

Establishme 4300 H Owner	sville Hecke Ville ( Idress Cted> harge Cted>	s (nui el F	oorts Comple nber and street, city, state, z Rd, Evansville, nvention Burea	<sup>zip code)</sup> IN, 47720	Telephone Number (812-421-2200 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary	p Releas 0/2019 09/ 09/	) <u>R</u> 0
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{0}_{4} \underline{0}_{5} \underline{0}$
• CRITICAL • VIOLATIO	ITEMS AR N(S) REPE	ATED		T AND NARRATIVE COLUMNS M ONS ARE DENOTED IN THE "SU		ID IN THE N		
Section#	C/NC	R		Narrative			To Be Co	orrected By
				No violations	•			
			Inspected by (name and title p <redacted></redacted>	rinted):				
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Establishme 4300 H Owner	sville Hecke Ville ( Idress Cted> harge Cted>	s (nui el F	oorts Comple mber and street, city, state, z Rd, Evansville, nvention Burea	<sup>zip code)</sup> IN, 47725	Telephone Number (812-401-1890 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u No Summary	p Releas 0/2019 09/ 09/	) <u>R</u> 0
Certified Fo		er			HACCP Other (list)	102		$40_{5}$
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	• 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"							
• VIOLATIO Section#	N(S) REPE	ATED R	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SU Narrative	MMARY OF VIOLATIONS" AN	ID IN THE N		BELOW AS "R" orrected By
Section#	CINC	K		No violations			TUBECO	frected by
				Inspected by (name and title p <redacted></redacted>	rinted):			
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Establishme	MO ent Addres Pearl Matt Matt dress cted> harge cted> Person's	s (nui Dr E-mai			(8) ( ₽u	lephone Number 12-467-7486 ) Owner rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C Menu Tyj	p Releas 09/2019 09/ 09/	28/2019 hs: <b>P R O</b> tional page)
				T AND NARRATIVE COLUMNS M ONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
		_		Follow up from 9-9	-20	19			— J
			^	All violations were co					
			F						
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Establishm	x Tim ent Address S Bar Math Idress cted> harge cted> e Person's	is (nu ker is	Bar & Grill <sup>mber and street, city, state, z Ave, Evansvi</sup>		Telephone Number (812-602-1756 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_1	p Releas 09/	27/2019 R
				T AND NARRATIVE COLUMNS M IONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
173 C Improper storage of raw animal produ					nimal product			rected
297	NC			ce guard and nozzle		rected		
231	NC			se guara and nozzie.	5 50lieu.		00	Tecled
Received by		-	printed):		Inspected by (name and title pr <b>redacted</b> >	rinted):		
Received by (signature):					Inspected by (signature):			
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1300 I Owner Sub T Owner's Ad <redae Person in C <redae Responsible</redae </redae 	ay #2 ent Address Mor wo In ddress cted> harge cted> Person's	s (nun 'ga c/E E-mai	mber and street, city, state, zip code) n Ave, Evansville, IN, 47714 Ed Kucer	Telephone Number (812-402-7821 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) MARKED "C"</redacted>	Follow-u NO Summary C	p Releas 09/ v of Violatior	LR_1
• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	NC	R	Drink dispenser nozzles in r	eed of cleaning		Co	rrected
			-				
	<u> </u>						
Received by			printed):	Inspected by (name and title p <redacted></redacted>	rinted):		
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	art Ind ent Address Cover B Tan Idress Cted> harge Cted> e Person's	s (nu t A nar		<u> </u>	ephone Number 12-473-7222 Fredacted> Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	) 5/2019 p Releas	26/2019 R_1
