

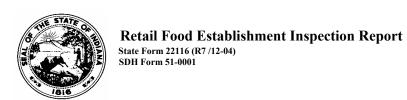
							-
Establishme		ie (Café and Mediterranean Grille	Telephone Number	Date of Ins (mm/dd/yr		то# 12258
			mber and street, city, state, zip code)	0.2 002 0000	11/22	/2019	12230
			a St, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Raffi N		<u>a</u>		✓ Routine	No	12/	02/2019
Owner's Ac				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	C	NC_	0_{R}
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
F				НАССР			
Certified Fo		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3) ₄ <u>0</u> 5 <u>0</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by		_		Inspected by (name and title predacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



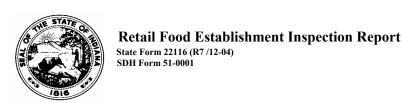
			•	-			
Establishmo Marke	_	ee	et Living	Telephone Number (812-402-9955)	Date of Ins (mm/dd/yr	·)	то# 12062
			mber and street, city, state, zip code)	1	11/18	/2019	
301 N	W 3rd	d S	t, Evansville, IN, 47708	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj	p Releas	se Date
Riverv	valk [)ev	elopment LLC	Routine	Yes	11/	28/2019
Owner's Ad				✓ Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_
Person in C				Pre-Operational	CU	NC_(J _R U
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td>. 110</td><td>_ K</td></reda<>	cted>			Temporary		. 110	_ K
Responsible	Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
						\bigcirc 6	
Certified Fo		er		Other (list)	1 2		<u> 1405</u> 0
<redac< td=""><td>tea></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	tea>						
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO		ATEI	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
			Follow up from 11-1	2-2019.			
			Explained to management that they are going to have	to get rid of household dish	washers.		
			The facility can utilize the three compartment sink o	r install a commercial dish	washer.		
Received by	*			Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
Wayb	ack	Bu	rgers #150	812-422-4999	11/20/	2010	12016	
			mber and street, city, state, zip code)	<pre></pre>	1 1/20/	2019		
	Diam	non	d Ave, Evansville, IN, 47711		Follow-up			
Owner	C D-	ian	oial	Purpose:		se Date		
Philip		ien	CIOI	✓ Routine	30/2019			
Owner's Ad				Follow-up	Summary o	f Violation	18:	
Person in C				Complaint		$_{\rm NC}$) ()	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R</td></reda<>				Pre-Operational	C	NC_	- R	
Responsible			il	Temporary	Menu Type	(See addi	tional page)	
				НАССР		~ <i>~</i>		
Certified F		er		Other (list)	1 <u>0</u> 2(<u> </u>	<u>)4U5U</u>	
<redag< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redag<>	cted>							
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By	
			No noted violation	ons.				
Received by	(name and	l title 1	printed):	Inspected by (name and title p	rinted):			
<red< td=""><td></td><td></td><td>,</td><td><redacted></redacted></td><td>Ź</td><td></td><td></td></red<>			,	<redacted></redacted>	Ź			
Received by				Inspected by (signature):				
	, J			inspected by (signature):				
cc:			cc:		cc:			



_					1		T	
Ropp Ropp				Telephone Number	Date of Ins (mm/dd/yr		ID#	
		(m	mber and street, city, state, zip code)	812-437-5824	11/21	/2019	12002	
			a St, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner			, ,	Purpose:	se Date			
Sona	Week	(S		Routine	No	12/	01/2019	
Owner's A				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>		1		Complaint	-			
Person in C				Pre-Operational	C O	NC	$1_{R}3$	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	se (See addi	tional page)	
Certified F	and Handl			Other (list)	100	\bigcirc),(•),(-)	
<reda< td=""><td></td><td>er</td><td></td><td></td><td>1 2</td><td></td><td><u> </u></td></reda<>		er			1 2		<u> </u>	
-		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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	
294	С	R	Sanitizer for wiping cloth be	uckets too low.		Co	rrected	
324	С		Hand sink in ware washing a	area in disrepair.		11/2	23/2019	
191	С	R	Lacking date marking for foods	s in walk-in cooler.		11/21/2019		
236	NC	R	Use of cloth material for storing r	rice in walk-in cool	er.	Co	rrected	
Received by	•		orinted):	Inspected by (name and title p < redacted>	rinted):			
Received by				Inspected by (signature):				
				, , ,				
cc:			cc:		cc:			
I								



