

| Establishm   |             |         |   | Telephone Number                   | Date of Ins<br>(mm/dd/yr |                         | ID #                           |
|--|-------------|---------|---|------------------------------------|--------------------------|-------------------------|--------------------------------|
| Big B  | ang l       | Mc      | ongolian Grill                                      | (812-602-1400                      | ` ·                      | ,<br>8/2019             | 12346                          |
|  |             |         | mber and street, city, state, zip code)             | <pre>(<redacted>)</redacted></pre> | 10/20                    | %Z019                   |                                |
|  | v Gre       | en      | River Rd, Evansville, IN, 47715                     |                                    |                          |                         |                                |
| <sup>Owner</sup><br>Jun Ca   | ao          |         |   | Purpose:                           | Follow-u                 | Release Date 11/07/2019 |                                |
| Owner's Ad   |             |         |   | Follow-up                          | Summary                  | of Violation            | 15:                            |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>                       |             |         |   | Complaint                          | -                        |                         |                                |
| Person in C  |             |         |   | Pre-Operational                    | <u>c</u> 2               |                         |                                |
| <reda<br>Responsible</reda<br>   |             |         | a   | Temporary                          |                          | tional page)            |                                |
| Responsible  | e Person's  | E-ma    | 11  | НАССР                              | Menu Typ                 | pe (See adail           | ional page)                    |
| Certified Fo   | od Handl    | er      |   | Other (list)                       | $1\bigcirc 2$            | $\bigcirc_3 \bigcirc$   | $)_{4} \bigcirc _{5} \bigcirc$ |
| <redac< td=""><td></td><td></td><td></td><td></td><td><u> </u></td><td></td><td><u></u></td></redac<>                |             |         |   |                                    | <u> </u>                 |                         | <u></u>                        |
| • CRITICAL   | ITEMS AR    | RE IDI  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N   | IARKED "C"                         |                          |                         |                                |
| • VIOLATIO   | N(S) REPE   | ATEE    | ) 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           | R       | Eggs at prep counter not being held at required tem | perature of 41 degrees fal         | hrenheit.                | Corrected               |                                |
| 171 C Improper storage of ice sc   |             |         |   | oop in the ice.                    |                          | Co                      | rrected                        |
|  |             |         |   |                                    |                          |                         |                                |
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| Received by  | (name and   | title j | printed):   | Inspected by (name and title p     | rinted):                 |                         |                                |
| <reda< td=""><td>acteo</td><td><br/>b</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<> | acteo       | <br>b   |   | <redacted></redacted>              |                          |                         |                                |
| Received by  | (signature) | ):      |   | Inspected by (signature):          |                          |                         |                                |
| cc:  |             |         | cc:   |                                    | cc:                      |                         |                                |



| 2720 N<br>Owner       | ent Address<br>N Gre<br>Nasse<br>ddress<br>Cted><br>Charge<br>Cted> | en<br>eri | mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715<br>& Logan Nasseri | Telephone Number<br>(812-401-2232<br>( <redacted><br/>Purpose:<br/>✓Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP</redacted> | of Violation |           |                                    |
|-----------------------|---|-----------|---|--|--------------|-----------|------------------------------------|
| Certified F           | cted>   |           |   | Other (list)   | 1 <u>0</u> 2 | <u></u> 3 | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |
|                       |   |           | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   |  |              |           |                                    |
| VIOLATIC     Section# | ON(S) REPE  | ATED<br>R | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP   | MMARY OF VIOLATIONS" AN  | ID IN THE N  |           | BELOW AS "R"                       |
| 431                   | NC  | к         | Narrative<br>Floors in need to deep clean   | ing throughout   |              |           | 06/2019                            |
| 324                   | C   |           | Restroom hand sinks in ne   |  |              |           | 20/2019                            |
|                       |   |           |   |  |              |           |                                    |
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| Establishm<br>3800<br>Owner<br>HARB<br>Owner's A<br><reda<br>Person in C<br/><reda<br>Responsibl<br/>Certified F<br/><redac< th=""><th>an Ex<br/>ent Address<br/>E Moi<br/>BHJAN<br/>ddress<br/>Cted&gt;<br/>Cted&gt;<br/>cted&gt;<br/>e Person's</th><th>s (nu<br/>Ga<br/>NS<br/>E-ma</th><th>ressway<br/>mber and street, city, state, zip code)<br/>n Ave, Evansville, IN, 47715<br/>INGH</th><th>(8)<br/>( &lt; Pu<br/>Pu<br/>-</th><th>elephone Number<br/>312-909-3981<br/><redacted><br/>irpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted></th><th>Follow-u<br/>Yes<br/>Summary<br/>C_2</th><th>r)<br/>3/2019<br/>p Release<br/>11/<br/>y of Violation</th><th><u></u></th></redac<></reda<br></reda<br> | an Ex<br>ent Address<br>E Moi<br>BHJAN<br>ddress<br>Cted><br>Cted><br>cted><br>e Person's | s (nu<br>Ga<br>NS<br>E-ma | ressway<br>mber and street, city, state, zip code)<br>n Ave, Evansville, IN, 47715<br>INGH | (8)<br>( < Pu<br>Pu<br>-  | elephone Number<br>312-909-3981<br><redacted><br/>irpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>Yes<br>Summary<br>C_2 | r)<br>3/2019<br>p Release<br>11/<br>y of Violation | <u></u>      |
|---|---|---------------------------|--|---|---|-----------------------------------|--|--------------|
|   | ON(S) REPE  | ATED                      | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU   | MM/   | ARY OF VIOLATIONS" AN   | D IN THE N                        | NARRATIVE  | BELOW AS "R" |
| Section#  | C/NC  | R                         | Narrative  |   |   |                                   |  | orrected By  |
| 431   | NC  |                           | Food prep table in need  |   |   |                                   | 10/2   | 28/2019      |
| 177   | С   |                           | Single service items not stored 6  | ind   | ches off the floo   | 10/2                              | 28/2019  |              |
| 295   | С   |                           | Ice bin shield to be cleaned   | an  | nd sanitized.   |                                   | 10/2   | 28/2019      |
|   |   |                           |  |   |   |                                   |  |              |
|   |   |                           |  |   |   |                                   |  |              |
| Received by<br><b><red< b=""><br/>Received by</red<></b>  | acteo   | d>                        | printed):  | <i< td=""><td>bected by (name and title pr<br/>redacted&gt;<br/>bected by (signature):</td><td>rinted):</td><td></td><td></td></i<> | bected by (name and title pr<br>redacted><br>bected by (signature):   | rinted):                          |  |              |
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| Establishm<br>1901  <br>Owner<br>Evans<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible</reda<br></reda<br> | Tech<br>ent Addres<br>Lynch<br>ddress<br>Cted><br>Cted><br>Cted><br>cted><br>e Person's | ss (nu<br>) R<br>Var<br>E-ma |  | Telephone Number<br>(812-598-5604<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | of Violation | $\frac{ID \#}{12001}$ se Date<br>$\frac{O8/2019}{R}$ is:<br>$\frac{O}{200} R$ $\frac{O}{200}$ $\frac{O}{200} R$ $\frac{O}{200} R$ $\frac{O}{200} R$ $\frac{O}{200} R$ |              |  |
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| Section#  | C/NC  | R                            | Narrative  |  |              | To Be Co  | orrected By  |  |
| Sectional   | 0,110   |                              | No noted violatic  | 200  |              | 10 20 00  |              |  |
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| Establishm<br>1 NW N<br>Owner<br>Scott<br>Owner's Ad<br><reda< th=""><th>es Fo<br/>ent Address<br/>Martin<br/>Gehre<br/>ddress<br/>cted&gt;</th><th>Eut</th><th>d Service<br/><sup>mber and street, city, state, zip code)</sup><br/>her King Blvd, Evansville, IN, 47708</th><th>(2<br/>(<br/>Pu</th><th>Complaint</th><th>Follow-u<br/>NO<br/>Summary</th><th>)<br/>D/2019<br/>p Releas<br/>11/<br/>of Violation</th><th></th></reda<> | es Fo<br>ent Address<br>Martin<br>Gehre<br>ddress<br>cted> | Eut    | d Service<br><sup>mber and street, city, state, zip code)</sup><br>her King Blvd, Evansville, IN, 47708 | (2<br>(<br>Pu | Complaint  | Follow-u<br>NO<br>Summary | )<br>D/2019<br>p Releas<br>11/<br>of Violation |                           |
