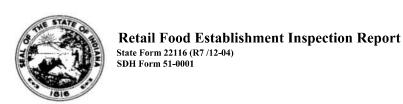


State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-5695 Fax 812-435-5871

Establishment Name Kona Ice Trailer Establishment Address (number and street, city, state, zip code) 1911 Bell Rd, Chandler, IN, 47610 Owner Derek Taylor Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler</redacted></redacted>					Telephone Number (812-965-6620 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up Summary C	Release 06/ of Violation NC_	13005 13005 13005 10
				T AND NARRATIVE COLUMNS M ONS ARE DENOTED IN THE "SU		ID IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Re Co	orrected By
Section	CITIC			No noted violation	one		10 10 00	Arctica By
				เพอ เเอเซน พอเลเเด	اال.			
Received by	(name and	title r	printed):		Inspected by (name and title p	rinted):		
				<redacted></redacted>				
Received by (signature):					Inspected by (signature):			
cc:				cc:		cc:		



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

			<u> </u>				
Establishment Name				Telephone Number Date of Inspection (mm/dd/yr)			
Wassmer Golf Shop/Wesselmans Par 3				() Establishment	` '	/2019	11445
Establishment Address (number and street, city, state, zip code)				() Owner	00/2	72010	
	Boel	(e i	Rd., Evansville, IN, 47711	_			<u> </u>
Owner	ما ۱۸/		mor	Purpose:	Follow-u		se Date
Micha		155	nei	√ Routine	No		03/2019
Owner's A				Follow-up	Summary	of Violation	is:
Person in C				Complaint	\cup	NC_() ()
<reda< td=""><td>_</td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u> </u></td></reda<>	_			Pre-Operational	C	NC_	<u> </u>
Responsible			1	Temporary	Menu Tvi	se (See addi	tional page)
responsible	e i erson s	2	•	НАССР			
Certified F	ood Handl	er		Other (list)	$1 \odot_2$	\bigcirc 3 \bigcirc)4()5()
					1.02	<u> </u>	<u></u>
• CRITICAL	. ITEMS AI	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
					ID IN THE A	. DD . TIVE	DELOW AS 4D#
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MIMIARY OF VIOLATIONS" AN	ID IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations.	•			
Received by				Inspected by (name and title p < redacted >	rinted):		
Received by	/ (signature):		Inspected by (signature):			
cc:			cc:		cc:		



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

Establishme 2905 I Owner Micha Owner's Ac <redac <redac="" c="" certified="" fo<="" in="" person="" responsible="" th=""><th>el Waddress cted> charge cted> e Person's</th><th>SS (num</th><th></th><th>Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>c_1</th><th>Release 06/</th><th></th></redac>	el Waddress cted> charge cted> e Person's	SS (num		Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	c_1	Release 06/		
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Corrected By		
324	С		Hand sink in need of	repair.		05/3	31/2019	
				Inspected by (name and title precised >	rinted):			
Received by (signature):				Inspected by (signature):				
cc:			cc:		cc:			



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

			• •	•					
Rafferty's				Telephone Number (812-471-0024	Date of Inspection (mm/dd/yr) 1127				
				012-471-0024	05/24	/2019	11270		
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>					
Owner				Purpose:	Follow-u	p Releas	se Date		
Raffer	tys In	c/E	Dan Davis	✓ Routine	Yes	06/	03/2019		
Owner's A				Follow-up	Summary	of Violation	ns.		
<reda< td=""><td>cted></td><td></td><td></td><td>✓ Complaint</td><td colspan="4"></td></reda<>	cted>			✓ Complaint					
Person in C	harge				$\begin{bmatrix} 1 \end{bmatrix}_{NC} = \begin{bmatrix} 1 \end{bmatrix}_{R} = \begin{bmatrix} 0 \end{bmatrix}$				
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td><u></u></td><td>NC</td><td> R</td></reda<>	cted>			Pre-Operational	<u></u>	NC	R		
Responsible			il	Temporary	Menu Typ	oe (See addi	tional page)		
_				НАССР					
Certified F	ood Handle	er		Other (list)	10^{2}				
<redac< td=""><td>cted></td><td></td><td></td><td></td><td>-<u>-</u>-</td><td><u> </u></td><td><u></u></td></redac<>	cted>				- <u>-</u> -	<u> </u>	<u></u>		
• CDITICAL	ITEMS AD	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADKED "C"					
• VIOLATIO		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 Corrected By			
431	NC		Walk in cooler shelving in ne	eed of cleaning.	05/31/2019				
177	С		Food items lacking prope	Food items lacking proper coverage.			Corrected		
				Inspected by (name and title printed): <redacted></redacted>					
Received by (signature):				Inspected by (signature):					
cc:			cc:		cc:				



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

Establishm	ont Name			Telephone Number	Date of Inc	naction	ID#	
Establishment Name				-	(mm/dd/yr)			
Kabob Xpress				812-402-0244	05/24/2019		14072	
Stablishment Address (number and street, city, state, zip code) 3305 N Greenriver Rd , Evansville, IN, 47715				(<redacted></redacted>				
	v Gle	еш	iver Ru , Evansville, IIV, 477 13			I n ı		
Owner	m 1/4	sha	amad	Purpose:	Follow-up	Releas	se Date 03/2019	
Hossa		אווכ	imeu	√ Routine	No			
Owner's Ac				Follow-up	Summary	of Violation	as:	
<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_	$0_{\rm R}$	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	se (See addi	tional page)	
				Other (list)				
Certified Fo		er			$1 \bigcirc 2$	$\bigcirc 3 \bigcirc$	<u> 1405</u> 0	
\leua(ieu/				<u> </u>			
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	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 Corrected By		
			No noted violation	ns	1			
			THO HOLOG VIOLATIO	5110.				
B : 11				T	1 18			
Received by		_	orinted):	Inspected by (name and title p	rinted):			
<redacted></redacted>				<redacted></redacted>				
Received by (signature):				Inspected by (signature):				
cc:			cc:		cc:			
					1			