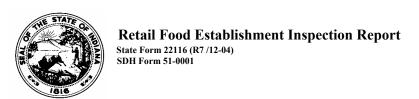
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Cleav	ers/			812-473-0001	11/19/2	2010	11958
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	1 1/19/2	2019	
	<u> </u>	an	a St, Evansville, IN, 47715	<re><reuacieu></reuacieu></re>	Follow-up		
Owner		1 D	manada Elanas	Purpose:		se Date	
		3 B	renda Flores	Routine	No	111/	29/2019
Owner's Ac				Follow-up	Summary of	Violation	18:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		() ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R_{R}</td></reda<>				Pre-Operational	C	NC_	R_{R}
Responsible			il	Temporary	Menu Type	(See addi	tional page)
			_	НАССР			
Certified F		er		Other (list)	$ _{1}\bigcirc_{2}($)3(•	$)_{4}\bigcirc_{5}\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No noted violation	ons.			
Received by	(name and	title •	orinted):	Inspected by (name and title p	rinted):		
<red< td=""><td>*</td><td>_ *</td><td>Allieu).</td><td><pre><redacted></redacted></pre></td><td>inicuj.</td><td></td><td></td></red<>	*	_ *	Allieu).	<pre><redacted></redacted></pre>	inicuj.		
Received by				Inspected by (signature):			
	. 5	•					
cc:			cc:		cc:		



Establishme				Telephone Number Date of Inspection (mm/dd/yr)					
Sushi				864-989-0178 _{11/18/2019} 119					
			mber and street, city, state, zip code) xpressway, Evansville, IN, 47715	(<	<redacted></redacted>	, . .	,		
Owner Sushi	With	Gu	ısto		rpose: Routine	se Date // 28/2019			
Owner's Ad					Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) (</td></reda<>					Complaint	\cap	() (
Person in C					Pre-Operational		NC_(J _R U	
<reda< td=""><td></td><td></td><td></td><td>厂</td><td>Temporary</td><td></td><td></td><td></td></reda<>				厂	Temporary				
Responsible	: Person's l	E-mai	il	\vdash	НАССР	Menu Typ	e (See addi	tional page)	
Certified Fo	and Handle			-	Other (list)	\Box	\bigcirc_3),(),()	
<redac< td=""><td></td><td>er:</td><td></td><td>_</td><td></td><td>1<u> </u></td><td></td><td><u>/405</u></td></redac<>		er:		_		1 <u> </u>		<u>/405</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			,	
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	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	<u>ons</u>	.				
Received by	(name and	title j	printed):	Insp	ected by (name and title pr	inted):			
<reda< td=""><td>acted</td><td><k< td=""><td></td><td><r< td=""><td>edacted></td><td></td><td></td><td></td></r<></td></k<></td></reda<>	acted	<k< td=""><td></td><td><r< td=""><td>edacted></td><td></td><td></td><td></td></r<></td></k<>		<r< td=""><td>edacted></td><td></td><td></td><td></td></r<>	edacted>				
Received by	(signature)):		Insp	ected by (signature):				
cc:			ce:	сс:					
			I			i			



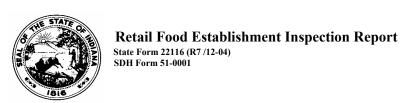
Establishm			arket	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-402-5361	11/18	/2019	11949
			xpressway, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
The F	resh l	Ma	rket Inc	✓ Routine	No	11/	28/2019
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<>		1		Complaint		() (
Person in C				Pre-Operational	$_{\rm C}$	NC_	0_{R}
<reda< td=""><td></td><td></td><td>21</td><td>Temporary</td><td>Manu Tur</td><td>o (Coo addi</td><td>tional page)</td></reda<>			21	Temporary	Manu Tur	o (Coo addi	tional page)
Responsible	e r erson s	L-IIIa	ı	НАССР	wienu ryp	e (see aaai	tional page)
Certified F	ood Handl	er		Other (list)	10^{2}	\bigcirc_3 \bigcirc	$_{4}O_{5}O_{1}$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u>-</u></td></redac<>	cted>					<u></u>	<u>-</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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 C	orrected By
			No noted violation	ons.			
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