|--|--|--------|---|---------------|--|---------------------------|--|---------------------------|
| Person in C  |  |        |   |               | Pre-Operational  | с <u></u> U               | NC_  | $\mathbf{D}_{\mathbf{R}}$ |
| Responsible  |  |        | il  |               | Temporary<br>HACCP   | Menu Ty                   | oe (See addi                                   | tional page)              |
| Certified Fo   |  | er     |   |               | <u>4050</u>  |                           |  |                           |
| • CRITICAI   | L ITEMS AF   | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   | IARK          | KED "C"  |                           |  |                           |
|  |  | -      | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMA           | ARY OF VIOLATIONS" AN  | D IN THE N                |  |                           |
| Section#   | C/NC   | R      | Narrative   |               |  |                           | To Be Co                                       | orrected By               |
|  |  |        | No discrepanci  | es            |  |                           |  |                           |
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| Received by  | acteo  | d>     | , , , , , , , , , , , , , , , , , , ,   | -             | redacted by (name and title provided by (name and title pr | rinted):                  |  |                           |
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| 2119 I<br>Owner<br>Andre<br>Owner's Ac<br><reda<br>Person in C<br/><reda<br>Responsible<br/>Certified Fo<br/><reda< th=""><th>reak<br/>ent Addres<br/>E Mor<br/>ws O<br/>ddress<br/>cted&gt;<br/>harge<br/>cted&gt;<br/>Person's<br/>pood Handle<br/>cted&gt;</th><th>s (nui<br/>'ga<br/>il<br/>E-mai</th><th>mber and street, city, state, zip code)<br/>n Ave, Evansville, IN, 47714</th><th>()<br/>P<br/>V</th><th>relephone Number<br/>618-437-9799<br/><redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted></th><th>Follow-u<br/>NO<br/>Summary<br/>C</th><th>)<br/>/2019<br/>P Releas<br/>11/<br/>of Violation<br/>NC</th><th><u>R</u><u>O</u><br/><i>R</i></th></reda<></reda<br></reda<br> | reak<br>ent Addres<br>E Mor<br>ws O<br>ddress<br>cted><br>harge<br>cted><br>Person's<br>pood Handle<br>cted> | s (nui<br>'ga<br>il<br>E-mai   | mber and street, city, state, zip code)<br>n Ave, Evansville, IN, 47714 | ()<br>P<br>V | relephone Number<br>618-437-9799<br><redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | )<br>/2019<br>P Releas<br>11/<br>of Violation<br>NC | <u>R</u> <u>O</u><br><i>R</i> |
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|   |  |  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE                            |              |   | D IN THE N                     | ARRATIVE  | BELOW AS "R"                  |
| Section#  | C/NC   | R  | Narrative   |              |   |                                | To Be Co  | orrected By                   |
|   |  |  | No noted viola  | ation        | S.  |                                |   |                               |
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|                              | o Jap<br>ent Address<br>N Gre<br>ia Lin<br>ddress<br>cted><br>Charge<br>cted><br>e Person's | ss (nu<br>E-ma | umber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715 | Telephone Number<br>(917-238-2299<br>( <redacted><br/>Purpose:<br/>✓Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/></redacted> | Follow-u<br>Yes<br>Summary<br>C_3 | r)<br>3/2019<br>1p Releas | Ι <sub>R</sub> 1 |
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| • CRITICAL                   | L ITEMS AF  | RE IDI         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                           | ARKED "C"  |                                   |                           |                  |
|                              |   |                | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN-                        | MMARY OF VIOLATIONS" AN  | ND IN THE N                       |                           |                  |
| Section#                     | C/NC  | R              | Narrative   |  |                                   |                           | orrected By      |
| 294                          | С   |                | Chemical dishwasher is n  |  |                                   | 10/2                      | 28/2019          |
| 294                          | С   |                | Sanitizer for wiping cloth  | ו too weak.  |                                   | Co                        | rrected          |
| 234                          | NC  | R              | Scoop for bulk food items la  | acking handle.   |                                   | 10/2                      | 28/2019          |
| 345                          | С   |                | Hand washing sink being used for purpose                                    | e other than hand wa   | ashing.                           | Co                        | rrected          |
| Received by                  | y (name and   |                |   | Inspected by (name and title p   |                                   |                           |                  |
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| Establishm<br>220 E<br>Owner<br>Hamis<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible<br/>Certified F<br/><redac< th=""><th>agle (<br/>agle (<br/>ag</th><th>er</th><th>n Inn Evansville<br/>mber and street, city, state, zip code)<br/>est Dr, Evansville, IN, 47715<br/>pitality Fund II, LP</th><th>(8)<br/>( &lt;<br/>Pu<br/>/</th><th>lephone Number<br/>312-476-4000<br/><redacted><br/>rpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/>EED "C"</redacted></th><th>Follow-u<br/>NO<br/>Summary<br/>C</th><th>p Releas<br/>11/</th><th>2<sub>R</sub>2</th></redac<></reda<br></reda<br> | agle (<br>agle (<br>ag | er  | n Inn Evansville<br>mber and street, city, state, zip code)<br>est Dr, Evansville, IN, 47715<br>pitality Fund II, LP | (8)<br>( <<br>Pu<br>/ | lephone Number<br>312-476-4000<br><redacted><br/>rpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/>EED "C"</redacted> | Follow-u<br>NO<br>Summary<br>C | p Releas<br>11/ | 2 <sub>R</sub> 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      |
| 346  | NC   | R   | Hand washing provisions not pr   | ovi                   | ded at bar area   |                                | 11/0            | )1/2019          |
| 347 NC R Hand drying provisions not pr   |  |     |  |                       |   |                                | 11/0            | )1/2019          |
|  |  |     |  |                       |   |                                |                 |                  |
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| Received by  |  | - 1 | printed):  | -                     | rected by (name and title pr  | inted):                        |                 |                  |
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| Establishm   |              |      |  | Telephone Number                                     | Date of Ins<br>(mm/dd/yr |              | ID #  |
|--|--------------|------|--|--|--------------------------|--------------|---|
|  |              |      | In #111  | (812-476-7730  | 10/28                    | /2019        | 11604   |
|  |              |      | mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715 | ( <redacted></redacted>                              |                          |              |   |
| Owner  |              | La   |  | Purpose:   | Follow-u                 |              | se Date   |
| 4  |              | e-In | of Evansville Inc  | Routine  | No                       | 11/          | 07/2019   |
| Owner's A  |              |      |  | ✔ 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                                      |                          |              |   |
| Responsible  |              |      | 3  | Temporary  | Monu Tu                  | o (Soo addi  | tional page)  |
| Responsion   | e reison s   | E-ma | 11   | НАССР  | wienu i yj               | se (see aaai | (ionai page)  |
| Certified Fo   |              | er   |  | Other (list)   | 1 <u>0</u> 2             | <u></u> 3    | $\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$ |
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|  |              |      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                          |  |                          |              |   |
|  |              |      | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                         | MMARY OF VIOLATIONS" AN                              | D IN THE N               |              |   |
| Section#   | C/NC         | R    | Narrative  |  |                          | To Be Co     | orrected By   |
|  |              |      | All violations from 8/2  | 21/2019.   |                          |              |   |
|  |              |      |  |  |                          |              |   |
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| Received by  | / (signature | ):   |  | Inspected by (signature):                            |                          |              |   |
| cc:  |              |      | cc:  |  | cc:                      |              |   |



| Establishm   |            |        | - Concer Technical Ctr Culiner Arts                                 | Telephone Number   | Date of Ins<br>(mm/dd/yr |                       | ID #                      |
|--|------------|--------|---|--|--------------------------|-----------------------|---------------------------|
|  |            |        | a Career Technical Ctr Culinary Arts                                | ( ) Establishment  | 10/29                    | 9/2019                | 11564                     |
