



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Zaxby's - N. Burkhardt		Telephone Number (812-602-5515)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 13086
Establishment Address (number and street, city, state, zip code) 1021 N. Burkhardt , Evansville, IN, 47715		() Owner <redacted>		
Owner Harris CW Properties LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/05/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 1 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

- 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
297	NC		Soda dispenser in lobby area soiled	11/25/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Yang's Shabu Shabu		Telephone Number (812-471-8889)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 13024
Establishment Address (number and street, city, state, zip code) 4700 Vogel Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner Yangs Shabu Shabu		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/05/2019
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
179	NC	R	Inadequate shielding for self dispensing sauces at customer line.	12/02/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
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Received by (signature):	Inspected by (signature):
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cc:	cc:	cc:
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Establishment Name Los Bravos		Telephone Number (812-474-9078)	Date of Inspection (mm/dd/yr) 11/26/2019	ID # 12261
Establishment Address (number and street, city, state, zip code) 6226 Waterford Blvd, Evansville, IN, 47715		() Owner <redacted>		
Owner Los Bravos Inc		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/06/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 1 R 1	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
294	C	R	Dish machine in the bar area not dispensing chemical sanitizer.	11/26/2019
297	NC		Soda dispensing drink nozzles soiled.	11/26/2019

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Franklin Street Tavern	Telephone Number (812-401-1313)	Date of Inspection (mm/dd/yr) 11/27/2019	ID # 12220
Establishment Address (number and street, city, state, zip code) 2126 W Franklin St, Evansville, IN, 47712	() Owner <redacted>		
Owner FST Properties LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/07/2019
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge <redacted>	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name El Patron		Telephone Number (812-402-6500	Date of Inspection (mm/dd/yr) 11/26/2019	ID # 12133
Establishment Address (number and street, city, state, zip code) 943 North Park Dr, Evansville, IN, 47710		() Owner <redacted>		
Owner Natasha Gomez	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/06/2019	
Owner's Address <redacted>		Summary of Violations: C 2 NC 0 R 1		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
191	C	R	Items in walk-in not date marked.	Corrected
171	C		Bare hand contact with ready to eat food.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Bandana`s Bar-B-Q		Telephone Number (812-401-9922)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 12053
Establishment Address (number and street, city, state, zip code) 6636 Logan Dr, Evansville, IN, 47715		() Owner <redacted>		
Owner Bandana`s Missouri, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/05/2019	
Owner`s Address <redacted>		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person`s E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
346	NC		Hand washing provisions not provided at bar area.	Corrected
347	NC		Hand drying provisions not provided at bar area.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Meals & More		Telephone Number (812-423-1113)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 11708
Establishment Address (number and street, city, state, zip code) 7801 Bussing Dr, Evansville, IN, 47725		() Owner		
Owner Ayse Schablik	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/05/2019	
Owner's Address <redacted>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Kenny Kent Toyota		Telephone Number (812-473-8700)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 11648
Establishment Address (number and street, city, state, zip code) 5600 Division St, Evansville, IN, 47715		() Owner <redacted>		
Owner BUTCH HANCOCK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/05/2019	
Owner's Address <redacted>		Summary of Violations: C 0 NC 0 R 0		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name MA. T. 888 China Bistro		Telephone Number (812-475-2888)	Date of Inspection (mm/dd/yr) 11/26/2019	ID # 11584
Establishment Address (number and street, city, state, zip code) 5636 Vogel Rd, Evansville, IN, 47715		() Owner <redacted>		
Owner TIAN Z MA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/06/2019	
Owner's Address <redacted>		Summary of Violations: C 5 NC 3 R 6		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail <redacted>				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
173	C	R	Improper storage of raw meat food items.	Corrected
128	C	R	Using common cloth towels to dry hands which is prohibited.	11/26/2019
191	C	R	Lacking date marking for ready to eat foods with in reach-in and walk-in coolers.	Corrected
441	C	R	Sanitizer concentration for wiping cloths too strong.	Corrected
345	C		Hand washing sink also being used as a preparation sink in back prep area.	11/26/2019
291	NC		Facility lacking test strips for testing sanitizer concentration.	Corrected
218	NC	R	Dish machine not reaching proper temperatures.	11/27/2019
430	NC	R	Walk-in expansion framing has raw wood. Seal with washable material.	12/17/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Stockwell Inn	Telephone Number (812) 476-2384	Date of Inspection (mm/dd/yr) 11/27/2019	ID # 11355
Establishment Address (number and street, city, state, zip code) 4001 E Eichel Ave., EVANSVILLE, IN, 47715	() Owner <redacted>		
Owner Audrey Christie	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/07/2019
Owner's Address <redacted>		Summary of Violations:	
Person in Charge <redacted>		C <u>0</u> NC <u>1</u> R <u>1</u>	
Responsible Person's E-mail		Menu Type (See additional page)	
Certified Food Handler <redacted>		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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Section#	C/NC	R	Narrative	To Be Corrected By
430	NC	R	Various areas of the premises in need of repair.	12/31/2019

