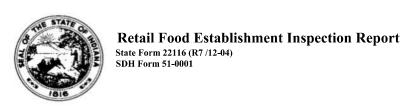
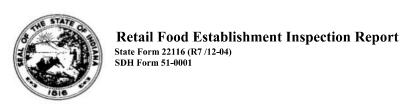


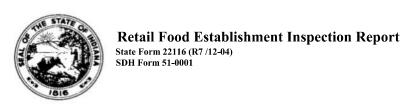
Establishm 130 N Owner	Caes ent Addres St Jo	ss (nu SC	r's Pizza mber and street, city, state, zip code) ph Ave, Evansville, IN, 47711	Purpose: Follow-up Release Date					
		-ttc	orts Investments, Inc	Routine	No	08/	05/2019		
Owner's A				√ Follow-up	Summary	of Violation	ns:		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>0_{R}</td></reda<>				Complaint	\cap	(0_{R}		
<pre><reda< pre=""></reda<></pre>				Pre-Operational	C	NC_	<u> </u>		
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)		
				НАССР					
Certified F		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>		
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	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		
			All violations from 7-9-2019	were corrected.					
Received by		_	printed):	Inspected by (name and title properties)	rinted):				
Received by	/ (signature):		Inspected by (signature):					
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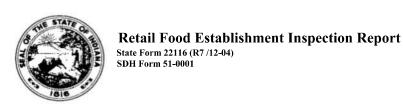
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Establishme		ما ا	. .	Telephone Number	Date of Ins (mm/dd/y)		ID#	
Darm				812-867-7300	07/25	/2019	11543	
			mber and street, city, state, zip code) adt Rd, Evansville, IN, 47725	' <redacted></redacted>	017=0	,_0.0		
Owner				Purpose:	Follow-u		se Date	
Richa	<u>rd Ke</u>	nne	edy - JLK Bar Holdings II Inc.	√ Routine	Yes	08/	04/2019	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>2</td><td></td><td>) /</td></reda<>				Complaint	2) /	
Person in C	_			Pre-Operational	c_ 	NC_	$\frac{2}{R}$	
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Responsible	e Person's	E-ma	11	НАССР	Menu Typ	se (See adai	tional page)	
Certified Fo	ood Handl	or		Other (list)	10,	\bigcirc_{2}	$)_4\bigcirc_5\bigcirc$	
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		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIC	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	"SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BEI				
Section#	C/NC	R	Narrative			To Be Co	orrected By	
187	С	R	Potentially hazardous food cold holding above 4					
191	С	R	Improper date marking on potent	ially hazardous foo	od.	Co	rrected	
297	NC	R	Ice bin soiled	l.		Со	rrected	
431	NC	R	Walls and floors around the ϵ	equipment soiled.		07/3	30/2019	
,								
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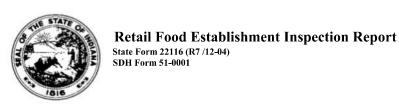
Establishm	s Pa ent Addres Broad Schned ddress cted>	s (nu dwa ell	way Pizza mber and street, city, state, zip code) ay Ave, Evansville, IN, 47712	Telephone Number (812-423-3339 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Follow-u	6/2019 Releas	02/2019 as:
Responsible			il	Temporary HACCP	Мепи Тур	oe (See addii	tional page)
Certified Fo		er		Other (list)	1 2	<u></u>)4050
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	ID IN THE N		
Section#	C/NC NC	R R	Narrative	zo oven seiled			24/2019
431	NC	К	Walls around mixer and piz	za oven solled.		0772	.4/2019
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishm		راء		Telephone Number	Date of Ins (mm/dd/yr		ID#
Willo				⁽ 812-473-5828	07/22	/2019	11452
			N AVE, Evansville, IN, 47715	' <redacted></redacted>			
Owner	/ E D	ГТІГ	DEMENT DECIDENCE Limited Dorthorobin	Purpose:	Follow-up		se Date
Owner's A			REMENT RESIDENCE Limited Partnership	T resume	No		01/2019
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violatio</td><td></td></reda<>				Follow-up	Summary	of Violatio	
Person in C				Complaint	a 0	NG	0 ,
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC</td><td><u> </u></td></reda<>				Pre-Operational	<u> </u>	NC	<u> </u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ		tional page)
				Other (list)			
Certified For		er		Other (list)	1 2		<u>/405</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• 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 C	orrected By
346	NC		Hand soap not provided a	at hand sink.		07/2	22/2019
			·				
Received by				Inspected by (name and title properties) <redacted></redacted>	rinted):		
Received by				Inspected by (signature):			
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Establishmond North Nort	ay S ent Addres St Jo	s (nu)SE	dwich Shop mber and street, city, state, zip code) ph Ave, Evansville, IN, 47712	Telephone Number (812-423-0035 (<redacted> Purpose:</redacted>	Date of Inc (mm/dd/yr 07/22 Follow-u	2/2019	ID# 11372 e Date
PATH	IL AN	1IN		Routine	No	08/	01/2019
Owner's Ac				Follow-up	Summary	of Violation	ıs:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>4</td><td>\cap</td></reda<>				Complaint	1	4	\cap
Person in C				Pre-Operational	C	NC	$\lfloor_{R} 0 \rfloor$
Responsible			:1	Temporary	Monu Tu	oe (See addii	tional nage)
Responsible	e rerson's	rma	II	П НАССР	wienu ryj	se (see aaan	ionai page)
Certified Fo		er		Other (list)	102	<u>3</u>	0_4 0_5
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "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	rrected By
187	С		Potentially hazardous food cold holding above 4	1 degrees. Product was	moved.	07/2	23/2019
218	NC		Front cooler not operating	as designed.		07/2	23/2019
			1 3	<u> </u>			
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Received by	(signature)):		Inspected by (signature):			
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Establishme		on	dwich Chan	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			dwich Shop	812-423-0035	07/25	/2019	11372
			ph Ave, Evansville, IN, 47712	' <redacted></redacted>			
Owner PATH				Purpose:	Follow-up No		se Date 04/2019
Owner's Ac		1111 1		 		•	
<reda< td=""><td></td><td></td><td></td><td>✓ Follow-up</td><td>Summary</td><td>of Violation</td><td>18:</td></reda<>				✓ Follow-up	Summary	of Violation	18:
Person in C				Complaint	$\begin{bmatrix} 0 \end{bmatrix}$) [
<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	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified Fo		er			1 2		<u>/405</u>
• CRITICAL	ITEMS AF	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 N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			All violations from 7-22-2019	were corrected.			
		L					
Received by				Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
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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 812-435-2400 opt 3 Fax 812-435-5871

