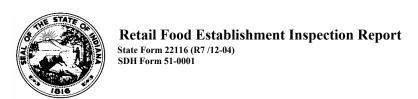


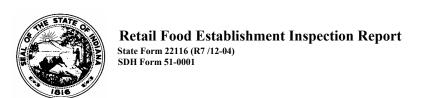
Establishme				Telephone Number	Date of Inspe	ection	ID#
Azzip	Pizz	a		812-401-0490	(mm/dd/yr) 06/05/2	2010	12286
			mber and street, city, state, zip code)	() Owner	06/05/2	2019	
	Greer	1 K	ver Rd Ste E, Evansville, IN, 47715		<u> </u>		
Owner Brad N	Jiama	ماد		Purpose:	Follow-up NO		se Date 715/2019
Owner's Ad		וטול		Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary of</td><td>f Violation</td><td>is:</td></reda<>				Follow-up	Summary of	f Violation	is:
Person in C				Complaint	()	NC_()
<redag< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC</td><td>_ R</td></redag<>	cted>			Pre-Operational		NC	_ R
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
					\bigcirc		
Certified Fo		er		Other (list)	1 2		<u> 1405</u>
4		EIDE	NAME OF THE OWN OF THE OWN OF THE OWN OF THE OWN	A DATED ((C))	<u> </u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			l'o Be Co	orrected By
			No noted violation	ons.			
					-+		
							
Received by	`		,	Inspected by (name and title properties)	rinted):		
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Establishm					lephone Number	Date of In: (mm/dd/yi		ID#
Bandana`s Bar-B-Q					12-401-9922	` .	5/2019	12053
			mber and street, city, state, zip code)	_	<redacted></redacted>	00/03	72019	
	_ogar	ט ו	r, Evansville, IN, 47715					
Owner	, no'o	N /1:	annumi II.C		rpose:	Follow-u		e Date
		IVII	ssouri, LLC	<u></u>	Routine	Yes	06/	15/2019
Owner's Ad					Follow-up	Summary	of Violation	is:
Person in C				┺	Complaint	1	NC_	\mathbf{O}
<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				Ł	Temporary	Menu Tvi	oe (See addi	tional nage)
responsible	or croom o				НАССР			
Certified Fo	ood Handle	er		┖	Other (list)	$1 \bigcirc 2$	\bigcirc_3 \bigcirc	0_4 0_5
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• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARK	KED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ADD ATIVE	DELOWAS "D"
		R		IVIIVIA	ART OF VIOLATIONS AN	DINTHEN		
Section#	C/NC	K	Narrative	- (-	into toutoff and one			orrected By
336	С		Dish machine sprayer hose within flood rim			air gap.		3/2019
324	NC		Sink with sprayer hose has	s lea	aking drain.		06/1	3/2019
Received by	`	_ '	orinted):		redacted>	rinted):		
Received by	(signature)):		Insp	pected by (signature):			
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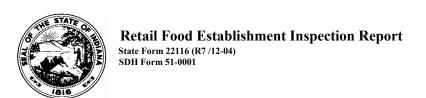
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Rainf	orest	G	rill	812-435-6143		2040	11696
			mber and street, city, state, zip code)		06/07/	2019	
1545 l	Mesk	er l	Park Dr, Evansville, IN, 47720	<pre><redacted></redacted></pre>			
Owner		,		Purpose:	Follow-up		se Date
		ot	Evansville LLC	✓ Routine	No	06/	17/2019
Owner's A				Follow-up	Summary o	f Violatio	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_	\mathcal{L}_{R}
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Responsible	e Person's	L-ma	II.	НАССР	Menu Type	(See aaai	tional page)
Certified F	ood Handl	or		Other (list)	10,0),(•	$)_4\bigcirc_5\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"	<u>. </u>		
					ID IN THE NA	DD ATIVE	DELOWAS 6D2
	C/NC		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MIMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			то ве Со	orrected By
			No noted violation	ons.			