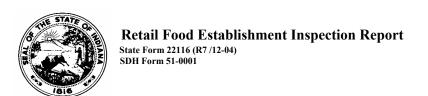
Establishme				Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)				
Bar L				(812-476-7069 11/19/2019 11 ⁻¹				
			mber and street, city, state, zip code)	(_	<redacted></redacted>	11/10	72013	
	<u> </u>	CI	est Blvd, Evansville, IN, 47715				<u> </u>	L
Owner Bever	ly K C)sv	vald		rpose: Routine	Follow-u No		29/2019
Owner's Ad					Follow-up	ns:		
<redag< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>4</td><td>1 1</td></redag<>					Complaint	4	1 1	
Person in C					Pre-Operational	$_{\rm c}$ U	NC	l _R I
<reda< td=""><td></td><td></td><td></td><td>=</td><td>Temporary</td><td></td><td></td><td></td></reda<>				=	Temporary			
Responsible	Person's l	E-mai	il		НАССР	Menu Ty	pe (See addii	tional page)
C4:C1 E-	1 11 11			╀	Other (list)	100	\bigcirc),()
Certified Fo		er				12	<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
218	NC	R	Reach-in cooler drawers not closing co	mp	letely. Repair/re	place.	11/2	23/2019
							1	
								
								
Received by	(name and	title 1	printed):	Insr	pected by (name and title pr	rinted):		
<reda< td=""><td></td><td></td><td></td><td></td><td>redacted></td><td>,</td><td></td><td></td></reda<>					redacted>	,		
Received by	(signature)):		Insp	pected by (signature):			
cc:			cc:			cc:		



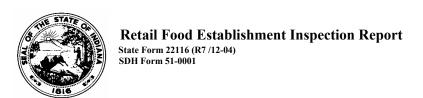
			<u> </u>				
Establishm		ران الم	terranean Grill	Telephone Number	Date of Ins (mm/dd/yr)		ID#
				812-473-7005	11/21	/2019	11749
			mber and street, city, state, zip code) Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Amjac	d Man	na	/Kristi Manna	✓ Routine	No	12/	01/2019
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td>1</td><td></td><td>Complaint</td><td>آ م</td><td>_</td><td>_</td></reda<>	cted>	1		Complaint	آ م	_	_
Person in C				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-ma	il	HACCP	Menu Typ	e (See addi	itional page)
Certified F		er		Other (list)	1 2		<u> 1405</u> 0
<redag< td=""><td>zieu></td><td></td><td></td><td></td><td></td><td></td><td></td></redag<>	zieu>						
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "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 C	orrected By
			No noted violation	ons.			
Received by			printed):	Inspected by (name and title p	rinted):		
Received by	y (signature):		Inspected by (signature):			
cc:			cc:		cc:		



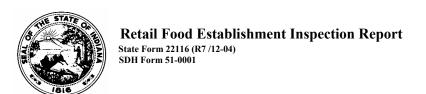
Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
Taj M	lahal			⁽ 812-476-5000	11/21		11724	
			mber and street, city, state, zip code)	<pre></pre>	1 1/2 1	/2019		
	I uto	r Lr	n, Evansville, IN, 47715					
Owner	Cinab			Purpose:	Follow-up		se Date	
Harjit Owner's Ac)		Routine	01/2019			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>ns:</td></reda<>				Follow-up	ns:			
Person in C		'		Complaint	$\frac{2}{R}$			
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>$\frac{1}{1}$</td><td>NC_</td><td>- R</td></reda<>				Pre-Operational	$\frac{1}{1}$	NC_	- R	
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)	
				HACCP				
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>	
<redag< td=""><td>cted></td><td></td><td></td><td></td><td><u> </u></td><td></td><td></td></redag<>	cted>				<u> </u>			
• CRITICAI	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
347	NC		Hand drying provisions not provid	ded at front hand si	nk.	Co	rrected	
204	NC		Rusting components wi	ithin ice bin.		11/2	21/2019	
			<u> </u>					
D : 11	(1	1414	:	1 (11 (16)	· D			
Received by		_	rinted):	Inspected by (name and title proceded)	rintea):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			
I			I	· ·	I			