|  |            |        | mber and street, city, state, zip code)<br>d, Evansville, IN, 47711 | <pre>(<redacted></redacted></pre>  | 10/20                    | 72010                 |                           |
| Owner  | مالان      | 10.    |   | Purpose:   | Follow-u                 |                       | se Date                   |
|  |            | vai    | nderburgh School Corp.  | ✔ Routine  | No                       |                       | 08/2019                   |
| Owner's Ad   |            |        |   | Follow-up  | Summary                  | of Violation          | as:                       |
| Person in C  |            |        |   | Complaint  |                          | (                     | $D_{R}$                   |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u></u></td><td>NC_</td><td><math>\mathbf{J}_{\mathbf{R}}</math></td></reda<> |            |        |   | Pre-Operational  | с <u></u>                | NC_                   | $\mathbf{J}_{\mathbf{R}}$ |
| Responsible  |            |        |   | Temporary  | Menu Tv                  | ne <i>(See addi</i>   | tional page)              |
| responsion   |            | 2      | -   | НАССР  |                          |                       |                           |
| Certified F  | ood Handl  | er     |   | Other (list)   | 102                      | $\bigcirc_3 \bigcirc$ | $)_4 \bigcirc_5 \bigcirc$ |
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| • CRITICAI   | LITEMS AF  | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                   | ARKED "C"  |                          |                       |                           |
| • VIOLATIC   | DN(S) REPE | ATEI   | ) 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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| Received by  |            |        |   | Inspected by (name and title provided by (name and title p | rinted):                 |                       |                           |
| Received by  | (signature | ):     |   | Inspected by (signature):  |                          |                       |                           |
| cc:  |            |        | cc:   |  | cc:                      |                       |                           |
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| 2401<br>Owner<br>THOR<br>Owner's Au<br><reda<br>Person in C<br/><reda<br>Responsibl</reda<br></reda<br> | ent Address<br>Morga<br>ANTO<br>ddress<br>Cted><br>Cted><br>Charge<br>Cted><br>e Person's | ss (nu<br>AN<br>NS<br>E-ma | mber and street, city, state, zip code)<br>Ave., EVANSVILLE, IN, 47711<br>6, LLC | Telephone Number<br>(812-477-0669<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C_1 | p Releas<br>11/<br>of Violation<br>NC | $\frac{ID \#}{11406}$ se Date<br>$\frac{09/2019}{100}$ ns:<br>$\frac{P}{2} R $ tional page)<br>$\frac{1}{2} \sqrt{5} $ |  |
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|   |   |                            | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                                |  | D IN THE S                       |                                       | DELOW AS "D"   |  |
| • violation#  | DN(S) REPE  | ATED<br>R                  | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU<br>Narrative                  | WIWARY OF VIOLATIONS" AN   |                                  | orrected By                           |  |  |
| 347   | NC  |                            | Hand washing sink lacking  | paper towels.  | rrected                          |                                       |  |  |
| 193   | С   |                            | Food item lacking disc   |  |                                  |                                       |  |  |
| 234   | NC  |                            | Ice scoop stored in stan   |  |                                  | Со                                    | rrected  |  |
|   |   |                            |  |  |                                  |                                       |  |  |
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| Received by   |   | -                          |  | Inspected by (name and title p <redacted></redacted>   | rinted):                         |                                       |  |  |
| Received by   | (signature)   | ):                         |  | Inspected by (signature):  |                                  |                                       |  |  |
| cc:   |   |                            | cc:  |  | cc:                              |                                       |  |  |



| 813 N<br><sup>Owner</sup><br>THOR<br><sup>Owner's Ad</sup><br><reda< th=""><th>ent Address<br/>St Jos<br/>ANTO<br/>ddress<br/>cted&gt;</th><th>ss (nu<br/>sep<br/>NS</th><th>mber and street, city, state, zip code)<br/>Dh Ave, EVANSVILLE, IN, 47712</th><th>(8<br/>(<br/>Pu</th><th>lephone Number<br/>312-425-0035<br/><redacted><br/>rpose:<br/>Routine<br/>Follow-up<br/>Complaint</redacted></th><th><sup>Follow-u</sup><br/>NO</th><th>p Releas<br/>11/<br/>of Violation</th><th></th></reda<> | ent Address<br>St Jos<br>ANTO<br>ddress<br>cted> | ss (nu<br>sep<br>NS | mber and street, city, state, zip code)<br>Dh Ave, EVANSVILLE, IN, 47712 | (8<br>(<br>Pu | lephone Number<br>312-425-0035<br><redacted><br/>rpose:<br/>Routine<br/>Follow-up<br/>Complaint</redacted> | <sup>Follow-u</sup><br>NO | p Releas<br>11/<br>of Violation |                                    |
|--|--|---------------------|--|---------------|--|---------------------------|---------------------------------|------------------------------------|
| Person in C  |  |                     |  |               | Pre-Operational  | с_ <b>U</b>               |                                 |                                    |
| Responsible  |  |                     |  | ┢             | Temporary  | Menu Tv                   | ne <i>(See add</i> i            | tional page)                       |
| Responsion   | e i ci son s                                     | 12-1114             |  |               | НАССР  |                           |                                 |                                    |
| Certified Fo   |  | er                  |  |               | Other (list)   | 1 <u>0</u> 2              | <u></u> 3                       | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |
| • CRITICAI   | LITEMS AF  | RE IDI              | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                        | IARK          | ED "C"   |                           |                                 |                                    |
| • VIOLATIO   | )N(S) REPE                                       | ATEI                | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM                      | ММА           | RY 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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| Received by  |  |                     |  | -             | ected by (name and title pr<br>edacted>  | rinted):                  |                                 |                                    |
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| Establishm  | place      | s (nu | <b>Dinemas</b><br>mber and street, city, state, zip code) | 3 <sup>)</sup> | 812-479-9732                              | spection<br><sup>r)</sup><br>)/2019 | <sup>ID #</sup><br>11316 |   |
|---|------------|-------|---|----------------|---|-------------------------------------|--------------------------|---|
| 1801 N  | Morga      | n (   | Center Dr, Evansville, IN, 47715                          | <              | <redacted></redacted>                     |                                     |                          |   |
| <sup>Owner</sup><br>North   | Park       | Ciı   | nemas Inc   |                | irpose:<br>Routine                        | Follow-u                            |                          | e Date<br>08/2019                                   |
| Owner's Ac  |            |       |   |                | Follow-up                                 | Summary                             | of Violation             | 15:   |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td>ſ</td><td></td></reda<> |            |       |   |                | Complaint                                 |                                     | ſ                        |   |
| Person in C   |            |       |   |                | Pre-Operational                           | с_ <b>U</b>                         |                          |   |
| Responsible   |            |       | 1   | -              | Temporary                                 | Monu Tr                             | pe <i>(See addi</i>      | tional naco)  |
| Responsible   | e rerson s | E-ma  | 11  |                | НАССР                                     | Menu Ty                             | pe (see aaan             | tional page)  |
| Certified Fo  |            | er    |   | <b> </b>       | Other (list)                              | 1 <u>0</u> 2                        | <u>O</u> 3               | $\underline{0}_{4} \underline{0}_{5} \underline{0}$ |
| • CRITICAI  | ITEMS AF   | E ID  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M         | I<br>IARF      | KED "C"                                   |                                     |                          |   |
|   |            |       | ) 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            | 5.  |                                     |                          |   |
|   |            |       |   |                |   |                                     |                          |   |
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| Received by   | ·          |       |   | -              | bected by (name and title pr<br>redacted> | rinted):                            |                          |   |