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							-
Dagaine d 1	(mans: 1	4;41 -	arinto d).	Inspected by (r	rintad):		
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Received by	(signature).		Inspected by (signature):			
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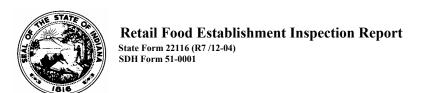
Establishm			П -	Telephone Number	Date of Insp (mm/dd/yr)		ID#
Golde				812-473-4855	06/06/		11660
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	00/00/	20.0	
	i ayıo	I A	ve, Evansville, IN, 47714		T. 11	D 1	D :
Owner YOU E	зі не	NG		Purpose: Routine	Follow-up No		ne Date 16/2019
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>1 1</td></reda<>				Complaint	\cap		1 1
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\lfloor_{R} \rfloor$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	e (See addi	tional page)
Certified Fo	and Handle			Other (list)	1000	\bigcirc	\bigcirc
<redag< td=""><td></td><td>c1</td><td></td><td></td><td>1021</td><td><u></u></td><td><u> 4030</u></td></redag<>		c1			1021	<u></u>	<u> 4030</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
234	NC	R	Bulk container scoop lacking	proper handle.		Co	rrected
Received by			printed):	Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
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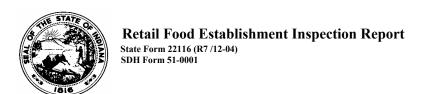
Establishme	_			Tel	lephone Number	Date of In		ID#
,			aved Ice	(8	12-319-4100	(mm/dd/y	^{r)} 3/2019	11610
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<	redacted>	00/00	J/2019	
Owner ROY \	NHE ⁻	ΓS	TINE II		rpose: Routine	Yes		te Date 13/2019
Owner's Ad					Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td></td></reda<>					Complaint	1		
Person in Charge < redacted>					Pre-Operational	\mathbf{C}	NC_	\mathbf{R}
					Temporary			
Responsible	Person's	E-ma	il	=	НАССР	Menu Ty	pe <i>(See addi</i>	tional page)
Certified Fo	ood Handle	er		\vdash	Other (list)	102	<u></u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMA	RY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
129	С		Employees not washing hands	s w	hen required.		Co	rrected
291	NC		Establishment lacking sanitizer test s		•	itizer.	06/0	03/2019
			<u> </u>		•			
				-				
Received by	`	- *			ected by (name and title proceeds)	rinted):		
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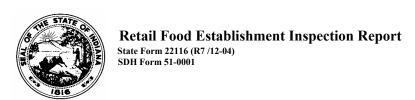
			<u> </u>						
Establishm	_	Sha	aved Ice	Telephone Number (812-319-4100) Date of Inspection (mm/dd/yr) 11610					
				812-319-4100	06/07	7/2019	11610		
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	' <redacted></redacted>					
Owner ROY \	WHE ⁻	TS ⁻	ΓINE II	Purpose:	Follow-u		se Date /17/2019		
Owner's A				✓ Follow-up		of Violation			
<reda< td=""><td>cted></td><td>•</td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td>_</td></reda<>	cted>	•		Complaint	Summary	_	_		
Person in C				Pre-Operational	$ _{\rm C}$ U	NC_	$J_{R}U$		
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Responsible	e Person's	E-mai	ıl	НАССР	Menu Typ	e (See addi	itional page)		
Certified F	ood Handl	or		Other (list)	10,	\bigcirc_{2}),(),()		
Certifica	ood Handi	C1			1 2	<u></u>	<u>/4030</u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS ME FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be C	orrected By		
			All violations from 06/3/20	119 corrected.					