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Schnucks #708		Telephone Number (812-473-0151	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 11304
Establishment Address (number and street, city, state, zip code) 5000 Washington Ave, EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner Schnucks Markets Inc	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/05/2019	
Owner's Address <redacted>		Summary of Violations: C 2 NC 1 R 3		
Person in Charge <redacted>		Menu Type (See additional page)		
Responsible Person's E-mail		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Chicken chunks not maintaining a temperature of 135° Fahrenheit or greater.	Corrected
187	C	R	Several potentially hazardous food items not maintained at 41° Fahrenheit or less on salad bar line.	Corrected
218	NC	R	Salad bar refrigeration in need of repair	11/26/2019

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



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Establishment Name Cracker Barrel Old Country Store #216		Telephone Number (812-479-8788)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 11174
Establishment Address (number and street, city, state, zip code) 8215 Eagle Lake Dr., Evansville, IN, 47715		() Owner <redacted>		
Owner Cracker Barrel Old Country Store, Inc		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 12/05/2019
Owner's Address <redacted>			Summary of Violations: C 0 NC 0 R 0	
Person in Charge <redacted>			Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0	
Responsible Person's E-mail				
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			No noted violations.	

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	cc:



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Establishment Name Chopstick House		Telephone Number (812-473-5551)	Date of Inspection (mm/dd/yr) 11/26/2019	ID # 11151
Establishment Address (number and street, city, state, zip code) 5412 E Indiana St, Evansville, IN, 47715		() Owner <redacted>		
Owner Eddie & Karen Kung		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 12/06/2019
Owner's Address <redacted>			Summary of Violations: C 1 NC 0 R 1	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

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Section#	C/NC	R	Narrative	To Be Corrected By
204	C	R	Cooked chicken stored in ice with standing water. Removed.	Corrected

Received by (name and title printed): <redacted>	Inspected by (name and title printed): <redacted>
Received by (signature):	Inspected by (signature):
cc:	cc:



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Establishment Name Jaya's Authentic Foods		Telephone Number (812-422-6667)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 11058
Establishment Address (number and street, city, state, zip code) 119 SE Fourth St, EVANSVILLE, IN, 47708		() Owner <redacted>		
Owner Jaya Dodd	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 12/05/2019	
Owner's Address <redacted>		Summary of Violations: C <u>1</u> NC <u>3</u> R <u>0</u>		
Person in Charge <redacted>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler <redacted>				

- 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
415	C		Mice dropping observed in shelving front counter. Clean and monitor.	Corrected
416	NC		Two dead trapped mice in pantry. Dropping present on pantry floor.	Corrected
199	NC		Improper thawing of commercial Reduced Oxygen Packaged tuna. Frozen product shall be removed from package before thawing as stated on label.	Corrected
218	NC		Tuna and egg storage refrigerator 45 F. Turned down unit. Monitor 41 f and lower.	Corrected

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
Fax 812-435-5871

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name AFC SUSHI @ SCHNUCKS 708		Telephone Number (812-473-0151)	Date of Inspection (mm/dd/yr) 11/25/2019	ID # 10831
Establishment Address (number and street, city, state, zip code) 5000 Washington Ave., EVANSVILLE, IN, 47715		() Owner <redacted>		
Owner ADVANCED FRESH CONCEPTS FRANCHISE CORP		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/05/2019
Owner's Address <redacted>			Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge <redacted>			Menu Type (See additional page)	
Responsible Person's E-mail			1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler <redacted>				

- 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
			No noted violations.	

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