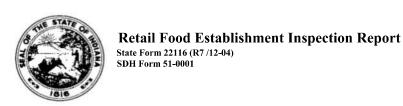
	y'S ent Addres		mber and street, city, state, zip code) Iin St, EVANSVILLE, IN, 47712	3)	12-424-1420 Owner	Date of Instance (mm/dd/yr		то# 11324	
Owner			perties LLC	Pu	rpose:	Follow-uj		e Date 02/2019	
Owner's Ad			<u></u>	┰	Follow-up Summary of Violations:				
<reda< td=""><td>cted></td><td></td><td></td><td>H</td><td>Complaint</td><td>·-</td><td></td><td></td></reda<>	cted>			H	Complaint	·-			
Person in C				┢	Pre-Operational	$_{\rm c}$ Z	NC) _p 1	
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Responsible	Person's	E-ma	il	\vdash	HACCP	Menu Typ	oe (See addii	ional page)	
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Certified Fo		er		_	Other (list)	1 <u>U</u> 2		<u>/45</u>	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	KED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	rrected By	
191	С		Ready to eat, potentially hazardous for	ood	lacking date ma	arking.	Coi	rrected	
187	С	R	Potentially hazardous food cold held	at i	mproper temper	ature.	07/2	25/2019	
			-		· ·				
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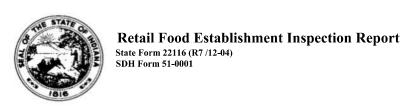
Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