Received by				Inspected by (name and title p < redacted>	rinted):				
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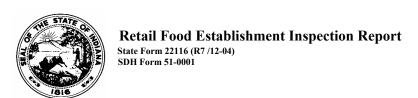
Establishm LeMe		C	ontinental Breakfast	Telephone Number () Establishment	Date of Ins (mm/dd/yr	j	то# 11592
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	- <redacted></redacted>	06/03	/2019	11002
	W KI	ver	side, Evansville, IN, 47708				<u> </u>
Owner Aztar In	diana (Gan	ning Co LLC / dba Tropicana Evansville	Purpose: Routine	Follow-up		se Date //13/2019
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ ${ m U}$		$\frac{0}{R}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F		er		Other (list)	1 2		<u>/4</u> 05
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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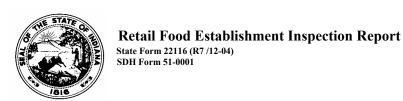
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			Creamery #2123	812-461-0100	06/06/	2010	11542
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre></pre>	00/00/	2019	
	Pearl	Dr	, Evansville, IN, 47712	<u> </u>			
Owner	م الانم،		,	Purpose:	Follow-up		se Date
Wayn		iey	/	✓ Routine	No	Ub/	16/2019
Owner's Ad				Follow-up	Summary o	f Violatio	is:
Person in C				Complaint		NC_) ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R_</td></reda<>				Pre-Operational	C	NC_	- R_
Responsible			il	Temporary	Menu Type	(See addi	tional page)
•				НАССР	<u>آ</u> ۾ ا		
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <u>(•</u>	$0.4 \bigcirc 5 \bigcirc$
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
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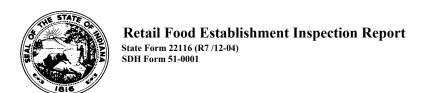
Establishm	4 N/			Talankana Namakan	Data of Inc	maatian	ID #
Thorr		#8	35	Telephone Number (812-422-6251)	Date of Ins (mm/dd/yr		11408
			mber and street, city, state, zip code)	()Owner	00/00	/2019	
114 S I	Rosen	ber	ger Ave, EVANSVILLE, IN, 47712	' <redacted></redacted>			
Owner				Purpose:	Follow-up		se Date
THOR	NTO	NS	, LLC	✓ Routine	No	06/	16/2019
Owner's Ac				Follow-up	Summary	of Violation	ns.
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Person in C	harge			Pre-Operational		NC ($0_{\rm R}$
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Responsible	e Person's	E-ma	il	Temporary	Menu Tyr	e (See addi	tional page)
				НАССР		~ ~	
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc 2$	$\bigcirc_3 \bullet$	$)_{4} \bigcirc _{5} \bigcirc $
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• CRITICAL	ITEMS AR	RE 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			To Be Co	orrected By
			No noted violation	ns	1		
			140 Hoted Violatio	71101			
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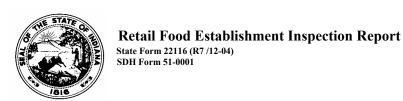
Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#
Subw		26	631	(812-471-2933	(mm/dd/yr)		11369
			mber and street, city, state, zip code)	() Owner	06/03/	2019	
	N Gre	en	River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner	امدا	1		Purpose:	Follow-up		se Date
ED KU				Routine	No	06/	13/2019
Owner's Ac				Follow-up	Summary o	f Violation	ns:
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Person in C				Pre-Operational	C	NC_	<u> </u>
Responsible			il	Temporary	Menu Tyne	(See addi	tional page)
responsible	c i cison s			НАССР	mena Type		iionai page)
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
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• CRITICAL	ITEMS AF	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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			То Ве Со	orrected By
294	С	R	Sanitizer for wiping cloths and at thr	ee compartment w	eak.	Co	rrected
				<u> </u>			
Received by	(name and	l title p	printed):	Inspected by (name and title pr	rinted):		
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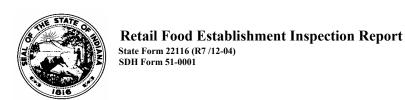
Establishm	4 N			Talankana Namakan	Date of Ins	maatian	ID #
Schn		#7	708	Telephone Number 812-473-0151	(mm/dd/yr	·j	то# 11304
			mber and street, city, state, zip code) On Ave, EVANSVILLE, IN, 47715	() Owner	06/04	/2019	
Owner				Purpose:	Follow-u		se Date