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| cc:   |            |       | cc:   |                |   | cc:                                 |                          |   |



| Establishm<br>Pizza<br>Establishm<br>1033 S<br>Owner<br>Danie<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible<br/>Certified Fo</reda<br></reda<br> | King<br>ent Addres<br>Wei<br>Wei<br>l & Da<br>ddress<br>cted><br>Charge<br>cted><br>cted><br>e Person's |       |  | Telephone Number<br><sup>(</sup> 812-473-1744<br><sup>(</sup> <redacted><br/>Purpose:<br/>✓Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/>—</redacted> | Follow-u<br>NO<br>Summary<br>C | p Releas<br>11/<br>of Violation<br>NC_ |              |
|---|---|-------|--|--|--------------------------------|--|--------------|
|   |   |       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI |  | D IN THE N                     | ARRATIVE                               | BELOW AS "R" |
| Section#  | C/NC  | R     | Narrative  | MINARI OF VIOLATIONS AN  | DINTIE                         |  | orrected By  |
| Section#  | C/IIC   | K     | No violations  |  |                                | TUBECO                                 | frected by   |
|   |   |       |  | •  |                                |  |              |
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| Received by   |   |       |  | Inspected by (name and title p <redacted></redacted>   | rinted):                       |  |              |
| Received by   | v (signature  | ):    |  | Inspected by (signature):  |                                |  |              |
| cc:   |   |       | сс:  |  | cc:                            |  |              |



|              | Aill<br>ent Addres<br>New H<br>ill<br>ddress<br>Cted><br>Charge<br>Cted> | lar | mber and street, city, state, zip code)<br>mony Rd., Evansville, IN, 47720 | Telephone Number<br>(812-963-6000<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary</redacted> | Follow-u<br>Yes<br>Summary | r)<br>1/2019<br>p Releas<br>5 11/<br>y of Violation | 11/2019<br><b>3</b> <u><b>R</b></u> <u>10</u>                     |  |
|--------------|--|-----|--|---|----------------------------|---|---|--|
| Certified Fo | ood Handl  |     |  | HACCP<br>Other (list)   | 1_2                        | <u></u> 3   | $\underline{)}_{4} \underline{\bigcirc}_{5} \underline{\bigcirc}$ |  |
|              |  |     | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                          |   |                            |   |   |  |
|              | . ,  |     | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                           | MMARY OF VIOLATIONS" AN   | D IN THE N                 |   |   |  |
| Section#     | C/NC   | R   | Narrative  |   |                            |   | orrected By   |  |
| 173          | C  | R   | Improper storage of ra   | 11/02/2019<br>11/02/2019  |                            |   |   |  |
| 177          | C  | R   | Items in cooler not covered to preve                                       |   |                            |   |   |  |
| 191          | C  |     | R Ready to eat, potentially hazardous food lacking date markin             |   |                            |   | 02/2019   |  |
| 295          | С  | R   | Meat slicer and other utensils store                                       |   | led.                       |   | 01/2019   |  |
| 416          | NC   | R   | Dead pests in need of  |   |                            |   | )1/2019   |  |
| 295          | С  | R   | Drink nozzle at the bar  |   |                            |   |   |  |
| 430          | NC   | R   | Buffet room carpet in poo  | or condition.   | 11/1                       | 15/2019   |   |  |
| 431          | NC   | R   | Floors and walls underneath and besid                                      | de equipment are s  | soiled. 11/05/2019         |   |   |  |
| 141          | С  |     | Expired food products not separated from                                   | ready to eat food pro   | ducts.                     | Co  | rrected   |  |
| 177          | С  | R   | Food products in contact with i  | interior of freezer.  |                            | 11/0  | 01/2019   |  |
| 295          | С  | R   | Interior of refrigerators and fre  | ezers are soiled.   |                            | 11/0  | 04/2019   |  |
|              |  |     |  |   |                            |   |   |  |
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| Received by  |  |     |  | Inspected by (name and title p<br><redacted></redacted>   | rinted):                   | <u> </u>  |   |  |
| Received by  | (signature   | ):  |  | Inspected by (signature):   |                            |   |   |  |
| cc:          |  |     | cc:  |   | cc:                        |   |   |  |



| Establishm  | onald<br>ent Addres<br>Rosen                                | ss (nu<br>1bei | #11291<br><sup>mber and street, city, state, zip code)</sup><br>rger Ave, EVANSVILLE, IN, 47712<br>II | Telephone Number<br>(812-421-0569<br>( <redacted><br/>Purpose:<br/>Routine</redacted> | Date of Ins<br>(mm/dd/yr<br>10/28<br>Follow-u<br>NO | .)<br>8/2019<br>p Releas | ID #<br>11197<br>se Date<br>07/2019 |  |
|---|---|----------------|---|---|---|--------------------------|-------------------------------------|--|
| Owner's A   | ddress  |                |   | Follow-up   | Summary   | of Violation             | 15:                                 |  |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<> |   |                |   | Complaint   |   |                          |                                     |  |
| Person in C   |   |                |   | Pre-Operational   |   | NC                       | L <sub>R</sub> 1                    |  |
| <reda<br>Responsible</reda<br>  |   |                |   | Temporary   | Monu Tra  | o (Soo addi              | tional naco)                        |  |
| Responsion  | e reison s  | E-ma           | 11  | HACCP Menu Type (See additional particular)   |   |                          |                                     |  |
| Certified Fo  |   | er             |   | Other (list)  | 1 <u>02</u>   | <u>3</u>                 | $)_4 O_5 O$                         |  |
| • CRITICAI  | L ITEMS AF  | E IDI          | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   | IARKED "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                         |  |
| 431   | NC  | R              | The bottom of freezer and under   | r equipment soiled  |   | Со                       | rrected                             |  |
|   |   |                |   |   |   |                          |                                     |  |
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|   | Received by (name and title printed): <redacted></redacted> |                |   | Inspected by (name and title p  | rinted):  |                          |                                     |  |
| Received by   | (signature)   | ):             |   | Inspected by (signature):   |   |                          |                                     |  |
| cc:   |   |                | cc:   |   | cc:   |                          |                                     |  |



| Establishm<br>5120<br>Owner | Phar<br>ent Addres<br>Westo<br>(-SUF<br>ddress<br>Cted><br>Cted><br>Cted><br>e Person's | ss (nu<br>DN<br>PEI | acy #7653<br>mber and street, city, state, zip code)<br>Rd., Evansville, IN, 47712<br>RX LLC | (v<br>(v<br>Pu<br>V | lephone Number<br>12-424-4811<br><b>Complaint</b><br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C_ | )<br>2019<br>P Releas<br>11/<br>of Violation<br>NC | · ·         |
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|                             |   |                     | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  |                     |  |                                 |  |             |
|                             |   |                     | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU   | MMA                 | ARY 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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| Establishm<br>2020<br>Owner | Phar<br>ent Addres<br>E Moi<br>(-SUF<br>ddress<br>cted><br>Cted><br>Cted><br>cted><br>cted><br>cted><br>cted><br>cted> | is (nu<br>'ga<br>PEI | acy #6258<br><sup>mber and street, city, state, zip code)</sup><br>in Ave., Evansville, IN, 47711<br>RX LLC | (8)<br>( V<br>Pu<br>V | lephone Number<br>12-476-4824<br>redacted><br>rose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | p Releas<br>p Releas<br>11/<br>of Violation<br>NC pe (See addi. |                 |
|-----------------------------|--|----------------------|---|-----------------------|---|--------------------------------|---|-----------------|
| Certified F                 | oou mandi  |                      |   |                       |   |                                |   | <u>~+\_</u> >\_ |
|                             |  |                      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>D 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 violatic   | ากค                   |   |                                |   |                 |
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|   | ent Addres<br>Redk<br>Inc<br>Iddress<br>Cted><br>Cted><br>Cted><br>cted><br>a Person's | ss (nu<br>Dar<br>E-ma | mber and street, city, state, zip code)<br>NK Rd, Evansville, IN, 47712 | (Ø<br>( ✓ №<br>↓ ↓ ↓ ↓ ↓ | lephone Number<br>12-422-9871<br>Credacted><br>rpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | r)<br>)/2019<br>p Releas | ) <sub>R</sub> 0 |
|---|--|-----------------------|---|--------------------------|---|--------------------------------|--------------------------|------------------|
| • CRITICAL  | . ITEMS AF   | RE IDI                | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                       | IARK                     | ED "C"  |                                |                          |                  |
