

Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID #
Big B	ang l	Mc	ongolian Grill	(812-602-1400	` ·	, 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				
^{Owner} 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 Responsible</reda 			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)	$1\bigcirc 2$	$\bigcirc_3 \bigcirc$	$)_{4} \bigcirc _{5} \bigcirc$
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• 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
Received by	(name and	title j	printed):	Inspected by (name and title p	rinted):		
<reda< td=""><td>acteo</td><td> b</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acteo	 b		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



2720 N Owner	ent Address N Gre Nasse ddress Cted> Charge Cted>	en eri	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 & Logan Nasseri	Telephone Number (812-401-2232 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	of Violation		
Certified F	cted>			Other (list)	1 <u>0</u> 2	<u></u> 3) ₄ <u>0</u> 5 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
VIOLATIC Section#	ON(S) REPE	ATED R	PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP	MMARY OF VIOLATIONS" AN	ID IN THE N		BELOW AS "R"
431	NC	к	Narrative Floors in need to deep clean	ing throughout			06/2019
324	C		Restroom hand sinks in ne				20/2019
		1					
		1					
		<u> </u>					
D 11				T (11 (12 ¹)	· . 1		
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 3800 Owner HARB Owner's A <reda Person in C <reda Responsibl Certified F <redac< th=""><th>an Ex ent Address E Moi BHJAN ddress Cted> Cted> cted> e Person's</th><th>s (nu Ga NS E-ma</th><th>ressway mber and street, city, state, zip code) n Ave, Evansville, IN, 47715 INGH</th><th>(8) (< Pu Pu -</th><th>elephone Number 312-909-3981 <redacted> irpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u Yes Summary C_2</th><th>r) 3/2019 p Release 11/ y of Violation</th><th><u></u></th></redac<></reda </reda 	an Ex ent Address E Moi BHJAN ddress Cted> Cted> cted> e Person's	s (nu Ga NS E-ma	ressway mber and street, city, state, zip code) n Ave, Evansville, IN, 47715 INGH	(8) (< Pu Pu -	elephone Number 312-909-3981 <redacted> irpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u Yes Summary C_2	r) 3/2019 p Release 11/ 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 <red< b=""> Received by</red<>	acteo	d>	printed):	<i< td=""><td>bected by (name and title pr redacted> bected by (signature):</td><td>rinted):</td><td></td><td></td></i<>	bected by (name and title pr redacted> bected by (signature):	rinted):		
cc:			cc:			cc:		



Establishm 1901 Owner Evans Owner's Ad <reda Person in C <reda Responsible</reda </reda 	Tech ent Addres Lynch ddress Cted> Cted> Cted> cted> e Person's	ss (nu) R Var E-ma		Telephone Number (812-598-5604 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	of Violation	$\frac{ID \#}{12001}$ se Date $\frac{O8/2019}{R}$ is: $\frac{O}{200} R$ $\frac{O}{200}$ $\frac{O}{200} R$ $\frac{O}{200} R$ $\frac{O}{200} R$ $\frac{O}{200} R$		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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	
Sectional	0,110		No noted violatic	200		10 20 00		
	-			JII5.				
		-						
		-						
Received by		-		Inspected by (name and title printed): <redacted></redacted>				
Received by	v (signature):		Inspected by (signature):				
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Establishm 1 NW N Owner Scott Owner's Ad <reda< th=""><th>es Fo ent Address Martin Gehre ddress cted></th><th>Eut</th><th>d Service ^{mber and street, city, state, zip code)} her King Blvd, Evansville, IN, 47708</th><th>(2 (Pu</th><th>Complaint</th><th>Follow-u NO Summary</th><th>) D/2019 p Releas 11/ of Violation</th><th></th></reda<>	es Fo ent Address Martin Gehre ddress cted>	Eut	d Service ^{mber and street, city, state, zip code)} her King Blvd, Evansville, IN, 47708	(2 (Pu	Complaint	Follow-u NO Summary) D/2019 p Releas 11/ of Violation	
Person in C					Pre-Operational	с <u></u> U	NC_	$\mathbf{D}_{\mathbf{R}}$
Responsible			il		Temporary 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				
Received by	acteo	d>	, , , , , , , , , , , , , , , , , , ,	-	redacted by (name and title provided by (name and title pr	rinted):		
Received by	(signature)):		Insp	bected by (signature):			
cc:			cc:			cc:		