Schnu	ICKS I	<u>/Iar</u>	kets Inc	✓ Routine		06/	14/2019
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td></td></reda<>	cted>			Complaint	1		
Person in C				Pre-Operational	$\frac{1}{c}$	NC_	Ι _Β U
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	oe (See addi	tional page)
				НАССР		~ ~	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	<u>)</u> 4 <u>U</u> 5 <u>U</u>
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• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	N(S) REPE	ATEL	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
187	С		Two pans of chicken wings measured 107 F -12	20 F and not maintaining	135 F.	06/0	04/2019
257	NC		Utilize food product thermometer to	o monitor food tem	ps.	06/0	04/2019
Received by				Inspected by (name and title p	rinted):		
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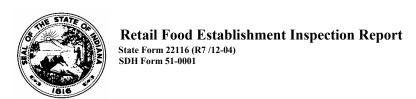
Establishm Tropi		E۱	vansville Casino	Telephone Number (812-433-4000 Date of Inspection (mm/dd/yr) 11133				
			mber and street, city, state, zip code)	812-433-4000	06/03	/2019	11133	
			side Dr, Evansville, IN, 47708	<pre><redacted></redacted></pre>				
Owner		_		Purpose:	Follow-u		se Date	
		Gam	ning Co LLC / dba Tropicana Evansville	✓ Routine	No	06/	13/2019	
Owner's A				Follow-up	Summary	of Violatio	as:	
Person in C				Complaint	4	NC_) 4	
<reda< td=""><td></td><td>,</td><td></td><td>Pre-Operational</td><td>C_T</td><td>NC_</td><td>7 R T</td></reda<>		,		Pre-Operational	C_ T	NC_	7 R T	
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР			\ \ \ \ \ \ \	
Certified For		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050	
• CRITICAI	L ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	CATED	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	
			Deli:					
294	С	R	Sanitizer concentration for wipin	g clothes too weak	, \•	Corrected		
173	С	R	Improper storage of raw ar	nimal product.		Co	rrected	
			Tap House:					
173	С	R	Improper storage of raw ar	nimal product.		Corrected		
187	С	R	Potentially hazardous food held	out of temperature		Co	rrected	
			Bar 421:					
			No noted violation	ons.				
			High Limit:					
			No noted violation	ons.				
Received by			orinted):	Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			
			<u> </u>					



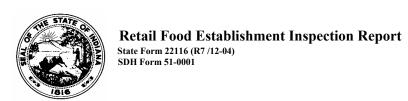
			<u> </u>				
Establishme		uffc	et/Tropicana Hotel/Conference Center	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	1 012 100 1000	06/03	/2019	11132
421 N			side Dr, Evansville, IN, 47708	<pre>(<redacted></redacted></pre>			
Owner Aztar In	diana (- -	ning Co LLC / dba Tropicana Evansville	Purpose: Routine	Follow-up		se Date /13/2019
Owner's Ad		Jan	ming Go EEG / aba Tropicana Evanovino	 			
<reda< 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				Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_() , ()
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	itional page)
Certified Fo	ood Handle	a r		Other (list)	102	\bigcirc_{3}),(),5()
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No discrepancies ob	served			
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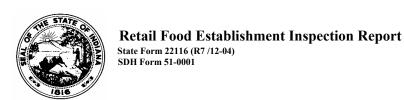
Establishm	_			Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Carou				812-479-6388	06/07/	2010	11129
			mber and street, city, state, zip code) Ave., Evansville, IN, 47715	<pre><redacted></redacted></pre>	00/01/	2019	
Owner	VIOLIT		Ave., Evansville, III, 477 15		E-II	D-1	se Date
Dilip F				Purpose: Routine	Follow-up NO		17/2019
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 1</td></reda<>				Complaint	1		1 1
Person in C	0			Pre-Operational	$\frac{1}{c}$	NC_	I _R I
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	a r		Other (list)	1(),(),(•),(),()
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• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
173	С	R	Improper storage of egg	gs in cooler.		Co	rrected
281	NC		Dish machine not dispensing	sanitizer correctly.		06/0	07/2019
Received by	*		printed):	Inspected by (name and title pr	rinted):		
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Received by	(signature)):		Inspected by (signature):			
