

| Establishm   | _             |         |   | Telephone Number               | Date of Insp<br>(mm/dd/yr) |                            | ID#                           |
|--|---------------|---------|---|--------------------------------|----------------------------|----------------------------|-------------------------------|
| Philly   | Grill         |         |   | 812-602-4027                   | 01/17/                     |                            | 12995                         |
|  |               |         | mber and street, city, state, zip code)           | <redacted></redacted>          | 01/17/                     | 2020                       |                               |
|  | BNVI I        | ИH      | Rd Ste D, Evansville, IN, 47725                   |                                |                            |                            |                               |
| Owner  | $O$ " $\circ$ | - m     |   | Purpose:                       | Follow-up                  |                            | se Date                       |
| Laura  |               | ary     |   | Routine                        | No                         | 01/                        | 27/2020                       |
| Owner's Ad   |               |         |   | Follow-up                      | Summary o                  | of Violation               | ns:                           |
| Person in C  |               |         |   | Complaint                      | $\cap$                     | (                          |                               |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><math>R_{\text{R}}</math></td></reda<> |               |         |   | Pre-Operational                | C                          | NC_                        | $R_{\text{R}}$                |
| Responsible  |               |         | il  | Temporary                      | Menu Type                  | : (See addi                | tional page)                  |
|  |               |         | _   | НАССР                          |                            |                            |                               |
| Certified F  |               | er      |   | Other (list)                   | $_{1}\bigcirc_{2}($        | $\bullet$ ) <sub>3</sub> ( | $)_{4} \bigcirc_{5} \bigcirc$ |
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| • CRITICAL   | L ITEMS AR    | E IDE   | 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 NA                | RRATIVE                    | BELOW AS "R"                  |
| Section#   | C/NC          | R       | Narrative   |                                |                            | To Be Co                   | orrected By                   |
|  |               |         | No noted violation                                | ons.                           |                            |                            |                               |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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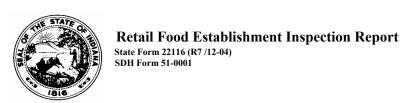
| Establishm  |            |            |   | Telephone Number                  | Date of Insp<br>(mm/dd/yr) | ection       | ID#                         |
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| Kite a  | and K      | ey         | <sup>,</sup> Cafe                               | 812-401-0275                      | 01/15/                     | 2020         | 12972                       |
|   |            |            | mber and street, city, state, zip code)         | <pre>(<redacted></redacted></pre> | 01/15/                     | 2020         |                             |
| 2301 \  | W Fra      | <u>ank</u> | lin St, Evansville, IN, 47712                   | <re><redacted></redacted></re>    |                            |              |                             |
| Owner   |            |            |   | Purpose:                          | Follow-up                  |              | se Date                     |
| Mary .  |            | ugr        | mann  | <b>✓</b> Routine                  | No                         | 01/          | 25/2020                     |
| Owner's Ad  |            |            |   | Follow-up                         | Summary of                 | of Violation | ns:                         |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<> |            |            |   | Complaint                         | $\cap$                     | (            | ) ()                        |
| Person in C   |            |            |   | Pre-Operational                   | $_{\rm C}$                 | NC_(         | $\frac{1}{R}$               |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>) ( T</td><td></td><td></td></reda<>                  |            |            |   | Temporary                         | ) ( T                      |              |                             |
| Responsible   | e Person's | E-ma       | 11  | НАССР                             | Menu Type                  | (See addi    | tional page)                |
| Certified F   | ood Handle | nr.        |   | Other (list)                      | 1000                       | $\bigcirc$   | $)_{4}\bigcirc_{5}\bigcirc$ |
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|   |            |            | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | SUMMARY OF VIOLATIONS" AN         |                            |              |                             |