2119 I Owner Andre Owner's Ac <reda Person in C <reda Responsible Certified Fo <reda< th=""><th>reak ent Addres E Mor ws O ddress cted> harge cted> Person's pood Handle cted></th><th>s (nui 'ga il E-mai</th><th>mber and street, city, state, zip code) n Ave, Evansville, IN, 47714</th><th>() P V</th><th>relephone Number 618-437-9799 <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u NO Summary C</th><th>) /2019 P Releas 11/ of Violation NC</th><th><u>R</u><u>O</u> <i>R</i></th></reda<></reda </reda 	reak ent Addres E Mor ws O ddress cted> harge cted> Person's pood Handle cted>	s (nui 'ga il E-mai	mber and street, city, state, zip code) n Ave, Evansville, IN, 47714	() P V	relephone Number 618-437-9799 <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C) /2019 P Releas 11/ of Violation NC	<u>R</u> <u>O</u> <i>R</i>
			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.			
					•			
Received by	acteo	</td <td>printed):</td> <td><</td> <td>spected by (name and title pr redacted></td> <td>inted):</td> <td></td> <td></td>	printed):	<	spected by (name and title pr redacted>	inted):		
Received by	(signature)):		Ins	spected by (signature):			
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	o Jap ent Address N Gre ia Lin ddress cted> Charge cted> e Person's	ss (nu E-ma	umber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Telephone Number (917-238-2299 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u Yes Summary C_3	r) 3/2019 1p Releas	Ι _R 1
• 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			
<red Received by</red 	acteo	d>		<redacted></redacted>			
cc:			cc:		cc:		



Establishm 220 E Owner Hamis Owner's Ad <reda Person in C <reda Responsible Certified F <redac< th=""><th>agle (agle (ag</th><th>er</th><th>n Inn Evansville mber and street, city, state, zip code) est Dr, Evansville, IN, 47715 pitality Fund II, LP</th><th>(8) (< Pu /</th><th>lephone Number 312-476-4000 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) EED "C"</redacted></th><th>Follow-u NO Summary C</th><th>p Releas 11/</th><th>2_R2</th></redac<></reda </reda 	agle (agle (ag	er	n Inn Evansville mber and street, city, state, zip code) est Dr, Evansville, IN, 47715 pitality Fund II, LP	(8) (< Pu /	lephone Number 312-476-4000 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) EED "C"</redacted>	Follow-u NO Summary C	p Releas 11/	2 _R 2
			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
Received by		- 1	printed):	-	rected by (name and title pr	inted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID #
			In #111	(812-476-7730	10/28	/2019	11604
			mber and street, city, state, zip code) 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	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
			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.			
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	/ (signature):		Inspected by (signature):			
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Establishm			- Concer Technical Ctr Culiner Arts	Telephone Number	Date of Ins (mm/dd/yr		ID #
			a Career Technical Ctr Culinary Arts	() Establishment	10/29	9/2019	11564
			mber and street, city, state, zip code) 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>$\mathbf{J}_{\mathbf{R}}$</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.			
						<u> </u>	
Received by				Inspected by (name and title provided by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		
1					1		



2401 Owner THOR Owner's Au <reda Person in C <reda Responsibl</reda </reda 	ent Address Morga ANTO ddress Cted> Cted> Charge Cted> e Person's	ss (nu AN NS E-ma	mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47711 6, LLC	Telephone Number (812-477-0669 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_1	p Releas 11/ of Violation NC	$\frac{ID \#}{11406}$ se Date $\frac{09/2019}{100}$ ns: $\frac{P}{2} R $ tional page) $\frac{1}{2} \sqrt{5} $	
<redac< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>								
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE S		DELOW AS "D"	
• violation#	DN(S) REPE	ATED R	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU 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	
Received by		-		Inspected by (name and title p <redacted></redacted>	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



813 N ^{Owner} THOR ^{Owner's Ad} <reda< th=""><th>ent Address St Jos ANTO ddress cted></th><th>ss (nu sep NS</th><th>mber and street, city, state, zip code) Dh Ave, EVANSVILLE, IN, 47712</th><th>(8 (Pu</th><th>lephone Number 312-425-0035 <redacted> rpose: Routine Follow-up Complaint</redacted></th><th>^{Follow-u} NO</th><th>p Releas 11/ of Violation</th><th></th></reda<>	ent Address St Jos ANTO ddress cted>	ss (nu sep NS	mber and street, city, state, zip code) Dh Ave, EVANSVILLE, IN, 47712	(8 (Pu	lephone Number 312-425-0035 <redacted> rpose: Routine Follow-up Complaint</redacted>	^{Follow-u} NO	p Releas 11/ of Violation	
Person in C					Pre-Operational	с_ U		
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) ₄ <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				
Received by				-	ected by (name and title pr edacted>	rinted):		
Received by	v (signature):			ected by (signature):			
cc:			cc:			cc:		