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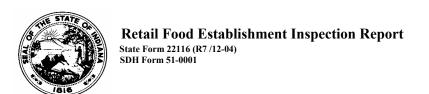
Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#
Denn		39	7	812-425-1486	(mm/dd/yr) 06/06/	2010	11062
			mber and street, city, state, zip code)		06/06/	2019	
3901 I	N Hw	y 4	1, EVANSVILLE, IN, 47711	<pre><redacted></redacted></pre>			
Owner SERV	US. I	nc.		Purpose:	Follow-up NO		te Date 16/2019
Owner's Ac				Follow-up	Summary o		
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Person in C				Complaint	()	NG	$\lfloor R \rfloor$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td> K</td></reda<>				Pre-Operational	C	NC	K
Responsible			il	Temporary	Menu Type	(See addi	tional page)
•				НАССР		_	
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• CRITICAL	LITEMS AR	E 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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
431	NC	R	Cleaning needed in coo	ok line area.		06/0	06/2019
Received by			printed):	Inspected by (name and title pr	rinted):		
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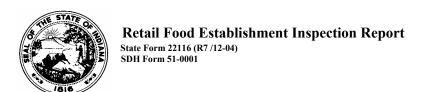
Establishme			,	Te	elephone Number	Date of In: (mm/dd/yi		ID#
Culve				3)	312-492-8000	` .	5/2019	13753
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) Expressway, Evansville, IN, 47712	(<	<redacted></redacted>	00/00	"ZU13	
Owner	V LICY	<u> </u>	xpressway, Evansvine, 114, 477 12		irpose:	Follow-u	p Releas	e Date
Collett)W			Routine	No		15/2019
Owner's Ad					Follow-up	Summary	of Violation	18:
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Person in C					Pre-Operational	$_{\rm C}$ $_{\rm C}$	(\mathcal{L}_{R}
Responsible				-[Temporary	Monu Tre	pe (See addii	tional naco
Kesponsible	; rerson s	E-IIIAI	.11		НАССР	Menu Tyj	se (see aaan	ionai page)
Certified Fo	ood Handle	er		\Box	Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARI	KED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ons	S		<u> </u>	
Received by	(name and	title r	printed):	Insr	pected by (name and title pr	rinted):		
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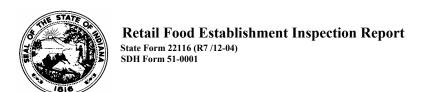
Establishme				Telephone Number	Date of Ins	pection	ID#
Great				812-474-0811	(mm/dd/yr	5/2019	10997
			mber and street, city, state, zip code) er Rd Suite 100, Evansville, IN, 47715	(<redacted></redacted>	00/00	72013	
	JI EEII I	/IVE	Fra Suite 100, Evalisville, IIV, 477 15		F 11	I D I	
Owner Austin	Will			Purpose: Routine	Follow-uj		16/2019
Owner's Ad				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$ _{\mathbf{C}}$	NC	RI
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Responsible	e Person's	E-mai	11	HACCP	Menu Typ	oe (See addii	ional page)
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u> <u>5</u> <u>5</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
347	NC	R	Hand drying provisions not prov	vided at hand sink		Cor	rrected
294	С		Chemical sanitizer concentration	below required lev	el.	06/0	06/2019
Received by	`	_ *		Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



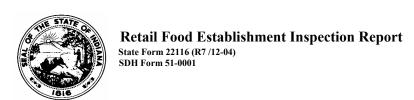
Establishm Graci		`hii	nese Cuisine	Telephone Number	Date of Ins (mm/dd/yr		то# 10992
			mber and street, city, state, zip code)	812-868-8888	06/06	3/2019	10992
12500			way 41, Evansville, IN, 47725	<pre>(<redacted></redacted></pre>			
Owner		,		Purpose:	Follow-u		se Date
4		g 8	& Kent Dam	Routine	No	06/	16/2019
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td></td><td>1 0</td></reda<>		1		Complaint	\cap		1 0
Person in C				Pre-Operational	$_{\rm C}$ \cup	NC_	$I_R U$
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
G de le	1 77 11			Other (list)			\bigcirc
Certified F		er			$1 \bigcirc 2$	<u> </u>	<u> 1405</u>
1							
• CRITICAI	L ITEMS AF	RE IDI	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
430	NC		Repair back screer	n door.		06/	11/2019
			·				
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						1	
						<u> </u>	
						1	
Received by	`		orinted):	Inspected by (name and title p	rinted):		