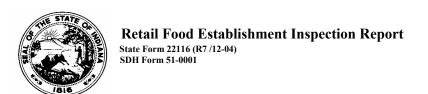
				ı			_
Establishm		lla	r #25245	Telephone Number (812-477-1170	Date of Ins (mm/dd/yr)	ъ# 11618
			mber and street, city, state, zip code)		11/21	/2019	'''
			e, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Family	/ Doll	ar (Stores of IN LP	Routine	No	12/	01/2019
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>	cted>			Complaint	-		
Person in C				Pre-Operational	CU	NC ($0_{\rm R}$
<reda< td=""><td>cted></td><td></td><td></td><td></td><td></td><td>110</td><td></td></reda<>	cted>					110	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 <u>U</u> 2	<u> </u>	<u> 1405</u> 0
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	L ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIC	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
			No violations				
							-
					-		
	1						
Received by	(name and	title 1	orinted):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td>_</td><td>James J.</td><td><redacted></redacted></td><td>inica).</td><td></td><td></td></red<>		_	James J.	<redacted></redacted>	inica).		
Received by				Inspected by (signature):			
Received by	(SISHALUIC	,.		inspected by (signature).			
20:			201		00:		
cc:			cc:		cc:		



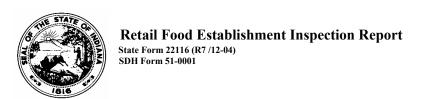
Establishm		20	Cuisine Restaurant	Telephone Number		Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	812 ⁻⁴⁷⁹⁻	8818	11/21	/2019	11583	
			d, Evansville, IN, 47715	Owner					
Owner				Purpose:		Follow-u		se Date	
Rui Zł		ang	<u>j</u>	✓ Routine		No	No 12/01/2019		
Owner's Ad				Follow-up		Summary	of Violation	as:	
Person in C		1		Complaint		2		1_{R}	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operation</td><td>al</td><td>C</td><td>NC</td><td></td></reda<>				Pre-Operation	al	C	NC		
Responsible			il	Temporary		Menu Typ	e (See addi	tional page)	
				НАССР					
Certified For		er		Other (list)	_	1 2	<u>3</u>	<u>)4</u> 05	
• CRITICAI	L ITEMS AI	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLAT	IONS" AN	D IN THE N	THE NARRATIVE BELOW AS "R"		
Section#	C/NC	R	Narrative				To Be Co	orrected By	
173	С	R	Improper storage of raw r						
191	С	R	Food items in walk-in cooler lac	cking date ma	arking	-	11/2	21/2019	
245	NC	R	Wiping cloths not provided for	r sanitizer bu	cket.		Co	rrected	
Received by	*	•	orinted):	Inspected by (name and title printed): <redacted></redacted>					
Received by				Inspected by (signature):					
cc:			200						
			cc:			cc:			



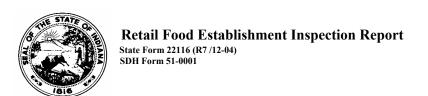
Establishm			Doots 9 Di		lephone Number	Date of In (mm/dd/y		ID#
Old Chicago Pasta & Pizza					30-364-4003		1/2019	11491
			mber and street, city, state, zip code) xpressway, Evansville, IN, 47715	(<	<redacted></redacted>	,_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Owner Wadsv	worth	OI	ld Chicago Inc		rpose: Routine	Follow-u No		e Date 01/2019
Owner's Ac			a cincago mo					
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary</td><td>of Violation</td><td>_</td></reda<>	cted>				Follow-up Complaint	Summary	of Violation	_
Person in C	_				Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC Z	$\frac{2}{R}$
<redacted></redacted>					i -	C		_ K
Responsible Person's E-mail					Temporary	Menu Ty	pe <i>(See addit</i>	ional page)
					HACCP			
Certified Food Handler < redacted >					Other (list)	1 <u></u> 2	<u></u>	<u>/4</u>
• CRITICAL	, ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative					orrected By
294	С	R	Sanitizer for wiping cloth bu	<u>ıck</u>	ets too low.		Coi	rrected
431	NC	R	Floor tiles in need of repair/replacing	th	roughout kitchei	n line.	12/21/2019	
410	NC	R	Lacking light shielding in the	e k	itchen area.		Cor	rrected
Received by	(name and	title 1	printed):	Inst	ected by (name and title pr	rinted):		
<red< td=""><td>,</td><td>- ^</td><td>•</td><td>•</td><td>edacted></td><td></td><td></td><td></td></red<>	,	- ^	•	•	edacted>			
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