Establishm	place	s (nu	Dinemas mber and street, city, state, zip code)	3 ⁾	812-479-9732	spection ^{r)})/2019	^{ID #} 11316	
1801 N	Morga	n (Center Dr, Evansville, IN, 47715	<	<redacted></redacted>			
^{Owner} North	Park	Ciı	nemas Inc		irpose: Routine	Follow-u		e Date 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_ U		
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		 	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 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.			
Received by	·			-	bected by (name and title pr redacted>	rinted):		
Received by	(signature):		Insp	pected by (signature):			
cc:			cc:			cc:		



Establishm Pizza Establishm 1033 S Owner Danie Owner's Ad <reda Person in C <reda Responsible Certified Fo</reda </reda 	King ent Addres Wei Wei l & Da ddress cted> Charge cted> cted> e Person's			Telephone Number ⁽ 812-473-1744 ⁽ <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) —</redacted>	Follow-u NO Summary C	p Releas 11/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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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		-					
		-					
D 11		1.1.1		X (11 (1.64	: (D		
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	v (signature):		Inspected by (signature):			
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	Aill ent Addres New H ill ddress Cted> Charge Cted>	lar	mber and street, city, state, zip code) mony Rd., Evansville, IN, 47720	Telephone Number (812-963-6000 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u Yes Summary	r) 1/2019 p Releas 5 11/ y of Violation	11/2019 3 <u>R</u> <u>10</u>	
Certified Fo	ood Handl			HACCP 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 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	
Received by				Inspected by (name and title p <redacted></redacted>	rinted):	<u> </u>		
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm	onald ent Addres Rosen	ss (nu 1bei	#11291 ^{mber and street, city, state, zip code)} rger Ave, EVANSVILLE, IN, 47712 II	Telephone Number (812-421-0569 (<redacted> Purpose: Routine</redacted>	Date of Ins (mm/dd/yr 10/28 Follow-u NO	.) 8/2019 p Releas	ID # 11197 se Date 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 _R 1	
<reda Responsible</reda 				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	
	1	-						
	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 5120 Owner	Phar ent Addres Westo (-SUF ddress Cted> Cted> Cted> e Person's	ss (nu DN PEI	acy #7653 mber and street, city, state, zip code) Rd., Evansville, IN, 47712 RX LLC	(v (v Pu V	lephone Number 12-424-4811 Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C_) 2019 P Releas 11/ of Violation NC	· ·
			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 2020 Owner	Phar ent Addres E Moi (-SUF ddress cted> Cted> Cted> cted> cted> cted> cted> cted>	is (nu 'ga PEI	acy #6258 ^{mber and street, city, state, zip code)} in Ave., Evansville, IN, 47711 RX LLC	(8) (V Pu V	lephone Number 12-476-4824 redacted> rose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas p Releas 11/ of Violation NC pe (See addi.	
Certified F	oou mandi							<u>~+_</u> >_
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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 Redk Inc Iddress Cted> Cted> Cted> cted> a Person's	ss (nu Dar E-ma	mber and street, city, state, zip code) NK Rd, Evansville, IN, 47712	(Ø (✓ № ↓ ↓ ↓ ↓ ↓	lephone Number 12-422-9871 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	r))/2019 p Releas) _R 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
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Establishm	ns Ro	s (nui	dhouse #381 nber and street, city, state, z Evansville, IN		Telephone Number (812-421-0908 (<redacted> Purpose:</redacted>	pection c))/2019 p Releas	ID # 11091		
	NS R	OA	ADHOUSE INC	2	Routine	Follow-u NO		08/2019	
Owner's Ac	ldress				Follow-up	Summary	of Violation	15:	
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Person in C	0				Pre-Operational	с_ ∠) _R 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) ₄ <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		
Received by		-	printed):		Inspected by (name and title p <redacted></redacted>	rinted):			
Received by	r (signature)):			Inspected by (signature):				
cc:				cc:		cc:			