|   |  |                       | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                      | MMA                      | RY 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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| Establishm  | ns Ro         | s (nui | dhouse #381<br>nber and street, city, state, z<br>Evansville, IN |                           | Telephone Number<br>(812-421-0908<br>( <redacted><br/>Purpose:</redacted> | pection<br>c)<br>)/2019<br>p Releas | ID #<br>11091         |                                    |  |
|---|---------------|--------|--|---------------------------|---|-------------------------------------|-----------------------|------------------------------------|--|
|   | NS R          | OA     | ADHOUSE INC  | 2                         | Routine   | Follow-u<br>NO                      |                       | 08/2019                            |  |
| Owner's Ac  | ldress        |        |  |                           | Follow-up   | Summary                             | of Violation          | 15:                                |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>2</td><td>(</td><td>) 2</td></reda<> |               |        |  |                           | Complaint   | 2                                   | (                     | ) 2                                |  |
| Person in C   | 0             |        |  |                           | Pre-Operational   | с_ <b>∠</b>                         |                       | ) <sub>R</sub> 2                   |  |
| Responsible   |               | E-mai  | 1  |                           | Temporary   | Menu Tvi                            | ne <i>(See addi</i> ) | tional nage)                       |  |
| responsion  | ci ci son si  | E mai  | •  |                           | HACCP Menu Type (See additional page)                                     |                                     |                       |                                    |  |
| Certified Fo  |               | er     |  |                           | Other (list)  | 1 <u>0</u> 2                        | <u></u> 3             | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |  |
| • CRITICAL  | LITEMS AR     | E IDE  | NTIFIED IN THE CHECKLIS  | T AND NARRATIVE COLUMNS M | IARKED "C"  |                                     |                       |                                    |  |
| • VIOLATIC  | ON(S) REPE    | ATED   | FROM PREVIOUS INSPECTI   | MMARY OF VIOLATIONS" AN   | D IN THE N  | ARRATIVE                            | BELOW AS "R"          |                                    |  |
| Section#  | C/NC          | R      |  |                           |   | To Be Co                            | orrected By           |                                    |  |
| 294   | С             | R      | Chemical saniti  | elow required strer       | 10/29/2019  |                                     |                       |                                    |  |
| 173   | С             | R      | Improper se  | egregation of raw an      | nd cooked product.  | I                                   | Corrected             |                                    |  |
|   |               |        |  |                           |   |                                     |                       |                                    |  |
|   |               |        |  |                           |   |                                     |                       |                                    |  |
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|             | Ice C<br>ent Addres<br>W Vir<br>amith<br>ddress<br>cted><br>charge<br>cted><br>e Person's | ss (nu<br>gin | mber and street, city, state, zip code)<br>ia St., Evansville, IN, 47712                                 | (8)<br>( V Pu<br>V V | lephone Number<br>12-423-4173<br><b>Complaint</b><br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | )<br>8/2019<br>P Releas<br>11/<br>of Violation<br>NC_ | · ·          |
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|             |   |               | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI |                      |  | D IN THE N                     | ARRATIVE  | BELOW AS "R" |
| Section#    | C/NC  | R             | Narrative  |                      |  |                                | To Be Co  | orrected By  |
| Section     | CITC  | ~             | No noted violatic  |                      |  |                                | 10 20 00  |              |
|             |   |               |  | 113                  | •  |                                |   |              |
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| Establishm<br>411 N<br>Owner<br>De-Ma<br>Owner's Ad<br><reda< th=""><th>s Fan<br/>ent Addres<br/>St.Jc<br/>ax-Bil<br/>ddress<br/>cted&gt;</th><th>ss (nu<br/>DSE<br/>I W</th><th>us Recipe<br/>mber and street, city, state, zip code)<br/>ph Ave, Evansville, IN, 47712<br/>/athen</th><th>Telephone Number<br/>(812=422=3904<br/>(<redacted><br/>Purpose:<br/>Follow-up<br/>Complaint</redacted></th><th><sup>Follow-u</sup><br/>NO</th><th>p<br/>Releas<br/>11/<br/>of Violation</th><th></th></reda<> | s Fan<br>ent Addres<br>St.Jc<br>ax-Bil<br>ddress<br>cted>      | ss (nu<br>DSE<br>I W | us Recipe<br>mber and street, city, state, zip code)<br>ph Ave, Evansville, IN, 47712<br>/athen | Telephone Number<br>(812=422=3904<br>( <redacted><br/>Purpose:<br/>Follow-up<br/>Complaint</redacted> | <sup>Follow-u</sup><br>NO | p<br>Releas<br>11/<br>of Violation |              |
|---|--|----------------------|---|---|---------------------------|------------------------------------|--------------|
| Person in C   |  |                      |   | Pre-Operational   | с <u></u> U               | NC                                 | <u></u> Ω    |
| Responsible   |  |                      | il  | Temporary   | Menu Ty                   | pe (See addi                       | tional page) |
| Certified F   |  | er                   |   | HACCP<br>Other (list)   | 102                       | <u></u> 3                          | )4050        |
| • CRITICAI  | L ITEMS AF   | RE IDI               | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   | IARKED "C"  |                           |                                    |              |
|   |  |                      | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMARY OF VIOLATIONS" AN   | D IN THE N                |                                    |              |
| Section#  | C/NC   | R                    | Narrative   |   |                           |                                    | orrected By  |
| 146   | 46         NC         Bulk container of product lacking label. |                      |   |   |                           |                                    | rrected      |
|   |  | -                    |   |   |                           |                                    |              |
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| Received by   | (signature)  | ):                   |   | Inspected by (signature):   |                           |                                    |              |
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| 3951 N<br>Owner<br>MART<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible</reda<br></reda<br>                              | s # 3<br>ent Address<br>N Gre<br>IN &<br>ddress<br>Cted><br>Cted><br>Cted><br>cted><br>cted><br>ood Handle | BA | mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715<br>YLEY INC                   | Telephone Number<br>(812-477-5232<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>Yes<br>Summary<br>C | p Release<br>B/2019<br>Release<br>Control Notation<br>NC | ID # 11047 $I = 07/2019$ Ins: $I = 0$ |
|---|--|----|--|--|---------------------------------|--|---|
| <redac< td=""><td></td><td></td><td>ENTIFIED IN THE CHECKLIST AND NADDATIVE COLUMNS A</td><td></td><td></td><td></td><td></td></redac<> |  |    | ENTIFIED IN THE CHECKLIST AND NADDATIVE COLUMNS A  |  |                                 |  |   |
|   |  |    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>) 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   |
| 179   | NC   | n  | Self service display lacking   | proper shield.   |                                 |  | 28/2019   |
|   |  |    |  | p. op of of motor  |                                 |  |   |
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| cc:   |  |    | cc:  |  | cc:                             |  |   |



| 3951 N<br>Owner | s # 3<br>ent Addres<br>N Gre<br>TIN &<br>ddress<br>cted><br>Charge<br>cted> | ss (nu<br>en<br>BA | mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715<br>AYLEY INC                  |       | lephone Number<br>12-477-5232<br>redacted><br>rose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP | Follow-u<br>NO<br>Summary<br>C | p Releas<br>11/<br>of Violation<br>NC_ |                                       |
|-----------------|---|--------------------|--|-------|---|--------------------------------|--|---------------------------------------|
| Certified For   |   | er                 |  |       | Other (list)  | 1 <u>0</u> 2                   | <u>()</u> 3                            | <u>)<sub>4</sub><u>0</u>5<u>0</u></u> |
| • VIOLATIO      | DN(S) REPE  | ATEI               | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU! |       |   | D IN THE N                     |  |                                       |
| Section#        | C/NC  | R                  | Narrative  |       |   |                                | To Be Co                               | orrected By                           |
|                 |   |                    | Violation from 10/28/201   | 9 c   | orrected.   |                                |  |                                       |