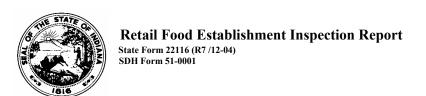
Establishm		ior	n East Coast Subs	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	<u> (812-479-7366</u>	11/19	/2019	11468
137 N	Burk	ha	rdt Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
		nee	esesteaks LLC	Routine	No	11/	29/2019
Owner's Ad				Follow-up	-	of Violation	
Person in C				Complaint	1		$\frac{1}{R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td> R</td></reda<>				Pre-Operational	C	NC	R
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			\ \ \ \ \ \ \
Certified Fo		er		Other (list)	1 2	<u>_</u> 3 <u>_</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
• VIOLATIO	N(S) REPE	EATEI	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		Potential hazardous food items not maintained at 41° Fah	nrenheit or less within refriger	ation unit.	Co	rrected
218	NC	R	Far right reach-in refrigeration unit not maintaining	g temperature. Called for	repairs.	11/2	21/2019
Received by	`		. /	Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
20:			201		20:		
cc:			cc:		cc:		



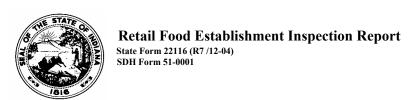
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#	
			dwich Shop	812-424-8655	11/20/		11373	
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	11/20/	2019		
	Diam	non	d Ave, Evansville, IN, 47711					
Owner Paul k	(umai	r		Purpose:	Follow-up NO		se Date // 30/2019	
Owner's Ac				Routine				
<reda< td=""><td>_</td><td></td><td></td><td>Follow-up</td><td>of Violation</td><td>_</td></reda<>	_			Follow-up	of Violation	_		
Person in C				Complaint	1, 2		$2_{\rm R}0$	
<reda< td=""><td>_</td><td></td><td></td><td>Pre-Operational</td><td> C</td><td>NC_</td><td>- R</td></reda<>	_			Pre-Operational	C	NC_	- R	
Responsible	Person's	E-mai	il	Temporary	Menu Type	(See addi	tional page)	
				НАССР				
Certified Fo		er		Other (list)	1 <u>U</u> 2	<u> </u>	<u> 1405</u>	
<redac< td=""><td>ieu></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ieu>							
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
430	NC		Flooring near 3 compartment	sink needs repair.		11/2	27/2019	
291	NC		Chemical sanitizer test kit no	t available/used.		Co	rrected	
294	С		Chemical sanitizer below requi	ired concentration.		Corrected		
303	С		Food contact surfaces not l	peing sanitized.		11/2	20/2019	
Received by	`	- *	orinted):	Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
Received by	(orginature)	,.		inspected by (signature).				
cc:			cc:		cc:			
			СС.					



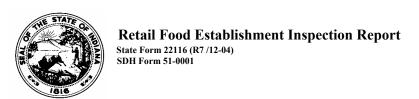
Establishm Outh		Ste.	akhouse #1519	Telephone Number 812-474-0005	Date of Ins (mm/dd/yr)	то# 11240
J			mber and street, city, state, zip code)	1	11/22	/2019	11240
7201 l	E Indi	an	a St, EVANSVILLE, IN, 47715	' <redacted></redacted>			
Owner	-1-01		de access of Elevisias III O	Purpose:	Follow-uj		se Date
		eai	khouse of Florida, LLC	Routine	No	12/	02/2019
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>		1		Complaint		() ()
Person in C				Pre-Operational	C	NC_	$R_{\rm R}$
Responsible			ii	Temporary	Menu Tyr	ne (See addi	tional page)
responsion	0 1 01 5011 5		-	НАССР			
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	$)_4 \bigcirc _5 \bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td><u> </u></td><td></td></redac<>	cted>					<u> </u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	CATED	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
			No noted violation	ons.			
Received by	(name and	l titla :	printed):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td></td><td>nincaj.</td><td><redacted></redacted></td><td>imwu).</td><td></td><td></td></red<>			nincaj.	<redacted></redacted>	imwu).		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