| Section#  | C/NC       | R          | Narrative                                       | ··                                |                            | 10 Be Co     | orrected By                 |
|   |            |            | No noted violate                                | tions.                            |                            |              |                             |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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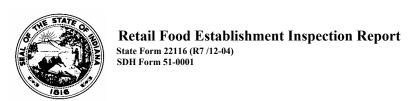
|   |            |         |   | T =                               |                            |              | I            |
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| Establishmo<br>Missio   |            | BC      |   | Telephone Number (317-378-9565)   | Date of Insp<br>(mm/dd/yr) | )            | ъ#<br>12393  |
|   |            |         | mber and street, city, state, zip code)           |                                   | 01/16                      | /2020        |              |
|   |            |         | iver Rd, Évansville, Indiana, 47715               | <pre>(<redacted></redacted></pre> |                            |              |              |
| Owner   |            |         |   | Purpose:                          | Follow-up                  |              | se Date      |
| Missio  | n BB       | Q I     | Evansville, LLC                                   | <b>✓</b> Routine                  | No                         | 01/          | 26/2020      |
| Owner's Ac  |            |         |   | Follow-up                         | Summary                    | of Violation | ns:          |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>          | cted>      |         |   | Complaint                         | -                          |              |              |
| Person in C   |            |         |   | Pre-Operational                   | CU                         | NC (         | $0_{\rm R}$  |
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| Responsible   | Person's   | E-ma    | il  |                                   | Menu Typ                   | e (See addi  | tional page) |
|   |            |         |   | НАССР                             |                            | $\bigcirc$ G |              |
| Certified Fo  |            | er      |   | Other (list)                      | 1 <u>U</u> 2               | <u>3</u>     | <u> </u>     |
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| • CRITICAL  | ITEMS AR   | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C"                        |                            |              |              |
| • VIOLATIO  | N(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                                     |                                   |                            |              |              |
|   |            |         |   |                                   |                            |              |              |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| 600 E  | ucks ent Addres Bnvl- Icks N ddress cted> Charge cted> e Person's | ·NH<br>/lar | hber and street, city, state, zip code) I Rd, Evansville, IN, 47725 kets Inc | Telephone Number  (812-464-3500  ( <redacted> Purpose:  Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u<br>NO<br>Summary | r) 7/2020  P Release 01/ | 2 <sub>R</sub> 0 |  |
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| CDETICAL   | ITEMA AT  | E IDT       | ENTHERED IN THE CHECKLIST AND NABBATINE COATS OF                             | MARKER (C)  |                           |                          |                  |  |
|  |   |             | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                            |   | D IN THE S                | JADD AGUS                | DELOW 49 "D"     |  |
| Section#   | C/NC  | R           | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  Narrative                  | MMARY OF VIOLATIONS" AN   | DINTHEN                   |                          | orrected By      |  |
| 218  | NC  | IX          | Tables in meat department in need  | d of renair/adjustm   | ent                       |                          | rrected          |  |
| 394  | NC  |             | Discard items not to be  | •   | CIII.                     | 01/31/2020               |                  |  |
| 004  | 110   |             | Discard items not to be  | c retained.   |                           | 01/0                     | 71/2020          |  |
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|  |   |             |  | Inspected by (signature):   |                           |                          |                  |  |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishm  | ent Name    |        |   | Telephone Number                  | Date of Insp            | ection       | ID#          |
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| Jasor   |             | eli    |   | 812-471-9905                      | (mm/dd/yr)              | 2020         | 12134        |
|   |             |        | mber and street, city, state, zip code)           | ( ) Owner .                       | 01/13/                  | 2020         |              |
| 943 N   | Gree        | n F    | River Rd, Evansville, IN, 47715                   | <pre>(<redacted></redacted></pre> |                         |              |              |
| Owner   |             |        |   | Purpose:                          | Follow-up               |              | se Date      |
| Jay To  | ortorio     | e      |   | <b>✓</b> Routine                  | No                      | 01/          | 23/2020      |