|                 |   |                    |  |       |   |                                |  |                                       |
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| Received by     |   |                    |  |       | ected by (name and title pr<br>edacted>   | rinted):                       |  |                                       |
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|   | ent Addres | ss (nu | ne<br>mber and street, city, state, zip code)<br>na St, EVANSVILLE, IN, 47712                            | ( <b>8</b> ) | <b>12-428-0698</b><br>) Owner                      | Date of In<br>(mm/dd/yr<br>11/01 |              | и <i>р</i> #<br>11030              |
|---|------------|--------|--|--------------|--|----------------------------------|--------------|------------------------------------|
| Owner<br>HILLC<br>Owner's Ac                  | RES        |        |  | Pu           | rpose:<br>Routine<br>Follow-up                     | -                                | of Violation |                                    |
| Person in C<br><reda<br>Responsible</reda<br> | cted>      |        | il   |              | Complaint<br>Pre-Operational<br>Temporary<br>HACCP |                                  |              | DR_O                               |
| Certified Fo                                  | ood Handl  | er     |  |              | Other (list)                                       | 1 <u>0</u> 2                     | <u>()</u> 3  | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |
|   |            |        | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM |              |  | D IN THE N                       | ARRATIVE     | BELOW AS "R"                       |
| Section#                                      | C/NC       | R      | Narrative  |              |  |                                  | To Be Co     | orrected By                        |
|   |            |        | No noted violation   | าทร          |  |                                  |              | , j                                |
|   |            |        |  | 113          | •  |                                  |              |                                    |
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| Received by                                   |            |        |  | -            | ected by (name and title pr                        | rinted):                         |              |                                    |
| Received by                                   | (signature | ):     |  | Insp         | bected by (signature):                             |                                  |              |                                    |
| cc:   |            |        | cc:  |              |  | cc:                              |              |                                    |



| Establishm   |            |                 | mantan Cabaal  | Telephone Number  | (mm/dd/vr)                                   |                     |   |  |
|--|------------|-----------------|--|---|--|---------------------|---|--|
|  |            |                 | mentary School   | 812-867-2428  | 10/29  |                     | 11028   |  |
| Establishme  | ant Addres | ss (nu)<br>Stac | nber and street, city, state, zip code)<br>It Rd., EVANSVILLE, IN, 47725                             | ( <redacted></redacted>                                 |  |                     |   |  |
| <sup>Owner</sup><br>Evans  | ville `    | Var             | nderburgh School Corp.   | Purpose:  | Follow-up<br>NO                              |                     | se Date 08/2019   |  |
| Owner's Ac   |            |                 |  | Follow-up   |  | of Violatio         |   |  |
| <reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td>-</td><td>· ·</td></reda<> |            | •               |  | Complaint   |  | -                   | · ·   |  |
| Person in C  | 0          |                 |  | Pre-Operational   |  | NC_(                | J <sub>R</sub> U  |  |
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| Responsible  | e Person's | E-mai           |  | НАССР   | Menu Typ                                     | e (See addi         | tional page)  |  |
| Certified Fo   |            | er              |  | Other (list)  | $1 \bigcirc 2$                               | <u>•</u> 3 <u>C</u> | $\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$ |  |
| 1  |            |                 |  |   | <u>i                                    </u> |                     |   |  |
|  |            |                 | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N<br>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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| Received by  |            |                 |  | Inspected by (signature):                               |  |                     |   |  |
| cc:  |            |                 | cc:  |   | cc:  |                     |   |  |



| Establishm   | oton ent Addres | ss (nu | n East<br>Imber and street, city, state, zip code)<br>rest Blvd., Evansville, IN, 47715 | <sup>Telephone Number</sup><br>(812-473-5000<br>( <redacted></redacted> | Date of In<br>(mm/dd/y)<br>11/01 |                     | <sup>ID #</sup><br>11006 |
|--|-----------------|--------|---|---|----------------------------------|---------------------|--------------------------|
| <sup>Owner</sup><br>ASHF   | ORD             |        | RS EVANSVILLE I LLC   | Purpose:  | Follow-u<br>NO                   |                     | se Date<br>11/2019       |
| Owner's Ad   |                 |        |   | Follow-up   | Summary                          | of Violation        | 15:                      |
| Person in C  |                 |        |   | Complaint   | 0                                |                     | ) ()                     |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u>с</u></td><td>NC_</td><td></td></reda<>  |                 |        |   | Pre-Operational   | с <u>с</u>                       | NC_                 |                          |
| Responsible  | e Person's      | E-ma   | il  | Temporary   | Menu Ty                          | pe <i>(See addi</i> | tional page)             |
|  |                 |        |   | HACCP<br>Other (list)   | $\square$                        | $\frown$            |                          |
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| • CRITICAL   | L ITEMS AF      | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                                       | IARKED "C"  |                                  |                     |                          |
| • VIOLATIO   | ON(S) REPE      | ATEI   | ) 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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| Received by  |                 |        |   | Inspected by (name and title p <redacted></redacted>                    | rinted):                         |                     |                          |
| Received by  | v (signature    | ):     |   | Inspected by (signature):   |                                  |                     |                          |
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| Establishm<br>130 C<br>Owner | en Co<br>ent Addres<br>ross<br>COR<br>ddress<br>cted><br>Charge<br>cted><br>e Person's | ss (nu<br>Poi<br>RA<br>E-ma | al # 683<br><sup>mber and street, city, state, zip code)</sup><br>int Blvd., Evansville, IN, 47715<br>AL LLC | Telephone Number<br>(812-473-2853<br>( <redacted><br/>Purpose:<br/>Purpose:<br/>Purpose:<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>No<br>Summary<br>C | r)<br>9/2019<br>p Releas<br>11/<br>7 of Violation | 2 <sub>R</sub> 1 |  |
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|                              |  | E IDI                       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  | IARKED "C"   |                                |   |                  |  |
|                              |  |                             | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!  |  | ND IN THE N                    | NARRATIVE   | BELOW AS "R"     |  |
| Section#                     | C/NC   | R                           | Narrative  |  |                                |   | orrected By      |  |
| 342                          | NC   |                             | Hand sink behind central buffet line no  | t provided with hot  | water.                         |   | 30/2019          |  |
| 234                          | NC   | R                           | Knives stored in stagnant water not measuring at a min   | •  |                                |   |                  |  |
|                              |  |                             | central buffet lir   |  |                                |   |                  |  |
|                              |  |                             |  |  |                                |   |                  |  |
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| Establishme<br>Fairfie   |             | n          | Evansville Ea                   | ast                         |              | lephone Number<br>812-471-7000 | Date of Ins<br>(mm/dd/yr | )   | ID#<br>10960                         |  |
|--|-------------|------------|---------------------------------|-----------------------------|--------------|--------------------------------|--------------------------|---|--------------------------------------|--|
| Establishme  | nt Addres   | s (nu      | mber and street, city, state, z | zip code)                   | (            | <redacted></redacted>          | 11/01                    | /2019   | 10000                                |  |
| 7879 E   | agle        | Cr         | est Blvd., Evan                 | sville, IN, 47715           | <            | <redacted></redacted>          |                          |   |                                      |  |