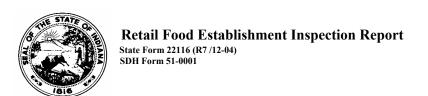
			• • •	•				
Establishmo Ch	ent Name arley	s ŧ	[‡] 237	Telephone Number (812-479-6632)	Date of Ins (mm/dd/yr)	тр# 11231	
			mber and street, city, state, zip code)	1 /	11/22	/2019		
			a St, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>				
Owner	_			Purpose:	Follow-up		se Date	
O`Cha	arleys	LL	.C	Routine	No	12/	02/2019	
Owner's Ac				✓ Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<>				Complaint		() (
Person in C	_			Pre-Operational	$_{\rm C}$ \cup	NC_	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-ma	il	НАССР	Menu Typ	e (See addi	tional page)	
				Other (list)		\cap		
Certified Fo		er		Other (list)	$1 \underline{\bigcirc 2}$	$\bigcirc 3 \bigcirc$	14 <u>05</u>	
<1 E uac	ieu>							
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			Follow-up from inspection on 11/14/	19. Violations corr	ected.		-	
			. ее. и при политироване и политир		0 0 1 0 0.11			
Received by			orinted):	Inspected by (name and title printed): <redacted></redacted>				
Received by				Inspected by (signature):				
				,				
cc:			cc:		cc:			



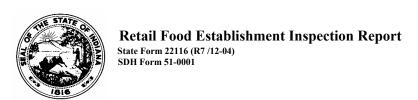
							-
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Culve				812-437-3333	11/18	/2019	11178
Establishm 1734 h	ent Addres Hirsch	ss (nu Ilar	mber and street, city, state, zip code) and Rd, EVANSVILLE, IN, 47715	' <redacted></redacted>			
Owner TOM	& KR	ST	IN GRIFFIN	Purpose:	Follow-up		se Date /28/2019
Owner's A				Follow-up	Summary	of Violation	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_
Person in C				Pre-Operational			$\frac{0}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td>110</td><td>_ K</td></reda<>				Temporary		110	_ K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified F		er		Other (list)	1 2		<u>/4_5_</u>
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by				Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			сс:		cc:		



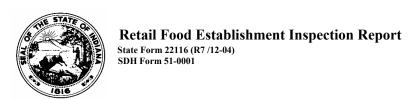
Establishm China		\10	rkot	Telephone Number	Date of Ins (mm/dd/yr		ID#	
				812-471-9999	11/18	3/2019	11148	
			mber and street, city, state, zip code) d., Evansville, IN, 47715	<pre>(<redacted></redacted></pre>				
Owner	v ogo.		2., Evanoviiio, ii v, 17770	Purpose:	Follow-u	p Releas	se Date	
Yue Y	ing Y	ang	g	Routine	Yes		28/2019	
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	$_{\rm C}$ Z	NC Z	$\frac{1}{R}$	
<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	ıl	HACCP	pe (See addi	tional page)		
Certified F	and Handl			Other (list)	100	\bigcirc)	
Certified F	oou manui	er			1 2	<u> </u>	<u>/4030</u>	
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
146	NC	R	Lacking labeling of some p	packaged fish.		11/	18/2019	
347	NC	R	Lacking disposable towels	s for hand sink. 11/18/2019				
413	NC	R	Back door not sealed	d. Repair.		11/22/2019		
118	С	R	Lacking certified food safe	ety employee.		12/	18/2019	
177	NC	R	Various food items stor	ed on floor.	11/	18/2019		
181	С	R	Raw unpackaged seafood offer	red for self-service		Co	rrected	
Received by	,		orinted):	Inspected by (name and title p	rinted):			
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>				<redacted></redacted>				
Received by	(signature):		Inspected by (signature):				
20:					22:			
cc:			cc:		cc:			



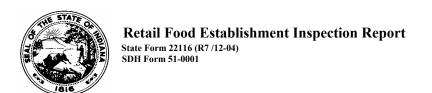
-							
Establishm Chili		II 8	& Bar #900	Telephone Number (812-475-1510	Date of Ins (mm/dd/yr	j	11143
			mber and street, city, state, zip code)		11/20	/2019	11140
600 N	Gree	n F	River Rd, Evansville, IN, 47715				
Owner		D:	dia ar Iona Attan IIII On an alam	Purpose:	Follow-u		se Date
		Dir	ning Inc Attn: Jill Condon	Routine	No	11/	30/2019
Owner's Ac				Follow-up	-	of Violation	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td></td></reda<>				Complaint	\cap		
Person in C				Pre-Operational	$_{\rm C}$	NC	$I_{R}0$
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)
				НАССР		_	
Certified Fo		er		Other (list)	102	\bigcirc_3	<u>)4</u> <u>0</u> 5 <u>0</u>
1							
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE Y	ADD ATTUE	DELOW AS 450
			PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	WIWIARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC NC	R	Narrative	ad of ropoir			orrected By 29/2019
402	INC		Floors and ceiling in nee	eu or repair.		1 1/2	29/2019
Received by				Inspected by (name and title p	rinted):		
<red< td=""><td>acte</td><td> k</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	acte	 k		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