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
					<b>f</b> -			20/2019
295	NC	R	Sheiving in walk in cooler in r	Shelving in walk in cooler in need of cleaning.				
Received by			printed):	-	ected by (name and title pr edacted>	inted):		
Received by	(signature)	):		Inspe	ected by (signature):			
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Establishme 504 N Owner Starbu Owner's Ac <redae Person in C <redae Responsible Certified Fo</redae </redae 	ucks Gree Jcks ( Idress Cted> harge Cted> Person's	er (nui en F Cof	offee Co #9759 mber and street, city, state, zip code) River Rd, Evansville, IN, 47 fee Company a		Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	r) B/2019 P Releas 09/ 09/ of Violation NC_	ID # 11505 e Date 28/2019 is: $\mathbf{R}$ <b>0</b> $\mathbf{R}$ <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b>
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrat	ive			To Be Co	orrected By
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4430 I Owner Amma Owner's Ad <redae Person in C <redae Responsible Certified Fe <redae< th=""><th>Italy ent Address First A ar Jaw Idress Cted&gt; Cted&gt; Person's Person's</th><th>Ave /ab</th><th></th><th>COLUMNS N</th><th>Telephone Number (812-401-0588 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted></th><th>Follow-u NO Summary C</th><th>) 7/2019 P Releas 09/ 09/ of Violation NC_</th><th>27/2019 IS: R_0 tional page)</th></redae<></redae </redae 	Italy ent Address First A ar Jaw Idress Cted> Cted> Person's Person's	Ave /ab		COLUMNS N	Telephone Number (812-401-0588 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C	) 7/2019 P Releas 09/ 09/ of Violation NC_	27/2019 IS: R_0 tional page)
			FROM PREVIOUS INSPECTIONS ARE DENOTED		MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R		rrative	4 <sup>1</sup>		To Be Co	orrected By
			Violations from 8-21-	19 insp	ection corrected.			
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	e Cas ent Addres _ogar Castl Idress cted> harge cted> e Person's	s (nu 1 D e	mber and street, city, state, z r, Evansville, 1		Telephone Number (812-474-9901 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_2	p Releas 09/2019 of Violatior	28/2019  
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	ARKED "C"			
	. ,		FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Detential	Narrative				rrected By 8/2019
187	C	R		otential hazardous food items not maintained at 41º Fahrenheit or less. Employees not washing hands when necessary				
171	С		Employees	Employees not washing hands when necessary.				
Received by		-	printed):		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)	):			Inspected by (signature):			
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	Orcha ent Addres Orcha ORCH Idress Cted> harge Cted> e Person's	is (nur ard IAF	nber and street, city, state, zip coo Rd, Evansville, II RD		Telephone Number (812-963-6858 ( <redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-up No Summary C	) /2019 D Releas 09/ of Violatior NC	28/2019
			NTIFIED IN THE CHECKLIST AND					
			FROM PREVIOUS INSPECTIONS A		MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R		Narrative			To Be Co	orrected By
				No noted violation	ons.			
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	ent Addres Greer NTO Idress Cted> harge Cted> e Person's	is (nu 1 Ri NS E-ma	mber and street, city, state, zip code) ver Rd, EVANSVILLE, IN, 47715 , LLC	Telephone Number (812-477-5464 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 09/ of Violation NC_	26/2019 <sup>18:</sup>
			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			To Be Co	orrected By
			No noted violat	ions			
				10113.			
			Inspected by (name and title p <redacted></redacted>	rinted):			
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Establishmo 6225 Owner	ent Addres Vogel HEN	Ro Ro LIE	s Finer Choco mber and street, city, state, zi d., EVANSVILL BS FINER CHC	ip code)	(8 ( Pu	lephone Number 12-473-0048 ) Owner rpose: Routine Follow-up	Follow-u NO	) )/2019 p Releas	ID # 11352 e Date 30/2019
Person in C	harge					Complaint Pre-Operational	$_{\rm C}$ 0		) _ 0
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Responsible	Person's	E-mai	il			НАССР	Menu Tyj	oe (See addi	tional page)
Certified Fo		er				Other (list)	1 <u>02</u>	<u>•</u> 3C	$\underline{0}_{4} \underline{0}_{5} \underline{0}$
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN					IARK	ED "C"			
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Establishm	nedic	s (nu	School nber and street, city, state, zip code)	Telephone Number         ( ) Establishment         ( ) Owner	Date of In (mm/dd/y 09/19		id# 11342
	Harla	an /	Ave., EVANSVILLE, IN, 4771		<b>F</b> 11		
owner St Ber	nedict	s F	Parish	Purpose:	Follow-u NO		29/2019
Owner's Ac				Follow-up	Summary	of Violation	
				Complaint		ſ	
Person in C				Pre-Operational	с <u></u> О		) <sub>R</sub> 0
Responsible			il de la constant de	Temporary	Menu Ty	pe <i>(See addi</i>	tional page)
				HACCP Other (list)	$\cap$	$\frown$	
Certified Fo		er			$1 \underline{\bigcirc} 2$		<u>4_5</u>
		E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MARKED "C"			
• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN	ND IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violation	าร.			