| <sup>Owner</sup><br>La Pos   | sada        | Gr         | oup LLC                         |                             |              | rrpose:<br>Routine             | Follow-uj<br>NO          |   | <sup>te Date</sup><br><b>11/2019</b> |  |
| Owner's Ad   |             |            |                                 |                             |              | Follow-up                      | Summary                  | of Violation  | 15:                                  |  |
| <redac< td=""><td></td><td></td><td></td><td></td><td></td><td>Complaint</td><td colspan="4">1 0 1</td></redac<>   |             |            |                                 |                             |              | Complaint                      | 1 0 1                    |   |                                      |  |
| Person in Cl<br><redac< td=""><td></td><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td colspan="4"><math display="block">C\_I NC\_V R_I</math></td></redac<> |             |            |                                 |                             |              | Pre-Operational                | $C\_I NC\_V R_I$         |   |                                      |  |
| Responsible  |             |            | il                              |                             |              | Temporary                      | Menu Tvr                 | e (See addi   | tional page)                         |  |
| <b>P</b>   |             |            |                                 |                             |              | НАССР                          |                          |   |                                      |  |
| Certified Fo   |             | er         |                                 |                             | Other (list) | 1 <u>0</u> 2                   | <u>•</u> 3 <u></u>       | $\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$ |                                      |  |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS   |             |            |                                 |                             | IARK         | KED "C"                        |                          |   |                                      |  |
| • VIOLATIO   | N(S) REPE   | ATED       | FROM PREVIOUS INSPECTI          | ONS ARE DENOTED IN THE "SU! | ММА          | RY OF VIOLATIONS" AN           | D IN THE N               | ARRATIVE  | BELOW AS "R"                         |  |
| Section# C/NC R Narrative  |             |            |                                 |                             |              |                                |                          | To Be Co  | orrected By                          |  |
| 324  | С           | R          | Plumbing fixture                | in need of repair und       | der          | 3-compartmen                   | t sink.                  | 11/0  | )5/2019                              |  |
|  |             |            |                                 |                             |              |                                |                          |   |                                      |  |
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| Received by  |             |            | printed):                       |                             | -            | ected by (name and title pr    | rinted):                 |   |                                      |  |
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| Received by  | (signature) | :          |                                 |                             | Insp         | ected by (signature):          |                          |   |                                      |  |
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| Establishm<br>3810<br>Owner | sville<br>ent Addres<br>String<br>sville (<br>ddress<br>cted><br>Charge<br>cted><br>e Person's | ss (nui<br>Jtov<br>Cou<br>E-mai | ountry Club<br><sup>mber and street, city, state, zip code)</sup><br>vn Rd, Evansville, IN, 47711<br>untry Club | Telephone Number<br>(812-425-2243<br>( <redacted><br/>Purpose:<br/>✓Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/>—</redacted> | Follow-u<br>NO<br>Summary<br>C_1 | p Releas<br>p Releas<br>11/<br>v of Violation<br>NC | $\frac{ID \#}{10951}$ se Date<br>$\frac{08/2019}{100}$ hs:<br>$R_1$ tional page)<br>$\frac{1}{2}4050$ |  |
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|                             |  |                                 | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   |   |                                  |   |   |  |
|                             | . ,  |                                 | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | JMMARY OF VIOLATIONS" A   | ND IN THE I                      |   |   |  |
| Section#                    | C/NC<br>C  | R                               | Narrative   | ago in coolor   |                                  |   | orrected By   |  |
| 173                         |  |                                 | Improper storage of raw e   |   |                                  |   |   |  |
| 234                         | NC   | R                               | Handled scoops needed for dispe   | ensing duik tood ite  | ms.                              | 10/3  | 31/2019   |  |
|                             |  |                                 |   |   |                                  |   |   |  |
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| Received by                 | -  | - 1                             | printed):   | Inspected by (name and title<br><b><redacted></redacted></b>  | orinted):                        |   |   |  |
| Received by                 | (signature   | ):                              |   | Inspected by (signature):   |                                  |   |   |  |
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| Establishm   |            | ~ ~    |  | Telephone Number   | Date of Ins<br>(mm/dd/yr | pection<br>) | ID #         |  |  |
|--|------------|--------|--|--|--------------------------|--------------|--------------|--|--|
|  |            |        | Suites - Evansville East   | 812-471-3400   | 11/01                    |              | 10934        |  |  |
|  |            |        | mber and street, city, state, zip code)<br>It BIvd., EVANSVILLE, IN, 47715 | <pre>(<redacted>)</redacted></pre>   | 11/01                    | 2010         |              |  |  |
| Owner  | 0331       |        |  | Purpose:   | Follow-up                | Releas       | e Date       |  |  |
| Drury  |            | lop    | ment Corp  | Routine  | i onow up                |              | 11/2019      |  |  |
| Owner's A  |            |        |  | Follow-up  | Summary                  | of Violatio  | 15:          |  |  |
| <reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<> |            | •      |  | Complaint  |                          |              |              |  |  |
| Person in C  |            |        |  | Pre-Operational  | с <u></u>                | NC           |              |  |  |
| Responsible  |            |        | il   | - Temporary  | Menu Tvr                 | e (See addi  | tional page) |  |  |
|  |            |        |  | НАССР  |                          | $\sim$       |              |  |  |
| Certified Fo   |            | er     |  | Other (list)   | $1 \bigcirc 2$           | <u>3</u>     | <u>)4050</u> |  |  |
| • CRITICAI   | ITEMS AF   | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                          | ARKED "C"  | 1                        |              |              |  |  |
|  |            |        | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                           |  | D IN THE N               | ARRATIVE     | BELOW AS "R" |  |  |
| Section#   | C/NC       | R      | Narrative  |  | To Be Corrected By       |              |              |  |  |
| 297  | NC         |        | Beverage nozzles   | soiled.  |                          | 11/0         | 01/2019      |  |  |
|  |            |        |  |  |                          |              |              |  |  |
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| Received by  |            |        | printed):  | Inspected by (name and title provided by (name and title p | rinted):                 |              |              |  |  |
| Received by  | (signature | ):     |  | Inspected by (signature):  |                          |              |              |  |  |
| cc:  |            |        | cc:  |  | cc:                      |              |              |  |  |



| 4830<br>Owner   | Que<br>ent Addres<br>Unive<br>Hood<br>ddress<br>cted> | rsi<br><b>rsi</b> | <sup>mber and street, city, state, zip code)</sup><br>ty Dr., Evansville, IN, 47712<br>Lara Medicis | Telephone Number<br>(812-423-6400<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint</redacted> | Follow-u<br>NO<br>Summary | r)<br>3/2019<br>p Releas<br>11/<br>r of Violation | ID #<br>10893<br>ee Date<br>07/2019<br>hs:<br>2 R_1 |
|---|---|-------------------|---|---|---------------------------|---|---|
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational<br/>Temporary</td><td></td><td></td><td></td></reda<> |   |                   |   | Pre-Operational<br>Temporary  |                           |   |   |
| Responsibl  | e Person's  | E-ma              | 11  | НАССР   |                           | pe (See addi                                      |   |
| Certified F   |   | er                |   | Other (list)  | 1 <u>0</u> 2              | <u></u> 3   | ) <sub>4</sub> <u>0</u> 5 <u>0</u>                  |
| • CRITICAI  | L ITEMS AF  | RE IDI            | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   | AARKED "C"  | -                         |   |   |