	Ice C ent Addres W Vir amith ddress cted> charge cted> e Person's	ss (nu gin	mber and street, city, state, zip code) ia St., Evansville, IN, 47712	(8) (V Pu V V	lephone Number 12-423-4173 Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C) 8/2019 P Releas 11/ of Violation NC_	· ·
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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	•			
Received by				-	ected by (name and title pr edacted>	rinted):		
Received by	(signature):		Insp	ected by (signature):			
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Establishm 411 N Owner De-Ma Owner's Ad <reda< th=""><th>s Fan ent Addres St.Jc ax-Bil ddress cted></th><th>ss (nu DSE I W</th><th>us Recipe mber and street, city, state, zip code) ph Ave, Evansville, IN, 47712 /athen</th><th>Telephone Number (812=422=3904 (<redacted> Purpose: Follow-up Complaint</redacted></th><th>^{Follow-u} NO</th><th>p Releas 11/ of Violation</th><th></th></reda<>	s Fan ent Addres St.Jc ax-Bil ddress cted>	ss (nu DSE I W	us Recipe mber and street, city, state, zip code) ph Ave, Evansville, IN, 47712 /athen	Telephone Number (812=422=3904 (<redacted> Purpose: Follow-up Complaint</redacted>	^{Follow-u} NO	p Releas 11/ 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 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
		-					
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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3951 N Owner MART Owner's Ad <reda Person in C <reda Responsible</reda </reda 	s # 3 ent Address N Gre IN & ddress Cted> Cted> Cted> cted> cted> ood Handle	BA	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 YLEY INC	Telephone Number (812-477-5232 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u Yes Summary C	p Release B/2019 Release Control Notation 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) 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			
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
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3951 N Owner	s # 3 ent Addres N Gre TIN & ddress cted> Charge cted>	ss (nu en BA	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 AYLEY INC		lephone Number 12-477-5232 redacted> rose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C	p Releas 11/ of Violation NC_	
Certified For		er			Other (list)	1 <u>0</u> 2	<u>()</u> 3	<u>)₄<u>0</u>5<u>0</u></u>
• VIOLATIO	DN(S) REPE	ATEI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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.			
Received by					ected by (name and title pr edacted>	rinted):		
Received by	(signature)):		Inspe	ected by (signature):			
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	ent Addres	ss (nu	ne mber and street, city, state, zip code) na St, EVANSVILLE, IN, 47712	(8)	12-428-0698) Owner	Date of In (mm/dd/yr 11/01		и <i>р</i> # 11030
Owner HILLC Owner's Ac	RES			Pu	rpose: Routine Follow-up	-	of Violation	
Person in C <reda Responsible</reda 	cted>		il		Complaint Pre-Operational Temporary HACCP			DR_O
Certified Fo	ood Handl	er			Other (list)	1 <u>0</u> 2	<u>()</u> 3) ₄ <u>0</u> 5 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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	•			
Received by				-	ected by (name and title pr	rinted):		
Received by	(signature):		Insp	bected by (signature):			
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Establishm			mantan Cabaal	Telephone Number	(mm/dd/vr)			
			mentary School	812-867-2428	10/29		11028	
Establishme	ant Addres	ss (nu) Stac	nber and street, city, state, zip code) It Rd., EVANSVILLE, IN, 47725	(<redacted></redacted>				
^{Owner} Evans	ville `	Var	nderburgh School Corp.	Purpose:	Follow-up 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 _R U	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-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 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.				
Received by		- 1	printed):	Inspected by (name and title p <redacted></redacted>	rinted):			
Received by				Inspected by (signature):				
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Establishm	oton ent Addres	ss (nu	n East Imber and street, city, state, zip code) rest Blvd., Evansville, IN, 47715	^{Telephone Number} (812-473-5000 (<redacted></redacted>	Date of In (mm/dd/y) 11/01		^{ID #} 11006
^{Owner} ASHF	ORD		RS EVANSVILLE I LLC	Purpose:	Follow-u NO		se Date 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 Other (list)	\square	\frown	
Certified For Certified For Certified For Certified For Certain Certain Certain Certain Certain Certified For Cert		er		Other (list)	$1 \underline{\bigcup} 2$		<u>/4_5</u>
• 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.			
-							
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	v (signature):		Inspected by (signature):			
cc:			сс:		cc:		