| Owner's Ac  |             |        |   | Follow-up                         | Summary o               | of Violation | ns:          |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td><math>\mathbf{\hat{\Gamma}}</math></td><td></td><td></td></reda<> | cted>       |        |   | Complaint                         | $\mathbf{\hat{\Gamma}}$ |              |              |
| Person in C   |             |        |   | Pre-Operational                   | $_{\rm C}$ ${\sf U}$    | NC_          | $L_RU$       |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>                                   | cted>       |        |   | Temporary                         |                         |              |              |
| Responsible   | e Person's  | E-ma   | il  | HACCP                             | Menu Type               | (See addi    | tional page) |
|   |             |        |   |                                   | $\bigcirc$ (            |              |              |
| Certified Fo  |             | er     |   | Other (list)                      | 1 <u>02</u>             | <u>3</u>     | <u>1405</u>  |
|   |             | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C"                        |                         |              |              |
| • VIOLATIO  | N(S) REPE   | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN           | D IN THE NA             | RRATIVE      | BELOW AS "R" |
| Section#  | C/NC        | R      | Narrative   |                                   |                         | To Be Co     | orrected By  |
| 199   | NC          |        | Fish not thawed in accordance                     | ce with labeling.                 |                         | 01/          | 13/2020      |
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| Received by   | (signature) | ):     |   | Inspected by (signature):         |                         |              |              |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishmo  |            | rh    | ucks T-1481  | Telephone Number                         | Date of Ins<br>(mm/dd/yr)         |              | ID#          |
|  |            |       |  | 812-402-8500                             | 01/16                             | /2020        | 11976        |
|  |            |       | mber and street, city, state, zip code) xpressway, Evansville, IN, 47715 | <pre>(<redacted></redacted></pre>        |                                   |              |              |
| Owner  | _          |       |  | Purpose:                                 | Follow-up                         |              | se Date      |
| Target   | t Corp     | or    | ation  | <b>✓</b> Routine                         | No                                | 01/          | 26/2020      |
| Owner's Ac   | ddress     |       |  | Follow-up                                | Summary                           | of Violation | ns:          |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>^</td><td>_</td><td>_</td></reda<> | cted>      |       |  | Complaint                                | ^                                 | _            | _            |
| Person in C  | harge      |       |  | Pre-Operational                          | $\bigcup_{i \in \mathcal{U}} U_i$ | NC_(         | J BU         |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>C</td><td>NC</td><td> K</td></reda<>        | cted>      |       |  |  | C                                 | NC           | K            |
| Responsible  | e Person's | E-ma  | il   | Temporary                                | Menu Typ                          | e (See addi  | tional page) |
|  |            |       |  | НАССР                                    |                                   | $\sim c$     |              |
| Certified Fo   |            | er    |  | Other (list)                             | $1 \bigcirc 2$                    | <u>3</u>     | <u>)4U5U</u> |
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| • CRITICAL   | ITEMS AR   | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                        | ARKED "C"                                |                                   |              |              |
| • VIOLATIO   | N(S) REPE  | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI                        | MMARY OF VIOLATIONS" AN                  | D IN THE N.                       | ARRATIVE     | BELOW AS "R" |
| Section#   | C/NC       | R     | Narrative  |  |                                   | To Be Co     | orrected By  |
|  |            |       | No noted violation   | ons.                                     |                                   |              |              |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishment Name Penn Station East Coast Subs  Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Dr, Evansville, IN, 47715  Owner Tri-State Cheesesteaks LLC  Owner's Address <redacted> Person in Charge</redacted> |             |               |   |            | Icephone Number 312-402-7366 <redacted> Irpose: Routine Follow-up Complaint</redacted> | Follow-u<br>Yes | p Release 01/2 of Violation | 26/2020<br>ns: |
|---|-------------|---------------|---|------------|--|-----------------|-----------------------------|----------------|
| redac   | _           |               |   |            | Pre-Operational  | c_ <b>_</b>     | NC_C                        | / R_I          |
| Responsible   |             |               | il  |            | Temporary<br>HACCP   | Menu Ty         | pe <i>(See addit</i>        | ional page)    |