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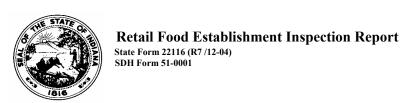
Establishm	ent Name			Telephone Number	Date of Ins		ID#
Frank	('s Jr	BE	3Q & Catering	812-475-9880	(mm/dd/yr	•	10972
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	()Owner _	06/07	/2019	
3012 C	overt	Ανε	e Suite F, EVANSVILLE, IN, 47714	<reaactea></reaactea>			
Owner	-			Purpose:	Follow-u		se Date
Frank		n .	Jr.	✓ Routine	No	06/	17/2019
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$C_{\underline{\mathbf{C}}}$	NC_	$\frac{1}{R}$
Responsible			1	Temporary	Menu Tvi	se (Saa addi	tional page)
Responsible	c i ci son s	L-IIIa	u	НАССР	- Wichu Ty	oc (see aaai	nonai page)
Certified F	ood Handl	er		Other (list)	$1\bigcirc_2$	\bigcirc_3 \bigcirc	$)_{4}\bigcirc_{5}\bigcirc$
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• CRITICAL	ITEMS AF	RE IDI	NTIFIED 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	WINDER OF VIOLATIONS THE			orrected By
Sectiona	Cite	IX	No noted violation	ne		ТОВСС	Trected By
			140 Hoted violatio	JIIS.			
Received by				Inspected by (name and title p < redacted>	rinted):		
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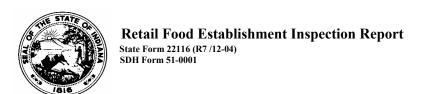
Establishm		ΕY	ICAN RESTAURANT	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
				<u> </u> (812-471-1400	06/06/2	2019	10942
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	() Owner			
Owner				Purpose:	Follow-up		se Date
Gusta		oto		✓ Routine	No	06/	16/2019
Owner's A				Follow-up	Summary of	Violation	is:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_	, R Ο
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
				Other (list)	-	7.6	\bigcirc
Certified Fo		er			1 <u>U</u> 2 <u>U</u>	<u> </u>	<u>/4050</u>
• CRITICAL	L ITEMS AR	E 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 NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
			No violations				
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				· · · · · · · · · · · · · · · · · · ·	1		
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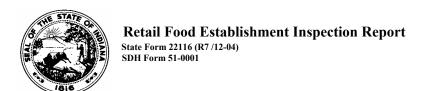
			• •	-				
Establishm		CI	\ #453	Telephone Number Date of Inspection (mm/dd/yr) 108				
				812-467-7255	06/05	5/2019	10881	
			mber and street, city, state, zip code) e, Evansville, IN, 47710	(<redacted></redacted>	00/00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Owner				Purpose:	Follow-u	p Releas	se Date	
Houch	nens l	Vor	th Foods LLC	Routine	Yes		15/2019	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>))</td></reda<>				Complaint	1))	
Person in C	_			Pre-Operational	\mathbf{c}^{-1}	NC_	5 _R Z	
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Responsible	e Person's	E-mai	il	HACCP	Menu Ty	pe <i>(See addi</i>	tional page)	
				Other (list)			$\cap \cap$	
Certified Fo	ood Handl	er		Other (list)	1 <u></u> 2	$\bigcirc 3 \bigcirc$	<u>/4050</u>	
CDITICAL	TERMS AF	EIDE	NAME OF THE OWN OF THE PARTY OF	A DAYED ((C))				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN					
• VIOLATIC		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	
418	NC		Meat department in need	of break area.		Co	rrected	
191	С	R	Some ready to eat items in d	eli lacking dates.		Co	rrected	
146	NC	R	Some grab & go items in deli la	cking proper labels	5.	06/0	05/2019	
416	NC		Remove fly paper from b	oakery area.		06/0	05/2019	
Received by	,		printed):	Inspected by (name and title properties)	rinted):			
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm				Telephone Number	Date of Insp	ection	ID#
Big T	op			812-424-7442	(mm/dd/yr)	2040	10864
			mber and street, city, state, zip code)		06/05/	2019	
1213 \	W Ma	ryl	and St, Evansville, IN, 47710	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
BIG T	op in	1C		Routine	No	06/	15/2019
Owner's A				Follow-up	Summary o	f Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_	J _R U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
				Other (list)	\sim	1.6	
Certified Fo		er		Other (list)	1 2	<u>3</u> C	<u> 1405</u>
Cieuac	ileu>						
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	UMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No noted violati	ons.			