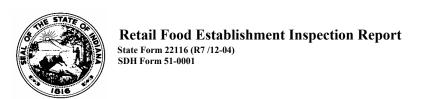
Establishment Name					lephone Number	Date of In: (mm/dd/y)		ID#	
Denn	<u> </u>			8)	12-473-1063		9/2019	10902	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<	<redacted></redacted>	1 17 10	72010		
Owner SERV	US, I	nc.			rpose: Routine	Follow-u		29/2019	
Owner's Ad	ldress				ns:				
<reda< td=""><td></td><td></td><td></td><td colspan="3"></td><td>) 2</td></reda<>) 2		
Person in C					Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{R}$	
<reda< td=""><td></td><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>					Temporary				
Responsible Person's E-mail					НАССР	Menu Tyj	pe (See addit	ional page)	
Certified Fo		er			Other (list)	$1 \bigcirc 2$	<u>O</u> 3 <u>©</u>	$0_4 \bigcirc 5 \bigcirc$	
		EIDI			FDD ((C))				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M						
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ИМА	ARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative					orrected By	
415	C	R	Live pest activity pr			. 1.11		26/2019	
431	NC	R	Front cooking line under equipment soiled v				11/19/2019 Corrected		
344	С		Front line and kitchen line hand sinks of						
430	NC	R	Tile and grouting in need of repairing and r	epla	acement along cod	ok line.	12/1	19/2019	
							<u></u>		
							<u> </u>		
							<u> </u>		
							1		
Received by (name and title printed):					ected by (name and title pr	rinted):			
<reda< td=""><td>*</td><td>_ *</td><td></td><td><u><r< u=""></r<></u></td><td>redacted></td><td>,</td><td></td><td></td></reda<>	*	_ *		<u><r< u=""></r<></u>	redacted>	,			
Received by	(signature):		Insp	ected by (signature):				
cc:			cc:			cc:			



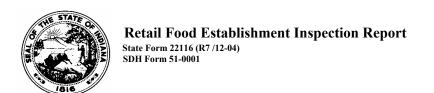
				_	1		-
Establishm Rugh		G^{I}	A #452	Telephone Number	Date of Ins (mm/dd/yr		то# 10882
				812-475-6730	11/21	/2019	10002
2220 l	ent Addres E Moi	rga	mber and street, city, state, zip code) N Ave., Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
Houch	nens l	Voi	th Foods LLC	Routine	No	12/	01/2019
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>1 2</td></reda<>				Complaint	1		1 2
Person in C				Pre-Operational	$\frac{1}{c}$	NC	$\frac{1}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified F		er			1 2	$\bigcirc 3 \bigcirc$	<u>/405</u>
<redag< td=""><td>zieu></td><td></td><td></td><td></td><td></td><td></td><td></td></redag<>	zieu>						
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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
234	NC	R	Improper storage of knife in pr	oduce prep area.		Co	rrected
139	С	R	Baby formula out of date volui	ntarily discarded.		Co	rrected
Received by			printed):	Inspected by (name and title p	rinted):		
<red< td=""><td>acte</td><td><b</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	acte	< b		<redacted></redacted>			
Received by				Inspected by (signature):			
				•			
cc:			cc:		cc:		