|   |   |                   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMARY OF VIOLATIONS" AN   | ND IN THE N               |   |   |
| Section#  | C/NC  | R                 | Narrative   |   |                           |   | orrected By   |
| 431   | NC  | R                 | Area heavily soiled aro   | ound fryer.   |                           | 10/3  | 30/2019   |
| 297   | NC  |                   | Ice chute and drink noz   | zles soiled.  |                           | 10/2  | 28/2019   |
|   |   |                   |   |   |                           |   |   |
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| Received by   | · ·   |                   |   | Inspected by (name and title p  | rinted):                  |   |   |
| Received by   | (signature)   | ):                |   | Inspected by (signature):   |                           |   |   |
| cc:   |   |                   | cc:   |   | cc:                       |   |   |



|             | z-N-<br>ent Addres<br>Wash<br>Dicko<br>ddress<br>cted><br>Charge<br>cted><br>e Person's |       | umber and street, city, state, zip code)<br>gton Ave, Evansville, IN, 47714 | Telephone Number<br>(812-402-7783<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | p<br>Releas<br>11/ | <u></u> <u></u> |
|-------------|---|-------|---|--|--------------------------------|--------------------|-----------------|
| • CRITICAI  | L ITEMS AF  | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                           | IARKED "C"   |                                |                    |                 |
| • VIOLATIO  | ON(S) REPE  | ATE   | D 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/replace wall & cove molding ur                                       | nder 3 compartmer  | nt sink.                       | 11/0               | )8/2019         |
|             |   |       |   |  |                                |                    |                 |
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| Establishm<br>2225<br>Owner<br>Martir<br>Owner's A<br><reda<br>Person in C<br/><reda<br>Responsibl</reda<br></reda<br> | 's Fo<br>ent Addres<br>N Far<br>a & Ba<br>ddress<br>cted><br>Charge<br>cted><br>e Person's | er | Store<br>mber and street, city, state, zip code)<br>Ave, Evansville, IN, 47711<br>ey INC<br>il | Telephone Number<br>(812-213-5465<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/></redacted> | Follow-u<br>NO<br>Summary<br>C | r)<br>D/2019<br>P Releas<br>11/<br>r of Violation<br>NC | $\frac{ID \#}{13880}$ is Date $\frac{08/2019}{R}$ is: $\frac{P}{2} R 1$ tional page) $\frac{1}{2} \sqrt{50}$ |  |
|--|--|----|--|---|--------------------------------|---|--|--|
|  |  |    | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI  |   | D IN THE N                     | ARRATIVE  | BELOW AS "R"   |  |
| Section#   | C/NC   | R  | Narrative  |   |                                | To Be Co  | prrected By  |  |
| 431  | NC   | R  | Floor and equipment near cooking a   | To Be Corrected By  |                                |   |  |  |
| 295  | NC   |    | Drink dispenser nozzles in n   | eed of cleaning.  |                                | 10/3  | 31/2019  |  |
|  |  |    |  |   |                                |   |  |  |
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| Establishm  | & Irvy<br>ent Address<br>or Stice<br>ddress<br>cted><br>Cted><br>cted><br>cted><br>cted><br>a Person's | ss (nu<br>cke<br>eek | S         |   | Telephone Number<br>(812-897-7099<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | r)<br>D/2019<br>P Releas<br>11/<br>r of Violation<br>NC | $\frac{ID \#}{13887}$ $\frac{10 \times 10^{10} \times $ |
|-------------|--|----------------------|-----------|---|--|--------------------------------|---|--|
|             |  |                      |           | T AND NARRATIVE COLUMNS N<br>ONS ARE DENOTED IN THE "SU         |  | D IN THE N                     | ARRATIVE  | BELOW AS "R"   |
| Section#    | C/NC   | R                    |           | Narrative   |  |                                | To Be Co  | orrected By  |
|             |  |                      |           |   |  |                                |   |  |
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| Establishm                | STED        | ss (nu | MATO<br>mber and street, city, state, zip code)  |       | Telephone Number<br>(812-424-8882                        | Date of Ins<br>(mm/dd/yr<br>11/01 |  | <sup>ID #</sup><br>14016                                |  |  |  |
|---------------------------|-------------|--------|--|-------|--|-----------------------------------|--|---|--|--|--|
| 1101                      | Harm        | on     | y Way, Evansville, IN, 4772  | 20    | ( <redacted></redacted>                                  |                                   |  |   |  |  |  |
| <sup>Owner</sup><br>Chris | Stayle      | ey     |  |       | Purpose:   | Follow-u<br>Yes                   |  | <sup>se Date</sup>                                      |  |  |  |
| Owner's A                 | ddress      |        |  |       | Follow-up<br>Complaint                                   | -                                 | Summary of Violations:   |   |  |  |  |
| Person in C               |             | 1      |  |       | Pre-Operational  | <u>с_1</u>                        | NC   |   |  |  |  |
| Responsible               |             |        | il and the second s |       | - Temporary<br>HACCP                                     | Menu Typ                          | pe (See addi   | tional page)  |  |  |  |
| Certified Fo              |             | er     |  |       | Other (list)   | 102                               | <u></u> 3  | $\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$ |  |  |  |
|                           |             |        | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU<br>9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH                  |       |  | D IN THE N                        | ARRATIVE   | BELOW AS "R"  |  |  |  |
| Section#                  | C/NC        | R      | Narrati  | ive   |  |                                   | To Be Corrected By   |   |  |  |  |
| 191                       | С           |        | Ready to eat, potentially hazardo  | us fo | ood lacking date ma                                      | arking.                           | Menu Type <i>(See additional page)</i><br>1 2 3 4 5<br>IN THE NARRATIVE BELOW AS "R"<br>To Be Corrected By |   |  |  |  |
| 342                       | NC          |        | Hand sink lackir   | ng hơ | ot water.  |                                   | 11/(   | )7/2019   |  |  |  |
|                           |             |        |  |       |  |                                   |  |   |  |  |  |
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| Received by               |             |        | printed):  |       | Inspected by (name and title pr<br><redacted></redacted> | rinted):                          |  |   |  |  |  |
| Received by               | (signature) | ):     |  |       | Inspected by (signature):                                |                                   |  |   |  |  |  |
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|  | der l      | ss (nu | mber and street, city, state, zip code)   | Telephone Number         Date of In (mm/dd/y)           (812-479-0989)         11/04           () Owner         0 |  |  | <sup>ID #</sup><br>14048 |                    |
|--|------------|--------|---|---|--|--|--------------------------|--------------------|
| 209 N Boeke Rd., Evansville, IN, 47711   |            |        |   |   |  |  |                          |                    |
| Owner<br>City of Evansville  |            |        |   |   | Purpose: Follow-u<br>Routine NO        |  |                          | <sup>te Date</sup> |
| Owner's Ac   | ldress     |        |   |   | Follow-up                              | Summary of Violations:   |                          |                    |
| Person in Charge<br><redacted></redacted>  |            |        |   |   | Complaint<br>Pre-Operational           | $\underline{CO} NC \underline{2} R$  |                          |                    |
| Responsible Person's E-mail  |            |        |   |   | Temporary                              | Menu Type (See additional page)  |                          |                    |
| Responsible  | l trison s | L-1114 |   | НАССР   |  |  |                          |                    |
| Certified Food Handler<br><redacted></redacted>  |            |        |   |   | Other (list)                           | $1 \underline{\bigcirc} 2 \underline{\bigcirc} 3 \underline{\bigcirc} 4 \underline{\bigcirc} 5 \underline{\bigcirc}$ |                          |                    |
| • 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" |            |        |   |   |  |  |                          |                    |
| Section#   | C/NC       | R      | Narrative   |   |  |  | To Be Corrected By       |                    |
| 218  | NC         |        | Walk in freezer has ice accumulation. Service to determine air leak. Remove ice build up. |   |  |  | 11/04/2019               |                    |
| 431  | NC         | R      | Floor at fryer has grease accumulation. Clean.  |   |  |  | 11/0                     | 04/2019            |
|  |            |        | Kitchen flooring needs striped and waxed to provide seal cleanable surface.               |   |  |  |                          |                    |
|  |            |        |   |   |  |  |                          |                    |
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| Received by  |            |        |   |   | Inspected by (signature):              |  |                          |                    |
| cc:  |            |        | сс:   | cc:   |  | сс:  |                          |                    |