| Certified Fo  |             | er            |   | <b>—</b>   | Other (list)   | 102             | <u></u>                     | )4050          |
| • CRITICAL  | ITEMS AR    | E IDE         | 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   |            | - :  | _!              |                             | orrected By    |
| 324   | С           | _             | Hand washing sink for dish wash a                 |            |  | aır.            |                             | 30/2020        |
| 334   | С           | R             | Hose at three compartment sir                     | IK I       | acking air gap.  |                 | 01/3                        | 30/2020        |
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| Establis | Establishment Name |      | me Addre | ess                         | Inspection Date       |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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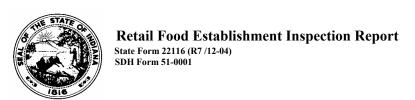
| Establishm  |             |               |   | Telephone Number               | Date of Inspe<br>(mm/dd/yr)           | ection        | ID#                          |
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| Aldi F  | Foods       | s Ir          | nc #2   | (812-476-7135                  | 01/15/2                               | 2020          | 11673                        |
|   |             |               | mber and street, city, state, zip code)           | ( ) Owner                      | 01/15/                                | 2020          |                              |
| 6434 (  | Dak G       | iro۱          | e Rd, EVANSVILLE, IN, 47715                       | <re><redacted></redacted></re> |                                       |               |                              |
| Owner<br>ALDI I   | FOOL        | os            | INC   | Purpose:                       | Follow-up<br>No                       |               | se Date 25/2020              |
| Owner's Ac  |             |               |   | Follow-up                      | Summary o                             | f Violatio    | ns:                          |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>                  | cted>       |               |   | Complaint                      | -                                     |               |                              |
| Person in C   |             |               |   | Pre-Operational                | $\begin{bmatrix} c & O \end{bmatrix}$ | NC_           | I R U                        |
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| Responsible   | e Person's  | E-ma          | il  | НАССР                          | Menu Type                             | (See addi     | tional page)                 |
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| Certified Fo  |             | er            |   | Other (list)                   | 1 2                                   | <u>3</u>      | <u>/4</u> <u>/</u> 5 <u></u> |
| • CRITICAL  | . ITEMS AR  | RE IDE        | 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 NA                           | RRATIVE       | BELOW AS "R"                 |
| Section#  | C/NC        | R             | Narrative   |                                | -                                     | Го Ве Со      | orrected By                  |
| 351   | NC          |               | Women's bathroom lacking co                       | vered receptacle.              |                                       | 01/2          | 24/2020                      |
|   |             |               |   |                                |                                       |               |                              |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishm<br>Dicks  |            | R      | ar and Lounge  | Telephone Number                           | Date of Ins<br>(mm/dd/yr          |              | ID#              |
|--|------------|--------|--|--|-----------------------------------|--------------|------------------|
|  |            |        |  | 812-423-0872                               | 01/13                             | 3/2020       | 11621            |
|  |            |        | mber and street, city, state, zip code)<br>Ve, Evansville, IN, 47710 | <pre><redacted></redacted></pre>           |                                   |              |                  |
| Owner<br>RICH/   | ARD        | ΚΕΙ    | NNEDY  | Purpose:                                   | Follow-u                          |              | se Date /23/2020 |
| Owner's A  |            |        |  | Follow-up                                  |                                   | of Violation |                  |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>Summary</td><td></td><td></td></reda<> | cted>      |        |  | Complaint                                  | Summary                           |              |                  |
| Person in C  |            |        |  | Pre-Operational                            | $\bigcup_{i \in \mathcal{U}} U_i$ | NC_          | 1 , 1            |
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| Responsible  | e Person's | E-mai  | 11   | НАССР                                      | Menu Typ                          | se (See addi | tional page)     |
|  |            |        |  | Other (list)                               |                                   |              |                  |
| Certified F  |            | er     |  |  | 1 <u></u> 2                       | <u>3</u>     | <u>/405</u>      |