Received by		-	printed):	Inspected by (name and title p <redacted></redacted>	orinted):		
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	nifac		School nber and street, city, state, z	in code)	<b>Telephone Numbe</b> (812-422-		Date of Ins (mm/dd/yr 09/16		id# 11335
				VILLE, IN, 47712	() Owner				
<sup>Owner</sup> St Bor	niface	Pa	arish		Purpose:		Follow-uj NO		<sup>e Date</sup> 26/2019
Owner's Ad	ldress				Follow-up		_	of Violatior	
Person in C					Complaint Pre-Operations	ıl	$_{\rm c}$ <b>0</b>		) <sub>R</sub> 0
<reda< td=""><td></td><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td><i>(</i><b>7</b> 11)</td><td></td></reda<>					Temporary			<i>(</i> <b>7</b> 11)	
Responsible	Person's	E-mai	il		НАССР		Menu Typ	~ ~	tional page)
Certified Fo		er			Other (list)	_	1 <u>02</u>	<u></u> 3	<u>4050</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIS	Γ AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTION	ONS ARE DENOTED IN THE "SUI	MMARY OF VIOLAT	IONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
				No noted violation	ons.				
D 1 11			· ( 1)		T / 11 /	1.1.1	• , •		
	Received by (name and title printed): <redacted></redacted>			Inspected by (name a <b><redacte< b=""></redacte<></b>	-	rinted):			
Received by (signature):			Inspected by (signatu	ire):					
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Establishment Name St Agnes School Establishment Address (number and street, city, state, 1600 Glendale Ave, EVANS	<sup>zip code)</sup> VILLE, IN, 47712						
St Agnes Church		Purpose:	Follow-up NO		<sup>e Date</sup> 26/2019		
Owner's Address		Follow-up	Summary				
Person in Charge		Complaint Pre-Operational	<u>с</u> 0		) _0		
<redacted></redacted>			C	<u></u>	K		
Responsible Person's E-mail		Temporary	Menu Type	e (See addii	ional page)		
			$\cap$		$\cap \cap$		
Certified Food Handler <redacted></redacted>		Other (list)	$1 \underbrace{\bigcirc} 2 \underbrace{\bigcirc}$	<u></u> 3	<u>4050</u>		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLI	ST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECT	FIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"		
Section# C/NC R	Narrative			To Be Co	orrected By		
	No noted violatio	ons.					
Decrimed by (name or define the first		Turner of a large state of the state					
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Establishme 4700 L Owner	Phar ent Address _incol (-SUF ddress cted> harge cted> e Person's	s (nu <u>n</u> PEF	acy #6253 mber and street, city, state, zip code) Ave., Evansville, IN, 47714 RX LLC		Telephone Number (812-477-4186 ( <redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 09/ r of Violation NC pe (See addition	26/2019   
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUM					
• VIOLATIC	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted viol	atio	ns.			