Establishm 130 C Owner	en Co ent Addres ross COR ddress cted> Charge cted> e Person's	ss (nu Poi RA E-ma	al # 683 ^{mber and street, city, state, zip code)} int Blvd., Evansville, IN, 47715 AL LLC	Telephone Number (812-473-2853 (<redacted> Purpose: Purpose: Purpose: Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u No Summary C	r) 9/2019 p Releas 11/ 7 of Violation	2 _R 1	
		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					
Received by				Inspected by (name and title p <redacted></redacted>	orinted):	L		
Received by	/ (signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishme Fairfie		n	Evansville Ea	ast		lephone Number 812-471-7000	Date of Ins (mm/dd/yr)	ID# 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>				
^{Owner} La Pos	sada	Gr	oup LLC			rrpose: Routine	Follow-uj NO		^{te Date} 11/2019	
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 <redac< td=""><td></td><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td colspan="4">$C_I NC_V R_I$</td></redac<>						Pre-Operational	$C_I NC_V R_I$			
Responsible			il			Temporary	Menu Tvr	e (See addi	tional page)	
P						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	
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 3810 Owner	sville ent Addres String sville (ddress cted> Charge cted> e Person's	ss (nui Jtov Cou E-mai	ountry Club ^{mber and street, city, state, zip code)} vn Rd, Evansville, IN, 47711 untry Club	Telephone Number (812-425-2243 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) —</redacted>	Follow-u NO Summary C_1	p Releas p Releas 11/ v of Violation NC	$\frac{ID \#}{10951}$ se Date $\frac{08/2019}{100}$ hs: R_1 tional page) $\frac{1}{2}4050$	
			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 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	
Received by	-	- 1	printed):	Inspected by (name and title <redacted></redacted>	orinted):			
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm		~ ~		Telephone Number	Date of Ins (mm/dd/yr	pection)	ID #		
			Suites - Evansville East	812-471-3400	11/01		10934		
			mber and street, city, state, zip code) 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		
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 Owner	Que ent Addres Unive Hood ddress cted>	rsi rsi	^{mber and street, city, state, zip code)} ty Dr., Evansville, IN, 47712 Lara Medicis	Telephone Number (812-423-6400 (<redacted> Purpose: Routine Follow-up Complaint</redacted>	Follow-u NO Summary	r) 3/2019 p Releas 11/ r of Violation	ID # 10893 ee Date 07/2019 hs: 2 R_1
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational Temporary</td><td></td><td></td><td></td></reda<>				Pre-Operational 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) ₄ <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
Received by	· ·			Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



	z-N- ent Addres Wash Dicko ddress cted> Charge cted> e Person's		umber and street, city, state, zip code) gton Ave, Evansville, IN, 47714	Telephone Number (812-402-7783 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 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
-							
Received by		-	· /	Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 2225 Owner Martir Owner's A <reda Person in C <reda Responsibl</reda </reda 	's Fo ent Addres N Far a & Ba ddress cted> Charge cted> e Person's	er	Store mber and street, city, state, zip code) Ave, Evansville, IN, 47711 ey INC il	Telephone Number (812-213-5465 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C	r) D/2019 P Releas 11/ r of Violation 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	
Received by		-		Inspected by (name and title pr <redacted></redacted>	rinted):			
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm	& Irvy ent Address or Stice ddress cted> Cted> cted> cted> cted> a Person's	ss (nu cke eek	S		Telephone Number (812-897-7099 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) D/2019 P Releas 11/ r of Violation NC	$\frac{ID \#}{13887}$ $\frac{10 \times 10^{10} \times $
				T AND NARRATIVE COLUMNS N ONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
Received by	acteo	d>	printed):	Inspected by (name and title pr <redacted></redacted>	rinted):			
Received by	(signature):			Inspected by (signature):			
cc:				cc:		cc:		



Establishm	STED	ss (nu	MATO mber and street, city, state, zip code)		Telephone Number (812-424-8882	Date of Ins (mm/dd/yr 11/01		^{ID #} 14016			
1101	Harm	on	y Way, Evansville, IN, 4772	20	(<redacted></redacted>						
^{Owner} Chris	Stayle	ey			Purpose:	Follow-u Yes		^{se Date}			
Owner's A	ddress				Follow-up Complaint	-	Summary of Violations:				
Person in C		1			Pre-Operational	<u>с_1</u>	NC				
Responsible			il and the second s		- Temporary 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 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> 1 2 3 4 5 IN THE NARRATIVE BELOW AS "R" To Be Corrected By				
342	NC		Hand sink lackir	ng hơ	ot water.		11/()7/2019			
		-									
Received by			printed):		Inspected by (name and title pr <redacted></redacted>	rinted):					
Received by	(signature)):			Inspected by (signature):						
cc:			cc:			cc:					



	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			^{ID #} 14048	
209 N Boeke Rd., Evansville, IN, 47711								
Owner City of Evansville					Purpose: Follow-u Routine NO			^{te Date}
Owner's Ac	ldress				Follow-up	Summary of Violations:		
Person in Charge <redacted></redacted>					Complaint 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 <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.					
		-						
		-						
		-						
					Inspected by (name and title printed):			
Received by					Inspected by (signature):			
cc:			сс:	cc:		сс:		