| • CRITICAI   | L ITEMS AF | 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      |
| 431  | NC         | R      | Floors under equipment and b   | behind bar soiled.                         |                                   | 01/2         | 20/2020          |
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| Establis | Establishment Name |      | me Addre | ess                         | Inspection Date       |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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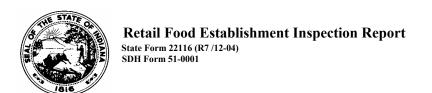
| Establishm  |             |   |  | Te   | lephone Number               | Date of In<br>(mm/dd/y |                      | ID#                        |
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| Yen (   |             | ,   |  | (8   | 312-474-0181                 | `                      | 1/2020               | 11458                      |
|   |             |   | mber and street, city, state, zip code)                        | (_   | <redacted></redacted>        | 01/12                  | 1/2020               |                            |
|   | Gree        | <u>n                                    </u>  | River Rd, Evansville, IN, 47715                                | -  |                              |                        |                      |                            |
| Owner   | D I :.      | ~ <i> </i> C  | Shana Dina Chan  | <b>_</b>   | rpose:                       | Follow-u               |                      | se Date                    |
|   |             | 1/C   | Chang Ping Chen  | <u></u>  | Routine                      | No                     | [01/                 | 24/2020                    |
| Owner's Ad  |             |   |  |  | Follow-up                    | Summary                | of Violation         | 18:                        |
| Person in C   |             |   |  | ╚  | Complaint                    | 2                      |                      |                            |
| <reda< td=""><td>_</td><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td><math>R \cup R</math></td></reda<> | _           |   |  |  | Pre-Operational              | C                      | NC                   | $R \cup R$                 |
| Responsible   |             |   | il   | L  | Temporary                    | Menu Tv                | pe <i>(See addii</i> | tional nage)               |
| responsi  |             |   | -  |  | НАССР                        |                        | pe (See uuur.        |                            |
| Certified Fo  | ood Handl   | er  |  | L  | Other (list)                 | $_{1}\bigcirc_{2}$     | $\bigcirc_3$         | $_{4}\bigcirc_{5}\bigcirc$ |
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| • CRITICAL  | ITEMS AF    | RE IDI  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M              | IARK   | KED "C"                      |                        |                      |                            |
| • VIOLATIO  | )N(S) REPE  | ATEI  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI              | MMA  | ARY OF VIOLATIONS" AN        | D IN THE N             | JARRATIVE            | BELOW AS "R"               |
| Section#  | C/NC        | R   | Narrative  |  |                              |                        |                      | orrected By                |
| 191   | С           |   | Walk in cooler has food produc                                 | t n  | ot date marked               |                        |                      | rrected                    |
| 187   | C           |   | †  | ·  |                              |                        |                      | rrected                    |
| 177   | NC          |   | Container of cooked chicken not properly stored after cooking. |  |                              |                        |                      |                            |
| 177   | INC         |   | Several walkin food containers not covered.                    |  |                              |                        | Col                  | rrected                    |
|   |             |   |  |  |                              |                        |                      |                            |
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| Establis | Establishment Name |      | me Addre | ess                         | Inspection Date       |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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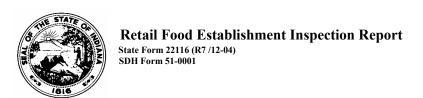
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| Establishm  |                  | 110           |  | Telephone Number                            | Date of Ins<br>(mm/dd/yr |                        | ID#              |
| Targe   |                  |               |  | 812-402-8500                                | 01/16                    | /2020                  | 11389            |
| Establishm 6625 E   | ent Addres ELIOY | ss (nu<br>d E | mber and street, city, state, zip code) xpressway, Evansville, IN, 47715 | <pre>(<redacted></redacted></pre>           |                          |                        |                  |
| Owner   | -                |               | -  | Purpose:                                    | Follow-u                 |                        | se Date          |
| Targe   | t Corp           | or            | ation  | <b>✓</b> Routine                            | No                       | 01/                    | 26/2020          |