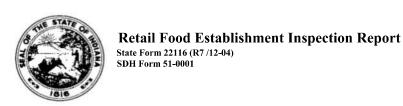
Establishme				Telephone Number Date of Inspection (mm/dd/yr) 11.1				
Smitty				812-424-1420	07/26	/2019	11324	
Establishmo	ent Addres N Fra	s (nui nkl	mber and street, city, state, zip code) lin St, EVANSVILLE, IN, 47712	() Owner	017=0			
Owner				Purpose:	se Date			
		^o ro	perties LLC	Routine No 08/05/2				
Owner's Ad				√ Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	CU		J DU	
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Responsible	Person's	E-mai	il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР				
Certified Fo		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		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 7-23-2019	were corrected.				
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):			
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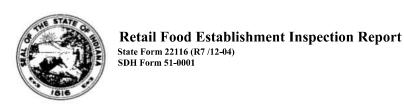
Establishm		·		Telephone Number	Date of Ins (mm/dd/yr		ID#
Rosie				812-421-1121		3/2019	11289
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	01720	72010	
	vv ivia	ıryı	and St., Evansville, IN, 47710				
Owner	Cibaa			Purpose:	Follow-uj		se Date
Rose		ווכ		√ Routine	Yes		02/2019
Owner's A				Follow-up	Summary	of Violation	as:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>(</td><td>\cap</td></reda<>				Complaint	1	(\cap
Person in C				Pre-Operational	C	NC(<u> </u>
Responsible			91	Temporary	Manu Tu	(C 11:	tional page)
Responsible	e Person's	r-ma	11	НАССР	ivienu i yr	se (see aaai	iionai page)
Certified F	ood Uondl	014		Other (list)	100	\bigcirc),()_5()
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• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "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
436	С		Cats present in storage	e building.		07/2	23/2019
						1	
Received by	(name and	l title :	printed):	Inspected by (name and title p	rinted):		
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Establishm		2	#110	Telephone Number	Date of In (mm/dd/y		ID#
Burge			mber and street, city, state, zip code)	812-479-5968	07/25	5/2019	11117
1301	Cove	rt A	inder and street, city, state, zip code;	<pre><redacted></redacted></pre>			
Owner	0010.		100, 20, 400 11222, 114, 17, 11	Purpose:	Follow-u	p Releas	se Date
Carrol	ls, LL	С		Routine			04/2019
Owner's A	ddress			Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>				Complaint			
Person in C				Pre-Operational	$_{\rm C}$ \cup	_ NC	$I_R U$
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Responsible	e Person's	E-ma	11	НАССР	Menu Ty	pe (See aaai	tional page)
Certified F	ood Handl	er		Other (list)	1()2	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
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• CRITICAI	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	JARRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	MINIMULT OF VIOLATIONS AND	D IIV THE I		orrected By
310	NC	IX	Hood vent in need of	cleaning			31/2019
310	110		TIOOG VEHT III TIEEG OF	cicaring.		0110	71/2013
D : 11	<u> </u>			* 11 / 111	1 . 1		
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Establishm	ent Name				Telephone Number	Date of Ins	pection	ID#
		ro۱	∕e Bauerhaus		(812-867-3169	(mm/dd/yr 07/25)	10858
			mber and street, city, state, zip code) Idt Rd., EVANSVILLE, IN, 477	725	() Owner .	01123	12019	
Owner					Purpose:	Follow-up	Releas	se Date
James	s A Ba	aue	er		√ Routine	No		04/2019
Owner's Ac					Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational			$0_{\rm R}$	
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР		~ ~		
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4050</u>	
1								
• CRITICAL	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	MNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Œ "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrativ	⁄e			To Be Co	orrected By
			No noted vio	olati	ons.			
Received by	name and	title p	printed):		Inspected by (name and title pr	rinted):		
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			<u> </u>						
Establishm			110 A	Telephone Number	Date of In: (mm/dd/y)		ID#		
Amve				812-423-3322	, ,	2/2019	10842		
			mber and street, city, state, zip code)	() Owner	01122	./2013			
2912	Broad	lwa	y Ave, Evansville, IN, 47712						
Owner				Purpose: Follow-up Release Date					
Amve	ts Pos	<u>st 8</u>	4	√ Routine	No	08/	01/2019		
Owner's A				Follow-up	Summary	of Violatio	ns:		
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Person in C				Pre-Operational		NC_	$I_{R}U$		
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Responsible	e Person's	E-mai	I	НАССР	Menu Typ	oe (See addi	itional page)		
						\bigcirc			
Certified F	ood Handl	er		Other (list)	$1 \underbrace{\bigcirc} 2$		<u> 1405</u>		
• CRITICAL	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	IMMARY OF VIOLATIONS" AN	ID IN THE N	IARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			1	orrected By		
	NC	K	Drink nozzle at bar and id	oo hin ooilad			•		
297	INC		Driffk flozzle at bar and it	ce pin solled.		<u> </u>	rrected		
Received by			rinted):	Inspected by (name and title p < redacted>	rinted):				
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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 812-435-2400 opt 3 Fax 812-435-5871

Establishment Name				Telephone Number	Date of Inspection ID # (mm/dd/yr)		ID#	
Queen B's Cuisine				812-760-9494	` •	·	13932	
Establishment Address (number and street, city, state, zip code)				(.) Owner 4 .	07/26	3/2019		
325 S	Gree	n F	River Rd, Evansville, IN, 47715	' <redacted></redacted>				
Owner				Purpose:	Follow-u	p Releas	se Date	
Marie	"Bob	ette	e" Riales	√ Routine	Yes	08/	05/2019	
Owner's Ac	ldress			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	harge			Pre-Operational		NC 4	$\frac{2}{R}$	
<reda< td=""><td>cted></td><td></td><td></td><td></td><td><u> </u></td><td></td><td></td></reda<>	cted>				<u> </u>			
Responsible	e Person's	E-mai	d .	Temporary	Menu Typ	oe (See addi	tional page)	
				НАССР				
Certified Fo	ood Handle	er		Other (list)	$1 \underbrace{\bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc}$			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
<u> </u>								
		I		-: - d	To Be Corrected By			
295	NC		Inside reach in so		07/26/2019			
431	NC			Floor of unit soiled.			07/26/2019	
118	С		Lacking food safety certificated employee.			08/26/2019		
			Approved for operation					
Received by		_		Inspected by (name and title printed):				
				<redacted></redacted>				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



tail ood ta li nt n tion o t

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d on an in tion t i da t it not d lo id nti iolation o ndiana tail ood ta li nt anitation ntti li it o o tion o a iolation i iidint na ati o tion o t i l on at o n tion dd Xpressmart 812-492-3200 14008 07/23/2019 and t t it tat i od '<redacted> 1601 N First Ave, Evansville, IN, 47710 Release Date ollo 08/02/2019 Amrinderjit Kaur No o tin olloSummary of Violations: <redacted> o laint on in a ational <redacted> o a Menu Type (See additional page) li t ti i d ood andl a ati tion t dNo noted violations. Received by (name and title printed): Inspected by (name and title printed): <redacted> <redacted> Received by (signature): Inspected by (signature): cc: cc: