			



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

Establishme	place	s (nu	Cinemas mber and street, city, state, zip code) Center Dr, Evansville, IN, 47715	Telephone Number (812-479-9732 (<redacted> Purpose:</redacted>	Date of Ins (mm/dd/yr 05/13) d/2019	11316 11316
	Park	Cir	nemas Inc	Routine	No	E .	23/2019
Owner's Ad	ldress			✓ Follow-up	Summary	of Violation	
<redag< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td></td></redag<>				Complaint		_	
Person in C				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_(\mathcal{L}_{R}
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Responsible	e Person's	t-ma	Ш	НАССР	Menu Typ	se (see aaai	iionai page)
Certified Fo		er		Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	 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
			Violation from 5/3/2019	corrected.			
Received by			printed):	Inspected by (name and title p	rinted):		
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Establishme	AIN Educes Cover AIN Educes Cted> Charge Cted>	t A			(8 (< 	lephone Number 312-423-3731 <redacted> redacted> prose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary	P Release 05/	
Certified Fo		er				HACCP Other (list)	1	<u></u>	<u></u>
				T AND NARRATIVE COLUMNS					
			FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SI	JMMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC C	R R	Knivo	Narrative	000	notic rack			orrected By 14/2019
290		K	Kilives	s stored soiled on r	nag	neuc rack.		05/	14/2019
Received by	(name and	title r	printed):		Inch	pected by (name and title pr	rinted):		
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Received by						pected 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

			•	-			
Establishm		44 A		Telephone Number	Date of Inst (mm/dd/yr)		ID#
Hacie				812-423-6355	05/13/	2019	11000
			mber and street, city, state, zip code) Evansville, IN, 47710	<redacted></redacted>	00,10,		
Owner	1007	, ,	Evanovino, iiv, iii io	Purpose:	Follow-up		
	Acqui	siti	on Company, Inc.	Routine	No		23/2019
Owner's A	ddress		- 1 7,	Follow-up			
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>\sim</td><td></td><td>1 0</td></reda<>	cted>			Complaint	\sim		1 0
Person in C				Pre-Operational	$_{\rm c}$ 0	NC_	$I_{R}U$
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td>110</td><td>_ ~</td></reda<>	cted>			Temporary		110	_ ~
Responsible	e Person's	E-mai	il	НАССР		(See addi	tional page)
				Other (list)			
Certified For		er		Other (list)	1 <u></u> 2 <u>\</u> 2		<u> 1405</u>
• CRITICAL	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
324	NC		Back siphonage device in	need of repair.		05/	17/2019
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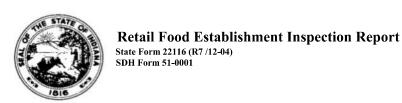
State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

_				_			
Establishm Hacie		#1	6	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
				812-422-2055	05/15/	2019	10999
			mber and street, city, state, zip code) , Evansville, IN, 47712	' <redacted></redacted>			
Owner				Purpose:	Follow-up		se Date
HMR A	Acqui	siti	on Company, Inc.	✓ Routine	No	05/	25/2019
Owner's A				Follow-up	Summary o		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td>1 0</td></reda<>				Complaint	\cap		1 0
Person in C				Pre-Operational	$_{\rm C}$	NC_	I _R U
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Responsible	e Person's	L-ma	11	НАССР	Menu Type	e (See aaai	tional page)
Certified F	ood Handl	er		Other (list)	1()2($)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td></td><td></td><td></td><td>1 2 2</td><td><u></u></td><td><u> </u></td></redag<>					1 2 2	<u></u>	<u> </u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	DDATIVE	DELOWAS "D"
				MIMARY OF VIOLATIONS AN			
Section#	C/NC	R	Narrative				orrected By
285	NC		Dish washing machine not reachir	ng proper temperat	ure.	05/	17/2019
Received by	(name and	 title :	orinted):	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