| Owner's A   |                  |               |  | Follow-up                                   | Summary                  | of Violatio            | ns:              |
| <reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>1</td><td>(</td><td>) (</td></reda<> |                  | 1             |  | Complaint                                   | 1                        | (                      | ) (              |
| Person in C   |                  |               |  | Pre-Operational                             | C                        | NC_                    | J <sub>R</sub> U |
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| Responsible   | e Person's       | E-ma          | il   | НАССР                                       | Menu Typ                 | se (See addi           | itional page)    |
| G .10 17  |                  |               |  | Other (list)                                | -                        |                        | $\bigcirc$       |
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| • CRITICAL  | L ITEMS AF       | RE IDI        | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                        | AARKED "C"                                  |                          |                        |                  |
| • VIOLATIO  | ON(S) REPE       | ATEL          | 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      |
| 139   | С                |               | Outdated baby for  | mula.                                       | 01/16/2020               |                        |                  |
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| Establis | Establishment Name |      | me Addre | ess                         | Inspection Date       |
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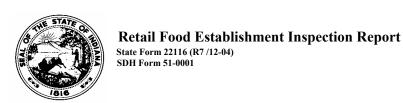
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| Establishmo TACC  |            | LL    | #28907   | Telephone Number (812-422-4705)        | Date of Ins<br>(mm/dd/yr)         | j           | тр#<br>11381                      |
| Establishme   | ent Addres | s (nu | mber and street, city, state, zip code)          | <pre><redacted></redacted></pre>       | 01/14                             | /2020       | 11001                             |
|   | A AAIII    | OW    | Rd, Evansville, IN, 47711                        |  |                                   |             |                                   |
| Owner<br>Bell In  | diana      | ı LI  | _C   | Purpose:  Routine                      | Follow-up                         |             | se Date //24/2020                 |
| Owner's Ac  |            |       |  | Follow-up                              | Summary                           | of Violatio | ns.                               |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td><u> </u></td><td>_</td><td>_</td></reda<> | cted>      |       |  | Complaint                              | <u> </u>                          | _           | _                                 |
| Person in C   |            |       |  | Pre-Operational                        | $\begin{bmatrix} c \end{bmatrix}$ | NC_         | $\bigcup_{\mathbf{R}} \mathbf{U}$ |
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| Responsible   | e Person's | E-ma  | il   | НАССР                                  | Menu Typ                          | e (See addi | tional page)                      |
| G 18 15   |            |       |  | Other (list)                           |                                   |             | $\bigcirc$                        |
| Certified Fo  | ood Handl  | er    |  |  | $1 \underbrace{\bigcirc 2}$       | <u> </u>    | <u>/405</u>                       |
| • CRITICAL  | ITEMS AF   | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  | 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                       |
|   |            |       | No noted violati                                 | ons.                                   |                                   |             |                                   |
|   |            |       | The fletch violati                               | <u> </u>                               |                                   |             |                                   |
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| Establis | Establishment Name |      | me Addre | ess                         | Inspection Date       |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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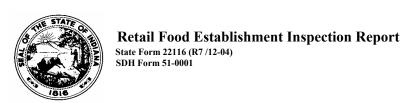
| E ( III ) AN                             |                                   |   | TI I NI I                                | D-461                    |                         | ID #                          |
|--|-----------------------------------|---|--|--------------------------|-------------------------|-------------------------------|
| Establishment Name Szechwan F            | Restaurant                        |   | Telephone Number (812-479-7600)          | Date of Ins<br>(mm/dd/yr | ·)                      | то#<br>11379                  |
| Establishment Address (n                 | number and street, city, state, a |   | ( ) Owner                                | 01/15                    | 5/2020                  |                               |
|  | River Rd, Evan                    | sville, IN, 47715   |  |                          |                         |                               |