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Received by		-	printed):		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)	):		]	Inspected by (signature):			
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Establishme 2603 V Owner	ch Pa ent Addres V Mar ville \	s (nu) Yla	STEM Acad mber and street, city, state, z nd St., EVANS nderburgh Sch	ip code) VILLE, IN, 47712	(8 (~ Pu	Routine Follow-up	Follow-u NO	r) 7/2019 p Releas	ID # 11025 e Date 27/2019
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Person in C						Pre-Operational	<u>с</u> U	<u>NC</u>	<u></u> <sub>R</sub> <u>U</u>
Responsible						Temporary	Menu Ty	pe (See addii	ional page)
						НАССР		$\sim$	$\sum_{i=1}^{n}$
Certified Fo		er			L	Other (list)	1 <u>02</u>		$\underline{O}_4 \underline{O}_5 $
• CRITICAL	ITEMS AR	E IDE	CNTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARK	KED "C"			
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Section#	C/NC	R		Narrative				To Be Co	orrected By
				No noted violation	ons				
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Received by (signature):			Insp	pected by (signature):					
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Establishme		nh	erd School	Telephone Number	Date of Ins (mm/dd/yr	Ð	id# 10990	
Establishme	ent Addres	s (nu	nber and street, city, state, zip code) ell Rd., EVANSVILLE, IN, 47715	( ) Owner	09/19	/2019	10330	
ZJUI I Owner		~ <b>~</b> VV	ell R U, L V A N S V L L L, I N, 4 7 7 1 S	Purpose:	Follow-u	Poloo	e Date	
	Shep	he	rd Parish	Routine	No		29/2019	
Owner's Ad	ldress			Follow-up	Summary	of Violation		
Person in C	harge			Complaint			) <sub>R</sub> 0	
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				HACCP	$\sim$	$\sim$	$\sim \sim \sim$	
Certified Fo		er		Other (list)	$\frac{1 \underbrace{2 \underbrace{3}}_{3} \underbrace{4}_{4}}{2}$			
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		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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Establishme 901 SV	vood	s (nu	eadership Aca nber and street, city, state, z Ave., EVANSV	3			)/2019	id# 10986
owner Evans	ville \	/ar	nderburgh Sch	ool Corp.	Purpose:	Follow-u NO		e Date <b>29/2019</b>
Owner's Ac					Follow-up		of Violation	
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• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARKED "C"			
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Section#	C/NC	R		Narrative			To Be Co	orrected By
430	NC		Servi	ce door sweep in ne	ed of repair.		09/2	27/2019
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Establishme 321 W Owner Evans Owner's Ac <redae Person in C <redae Responsible</redae </redae 	sville ent Address Voreq ville A ddress cted> harge cted> person's	s (nu) JOT Ath E-ma			Telephone Number (812-422-1819 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 09/ 01 Violation NC	ID # 10949 e Date 27/2019 is: $\mathbf{R}$ <b>0</b> $\mathbf{R}$ <b>0</b> $\mathbf{R}$ <b>0</b> <b>0</b> <b>0</b> <b>10949</b> <b>0</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> <b>10949</b> 109
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			NTIFIED IN THE CHECKLIST AND NARRATIVE COL FROM PREVIOUS INSPECTIONS ARE DENOTED IN T			D IN THE N	ARRATIVE	BELOW AS "R"
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297	NC	R	Ice guard in ice n		ine soiled			6/2019
291	NC	Γ		llaci			09/	0/2019
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Establishme 951 D Owner	er Ele ent Addres exter ville \	s (nu Av	entary Schoc <sup>mber and street, city, state, z</sup> e., EVANSVIL nderburgh Sch	<sup>zip code)</sup> LE, IN, 47714	Telephone Number (812-469-5081 ( <redacted> Purpose: Routine ✓ Follow-up</redacted>	Follow-u	r) )/2019 p Releas	ID # 10906 e Date 29/2019
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4140   <sup>Owner</sup>	Que ent Address First A & Mc Idress Cted> harge Cted> Person's	s (nu AVE orga	nber and street, city, state, zip code) e, Evansville, IN, 47710 an Kirk	8 V V V V V V V V V V V V V V V V V V V	ephone Number 12-428-4022 redacted> pose: Routine Pollow-up Complaint Pre-Operational Femporary HACCP Other (list)	Follow-u Summary C Menu Tyj	r) 7/2019 p Releas 09/ of Violatior	27/2019 hs: <b>R</b> tional page)
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295	NC	R	Ice guard soiled in ice	machine.		09/1	8/2019
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Establishme 416 N Owner R L Fa Owner's Ac <redae Person in C</redae 	Kitch ent Addres Main aulstic Idress cted> harge	s (nu St	Konnection mber and street, city, state, z ;, Evansville, IN	Telephone Number (812-464-3003 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational</redacted>	Follow-u NO Summary	) /2019 Releas 09/ of Violatior	ID # 10855 e Date 29/2019 hs: <b>0</b>	
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Establishm				Telephone Number	Date of In (mm/dd/y		ID #
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			mber and street, city, state, zip code)	<pre>(<redacted>)</redacted></pre>	09/18	0/2019	
2320 N	Greer	nriv	er Road, Evansville, Indiana, 47715				
Owner	41			Purpose:	Follow-u		
Ken B	-	II		✓ Routine	No	09/	29/2019
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Section#	C/NC	R	Narrative	P 1 44 1			orrected By
187	C	R	Potentially hazardous food cold hold		ees.	Corrected	
218	NC	R	Walk in cooler not functionir			09/17/2019 Corrected	
173	С		Improper storage of raw a	Improper storage of raw animal product.			