Received by	(name and	title 1	Drinted):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
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W				m			TD #		
Establishm Apple		ے ا ہ	Neighborhood Grill	(mm/dd/vs)			то# 10844		
			mber and street, city, state, zip code)	812-471-0929	06/05	5/2019	10044		
			n Ave, Evansville, IN, 47715	<pre><redacted></redacted></pre>					
Owner				Purpose:	Follow-u		se Date		
Apple		ral,	, LLC	✓ Routine	Yes	06/	15/2019		
Owner's A				Follow-up	Summary	of Violation	1S:		
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td>1 2</td></reda<>		•		Complaint			1 2		
Person in C				Pre-Operational	$_{\rm C}$	NC_			
Responsible			il	Temporary	Menu Tv	ne <i>(See addi</i>	tional page)		
responsible	c i cison s			НАССР		pe (see uuun	nonai page)		
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$		
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"					
• VIOLATIO	ON(S) REPE	ATEL	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		
430	NC	R	Dish machine floor tiling damaged and not in placed. Remove	ed damage tiles. Have estimate	for repair.	07/1	11/2019		
430	NC	R	Dish machine wall soiled under tab	ish machine wall soiled under table. Clean and sanitize.					
430	NC	R	Dish machine ceiling tiles	peeling paint.		07/1	11/2019		
234	NC		Dipper well not running while ute	ensils stored in wat	er.	Co	rrected		
Received by	(name and	l title	printed):	Inspected by (name and title p	rinted):				
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Received by				Inspected by (signature):					
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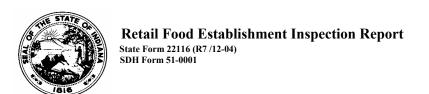
Establishm		ш	@ SCHNUCKS 708	Telephone Number	Date of Ins (mm/dd/yr		ID#
1			mber and street, city, state, zip code)	812-473-0151	06/04	/2019	10831
			on Ave., EVANSVILLE, IN, 47715				
Owner ADVAN	ICED F	RE	SH CONCEPTS FRANCHISE CORP	Purpose:	Follow-uj		se Date /14/2019
Owner's Ac				Follow-up		of Violation	
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	itional page)
Certified F	ood Handl	or		Other (list)	102	\bigcirc_3),(),()
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• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No discrepanci	ies			
Received by		_		Inspected by (name and title p < redacted>	rinted):		
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Establishm				Telephone Number	Date of Insp	ection	ID#	
11th Frame Lounge				812-423-5355	(mm/dd/yr)	2040	10824	
Establishment Address (number and street, city, state, zip code)				() Owner	06/06/	2019		
1801 \	N Fra	nk	in St, EVANSVILLE, IN, 47712	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Frank		nes	s Inc	✓ Routine	No	06/	16/2019	
Owner's A				Follow-up	Summary o	f Violatio	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>_ 1</td><td>(</td><td>) ()</td></reda<>				Complaint	_ 1	() ()	
Person in C	0			Pre-Operational	C	NC_	J _R U	
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Responsible	e Person's	E-ma	ll	НАССР	Menu Type (See additional page)			
Certified F	ood Handle	nr.		Other (list)	10,0,0,0			
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		E INI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADVED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative				orrected By	
173	С		Improper storage of raw ar	nimal product.		Co	rrected	
Received by		_		Inspected by (name and title p	rinted):			
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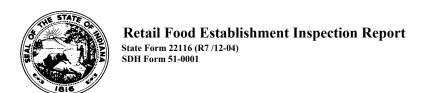