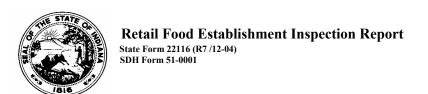
Establishme	_	, r	Postouranta II C #122		lephone Number	Date of In (mm/dd/y		ID#	
			Restaurants, LLC #132	3)	312-473-9022	11/19	9/2019	10869	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<	<redacted></redacted>				
Owner Bob E	vans	Re	estaurants, LLC		rpose: Routine	Follow-u No		29/2019	
Owner's Ad					Follow-up	Summary	of Violation	ns:	
<redag< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td></td></redag<>					Complaint	1			
Person in C	_				Pre-Operational	\mathbf{c}	_ NC	l _R I	
<reda< td=""><td></td><td></td><td></td><td>F</td><td>Temporary</td><td></td><td></td><td></td></reda<>				F	Temporary				
Responsible	Person's	E-ma	il	H	НАССР	Menu Ty	pe <i>(See addi)</i>	tional page)	
~					Other (list)	-		\bigcirc	
Certified Fo		er		_		1 <u></u> 2	<u> </u>	<u>/405</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"				
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	ARY OF VIOLATIONS" AN	D IN THE I			
Section#	C/NC	R	Narrative				To Be Co	orrected By	
347	NC	R	Hand drying provisions not prov	vid	ed at hand sink.	ı	Co	rrected	
438	С		Chemical bottles not	lab	eled.		Co	rrected	
Received by	(name and	title p	printed):	Insp	pected by (name and title pr	rinted):			
<reda< td=""><td>acte</td><td><k</td><td></td><td><1</td><td>edacted></td><td></td><td></td><td></td></reda<>	acte	< k		<1	edacted>				
Received by	(signature)):		Insp	ected by (signature):				
cc:			ec:			cc:			



Establishm		200	d Mart	Telephone Number	Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	812-429-0674	11/20	/2019	10816	
			d Ave, Evansville, IN, 47711	<pre><redacted></redacted></pre>				
Owner	01			Purpose:	Follow-up		se Date	
Krishr		ahı		Routine	No	11/	30/2019	
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	c	NC_	0_{R}	
Responsible				Temporary	Menu Tyn	e (Saa addi	tional page)	
Kesponsion	c i ci son s	L-ilia		HACCP	- wienu ryp	c (See aaa)	nonai page)	
Certified F	ood Handl	er		Other (list)	102	\bigcirc_3	$)_4$ \bigcirc_5 \bigcirc	
 								
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative		-1	To Be Co	orrected By	
			No noted violation	ons.				
Received by		_	rinted):	Inspected by (name and title p < redacted>	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



Establishm		21	MATO	Telephone Number	spection ·)	то# 14016		
			mber and street, city, state, zip code)	812-424-8882	11/22/2019		14010	
			Way, Evansville, IN, 47720	<pre><redacted></redacted></pre>				
Owner	O			Purpose:	Follow-uj		se Date	
Chris		ey		Routine	No	12/	02/2019	
Owner's A	ddress			Follow-up	Summary	of Violation	as:	
Person in C	harge			Complaint		(0_{R}	
<reda< td=""><td></td><td>,</td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>7 R O</td></reda<>		,		Pre-Operational	C	NC_	7 R O	
Responsible			il	Temporary	Menu Tyr	se (See addi	tional page)	
				НАССР			\ \ \ \ \ \ \	
Certified F		er		Other (list)	1 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>	
• CRITICAI	L ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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	
			Follow up from 11-1	5-2019.				
Received by		_	printed):	Inspected by (name and title p < redacted>	rinted):			
Received by				Inspected by (signature):				
			_					
cc:			cc:		cc:			



Establishm Uncle		's .	Just Dang Good Food	Telephone Number (812-270-3260 11/2			14045				
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) d Ave., Mt. Vernon, IN, 47620	<pre>(<redacted></redacted></pre>		/2019					
Owner Ted D				Purpose:	Follow-uj		se Date 01/2019				
Owner's Ac	ddress			Follow-up Complaint	_ `	of Violation	_				
Person in C				Pre-Operational	c 0	NC_	0_{R}				
Responsible			il	Temporary HACCP	Мепи Тур	oe (See addi	tional page)				
Certified Fo	ood Handl	er		Other (list)	$1 \bigcirc 2$	$2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc$					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"											
Section#	C/NC	R	Narrative				orrected By				
Section#	C/INC	K	No noted violation	200		10 Be Co	nrected by				
			No noted violation	JIIS.							
	1										
	ļ										
Received by	*			Inspected by (name and title properties)	rinted):						
Received by	(signature):		Inspected by (signature):							
cc:			cc:		cc:						