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		s (nu	mber and street, city, state, zip code) BLVD, Evansville, IN, 47708	Telephone Number (812-205-1377 ( <redacted> Purpose:</redacted>	Date of In: (mm/dd/yr 09/17 Follow-u	r) 7/2019	ID # 13832 e Date		
Roofto	op Re	sta	lurant	Purpose: √Routine	Yes	¥.	27/2019		
Owner's A				Follow-up		of Violation			
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• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"					
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Section#	C/NC	R	Narrative			To Be Co	orrected By		
295	NC		Inside single door reachin refrigera	ator at front line soi	led.	09/17/2019			
295	NC		Inside freezer has ice accumulation. Defro	ost. Planning to replac	ce unit.	t. 09/19/2019			
431	NC	R	Freezer floor has water accumulation from melting ice,	Freezer floor has water accumulation from melting ice, flooring has soil accumulation along					
			floor/wall area at back door, oven, front						
430	NC		Dishmachine three compartment sink wall, mop sink	10/1	6/2019				
			deteriorated. Install new washable	e sealed wall surfa	се				
433	NC		Improper storage of mops. S	Store handle up.		09/17/2019			
324	NC		Three compartment sink chemical devic	e leaking. Contact s	ervice.	09/1	7/2019		
				Inspected by (name and title pr <b><redacted></redacted></b>	rinted):				
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					Telephone Number (812-319-7578	Date of Ins (mm/dd/yr	)	id# 13877
Establishment Address (number and street, city, state, zip code) 1003 E Diamond Ave, Evansville, IN, 47711					( <redacted></redacted>	09/18	/2019	
<sup>Owner</sup> Jagtar	Sing	h			Purpose:	Follow-u Yes		<sup>e Date</sup> 28/2019
Owner's Ac					Follow-up	Summary	of Violation	is:
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Person in C					Pre-Operational	с <u></u> О	NC	R
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Section#	C/NC	R		Narrative			To Be Co	orrected By
191	С	R	Ready to	o eat foods not d	ate marked.		09/18/2019	
235	NC		Prep table not maintaining 41f or less.				09/18/2019	
189	С		Improper cooling of potentially hazardous foods.				Corrected	
294	С		Dish machine lacking sanitizer.			09/18/2019		
Received by	(name and	title p	printed):		Inspected by (name and title p	rinted):		
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Establishme 1200 E Owner	obo ent Address Edger Hobge Idress Cted> harge Cted> Person's	5 (nu - S1 200	unge LLC nber and street, city, state, zip o c, Evansville, IN, d & Robbin Redo	Telephone Number (225-287-5374 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	c_0	) /2019 D Releas 09/ of Violatior NC	27/2019 as: <b>R</b> <i>C</i> <i>C</i>	
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Establishm	s Sm ent Address Morte Gooda Idress Cted> iharge Cted> e Person's	ss (nu ON, All E-ma	tin BBQ mber and street, city, state, z Oakland City,	Telephone Number (812-749-9227 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C Menu Tyj	r) D/2019 P Releas 09/ of Violation NC	) R O	
				F AND NARRATIVE COLUMNS M		JD IN THE N	APPATIVE	RELOWAS "R"
			TROM TREVIOUS INSPECT		MMART OF VIOLATIONS A			
Section#	C/NC	R		Narrative			10 Be C	orrected By
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					Inspected by (name and title p <redacted></redacted>	orinted):		
					Inspected by (signature):			
cc:				cc:		cc:		



Establishment Name Taste of Rosa's Establishment Address (number and street, city, state, zip code) 2112 Taylor Ave., Evansville, IN, 47714 Owner Annette Leavell Owner's Address Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler</redacted>					Telephone Number (618-579-3098 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C Menu Tyj	p Releas 0/2019 09/ 09/ of Violation NC_	) R O
				T AND NARRATIVE COLUMNS N IONS ARE DENOTED IN THE "SU		ID IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
				Approved for oper	ration			
					Inspected by (name and title printed): <redacted></redacted>			
Received by (signature):					Inspected by (signature):			
cc:				cc:		cc:		