3901 I	ent Addres N Hig sville I ddress cted> Charge cted> e Person's	nn hw	mber and street, city, state, zip code) ay 41, Evansville, IN, 47711 & Suites	Pu	clephone Number 12-423-5818 Credacted> Irpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	P Release 05/	10935 10935 10935 10935 10935 10935 10935 10935 10935 10935 10935 10935 10935 10935 10935 10935
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		or trouverous the			orrected By
346	NC	1/	No soap at the hand w	ach	ina sink			rrected by
191	C		Ready to eat food not o					rrected
	NC	R						rrected
190	INC	ĸ	Improper cooling of) 10	ous.		Co	rrected
Received by	(name and	title	printed):	I Inser	pected by (name and title pr	inted):		
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Received by	(signature)): 		insp	ected by (signature):			
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Establishme	lo Wildent Address Cted> Charge Cted> Person's	Dr.		(E (<	elephone Number 312-423-9464 <redacted> arpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u No Summary	P Release 05/	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	JMMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative					orrected By
281	NC		Dish washer in bar not disp	ens	sing sanitizer.		05/	17/2019
Received by	(name and	title r	arinted):	Inci	pected by (name and title pr	rinted):		
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Received by				Inspected by (signature):				
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Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Bob E	Evans	s F	Restaurants, LLC #132	812-473-9022	05/15		10869
			mber and street, city, state, zip code)]	03/13	12019	
	N Gre	en	River Rd, Evansville, IN, 47715				
Owner Bob E	vans	Re	estaurants, LLC	Purpose: √Routine	Follow-up No		25/2019
Owner's Ac			,	Follow-up		<u> </u>	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td></td><td>) (</td></reda<>	cted>			Complaint) (
Person in C				Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC 4	$\frac{2}{R}$
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Responsible	e Person's	E-ma	il	НАССР		(See addi	tional page)
				Other (list)			
Certified Fo		er			1 2		<u> 1405</u>
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED 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
250	NC		Tableware handled im			Co	rrected
347	NC		Hand drying provisions not prov	vided at hand sink.	•	Co	rrected
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1 0 31		-					



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

Establishmo Hacie		#1	2	Telephone Number (812-401-2180	Date of In: (mm/dd/yr		то# 13828
			mber and street, city, state, zip code) Rd Ste F, Evansville, IN, 47725	() Owner .	05/15	72019	
		stic	on Co. Inc.	Purpose: Routine	Follow-u No	ľ.	e Date 25/2019
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>$_{\rm NC}$ (</td><td>) (</td></reda<>				Complaint	1	$_{\rm NC}$ () (
Person in C				Pre-Operational	$R_{\rm R}$		
Responsible			ii	Temporary	Menu Tvi	ve (See addi:	tional page)
Responsible	. I CISON S	L mai		НАССР	intena 131		
Certified Fo		er		Other (list)	102	<u></u>	$0_4 \bigcirc 5 \bigcirc$
• 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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
136	С		Employee drinks uncovered	d in prep area.		Col	rrected
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



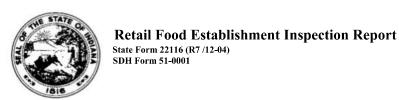
State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

				T			I "
Parace Parace		се		Telephone Number (812-568-2112	Date of Ins (mm/dd/yr	·)	то# 13940
			nber and street, city, state, zip code) .ve, Evansville, IN, 47710	<pre><redacted></redacted></pre>	05/15	/2019	
	1 1 11 0		170, Evanovino, 111, 17110	D	17.11.	D.1	D-1-
Owner Garret	tt Jon	es		Purpose: Routine	Follow-up No		Se Date 25/2019
Owner's Ac	ddress			Follow-up	Summary	of Violation	ne:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>_</td><td>_</td><td></td></reda<>				Complaint	_	_	
Person in C				Pre-Operational	$C_{\underline{U}}$	NC_	0_{R}
				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	oe (See addi –	tional page)
Certified Fo	ood Handl	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$\underline{)}_{4}\underline{\bigcirc}_{5}\underline{\bigcirc}$
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	ID IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violat	ions.			
Received by			printed):	Inspected by (name and title p < redacted>	rinted):		
Received by				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

Establishme		, т			elephone Number	Date of In (mm/dd/y		ID#
Mr. B				(8	312-550-3166	05/13	/2019	13988
			mber and street, city, state, zip code) River Rd., Evansville, IN, 4771	5	<redacted></redacted>		,	
Owner Yao P	ena				urpose: Routine	Follow-u No		se Date 23/2019
Owner's Ad				╬	Follow-up		of Violation	
<reda< td=""><td></td><td></td><td></td><td>H</td><td>_ronow-up Complaint</td><td>Summary</td><td></td><td></td></reda<>				H	_ronow-up Complaint	Summary		
Person in C					Pre-Operational	$\bigcup_{i \in \mathcal{U}} U_i$	NC_() _B U
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Responsible	Person's	E-mai	it	-	HACCP	Menu Ty	se (See addii	tional page)
				╬	Other (list)			
Certified Fo		er		-		1 2	<u> </u>	<u> 1405</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN					KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMM	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted viola	tions	S			
Received by			printed):		pected by (name and title predacted>	rinted):		
Received by					pected by (signature):			
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Establishment Name Twice the Ice Establishment Address (number and street, city, state, zip code) 501 N Tekoppel Ave, Evansville, IN, 47712 Owner Miller Ice LLC Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail</redacted></redacted>						lephone Number 12-582-1473 < redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-uj	Release 05/	
Certified Food Handler <redacted></redacted>						HACCP Other (list)	1 0 2 3 4 5		
• 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						RY OF VIOLATIONS" AN	DINTHEN		orrected By
Section#	Circ	1		No discrepanci	es			10 Bt Ct	Treeted By
				rio diceropane.					
<redacted></redacted>					Inspected by (name and title printed): <redacted></redacted>				
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