Establishment Address (number and street, city, state, zip code) 3904 N First Ave, Evansville, IN, 47710 Owner Craig Wargel Owner's Address <redacted></redacted>					rephone Number 12-228-1068 redacted> rose: Routine Follow-up Complaint	Follow-u	7) 5/2019 Releas 06/	15/2019	
Person in C					Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{R}$	
Responsible			il	=	Temporary	Menu Type (See additional page)			
Certified Fo	ood Handle	er		HACCP Other (list) 1 2 3 4					
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKI	ED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMAI	RY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative					orrected By	
302	NC		Improper rinsing procedures at 3		-	(.	Corrected		
431	NC	R	Floor & drains in dish area in	nee	d of cleaning.		06/0)5/2019	
			<r< td=""><td>ected by (name and title predacted></td><td>rinted):</td><td></td><td></td></r<>	ected by (name and title predacted>	rinted):				
Received by (signature):				Inspected by (signature):					
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Establishm	deria ent Addres Wash	ing	an Miguel LLC mber and street, city, state, zip code) ton Ave, Evansville, IN, 47714	Purpose:	Follow-u No	F) Release 06/	13839 se Date 16/2019	
<reda< 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		NC	I_{R}	
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Responsible	e Person's	E-ma	il	HACCP	Menu Ty	pe <i>(See addi</i>	tional page)	
				Other (list)				
Certified Fo		er			$1 \underbrace{\bigcirc 2 \underbrace{\bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc}$			
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "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	
346	NC		Hand soap not provided	at hand sink.		Co	rrected	
				Inspected by (name and title printed): <redacted></redacted>				
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



					1			
Establishm Friend		, D	iner	Telephone Number	Date of Inspection (mm/dd/yr) 13844			
Friendship Diner Establishment Address (number and street, city, state, zip code)				812-402-0201	06/05/2019			
			Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner			-, , -	Purpose:	Follow-u		se Date	
Bardh	yl Sha	aba	ani	✓ Routine	Yes	06/	15/2019	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	$_{\rm c}$ U	NC 4	$\frac{2}{R}$	
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)	
Certified F	and Handl			Other (list)				
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
324	NC		Hot water valve at front line cooking	ng area was shut c	off.		rrected	
430	NC		Kitchen floor has worn are	_	,,,,	07/18/2019		
100	110		Tatorion noor has worn are	ao. No opoxy.		017	10/2010	
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):			
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Establishm	L TR	s (nu	TS LLC mber and street, city, state, zip of puisville, KY, 402		Telephone Number (502-368-5094 (<redacted> Purpose:</redacted>	Date of Insp (mm/dd/yr) 06/04/2	2019	13910 se Date	
Georg	e Po	ole			Routine	No	06/	14/2019	
Owner's Ac	ddress				Follow-up	Summary o	f Violation	ns:	
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Person in C					Pre-Operational	$_{\rm C}$ U	NC_($\mathcal{F}_{\mathbf{R}}$	
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Responsible	e Person's	E-ma	il		HACCP	Menu Type (See additional page)			
					Other (list)				
Certified F	ood Handl	er				1 2	<u>3</u> C	14 <u>05</u> 0	
• CRITICAL	LITEMS AF	E IDE	INTIFIED IN THE CHECKLIST A	ND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO		ATED	FROM PREVIOUS INSPECTION	IS ARE DENOTED IN THE "SUN	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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