| Owner<br>Jingyan Li                      |                                   | Purpose:  | Follow-up                                |                          | se Date 25/2020         |                               |
| Owner's Address                          |                                   | Routine   |  |                          |                         |                               |
| <redacted></redacted>                    |                                   |   | Follow-up                                |                          | of Violation            | _                             |
| Person in Charge                         |                                   |   | Complaint                                | 1, 3                     | NG                      | $\lfloor \frac{1}{R} \rfloor$ |
| <redacted></redacted>                    |                                   |   | Pre-Operational                          | <u> </u>                 | NC                      | K_ <del></del> _              |
| Responsible Person's E-n                 | nail                              |   | Temporary                                | Menu Typ                 | oe (See addi            | tional page)                  |
|  |                                   |   | HACCP                                    |                          | $\bigcirc$              |                               |
| Certified Food Handler < redacted>       |                                   |   | Other (list)                             | 1 2                      | $\bigcirc$ 3 $\bigcirc$ | <u>/405</u>                   |
|  | DENTIFIED IN THE CHECKLIS         | ST AND NARRATIVE COLUMNS M  | IARKED "C"                               |                          |                         |                               |
| • VIOLATION(S) REPEATI                   | ED FROM PREVIOUS INSPECT          | IONS ARE DENOTED IN THE "SUI  | MMARY OF VIOLATIONS" AN                  | D IN THE N               | ARRATIVE                | BELOW AS "R"                  |
| Section# C/NC R                          | 2                                 | Narrative   |  |                          | To Be Co                | orrected By                   |
| 439 C R                                  | Improper storag                   | ge of chemicals. Sep  | arate from equipm                        | ent .                    | Corrected               |                               |
| 173 C                                    | Improper storage of raw           | nproper storage of raw animal product in walk in and reachin. Store on bottom shelving. |  |                          |                         |                               |
| 334 C                                    | Lack pr                           | Lack proper air gap for dish machine sink.  |  |                          | 01/22/2020              |                               |
| 410 NC R                                 | Kitchen lacks adequ               | itchen lacks adequate lighting. Install new bulbs or install added lighting.            |  |                          |                         | 22/2020                       |
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| Received by (name and title < redacted > |                                   |   | Inspected by (name and title properties) | rinted):                 |                         |                               |
| Received by (signature):                 |                                   |   | Inspected by (signature):                |                          |                         |                               |
| received by (signature).                 |                                   |   | inspected by (signature).                |                          |                         |                               |
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| Establishment Name |                            | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC                       | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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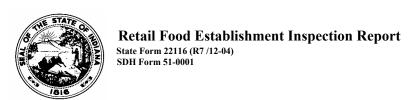
| Establishm  |            |          |   | Telephone Number                           | Date of Insp<br>(mm/dd/yr) | ection       | ID#                     |
|---|------------|----------|---|--|----------------------------|--------------|-------------------------|
| Subw  | ay         |          |   | 812-477-5432                               |                            | 2020         | 11362                   |
|   |            |          | mber and street, city, state, zip code)           | ( <u>)</u> Own <u>e</u> r                  | 01/14/                     | 2020         |                         |
| 200 S (   | Green      | Ri۱      | ver Rd Ste C, Evansville, IN, 47715               | ' <redacted></redacted>                    |                            |              |                         |
| Owner   | <b>D</b> 1 |          |   | Purpose:                                   | Follow-up                  |              | se Date                 |
| Rupal   |            |          |   | <b>✓</b> Routine                           | No                         | 01/          | 24/2020                 |
| Owner's Ac  |            |          |   | Follow-up                                  | Summary o                  | 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                            | $_{\rm C}$                 | NC_(         | $\frac{1}{R}$           |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>М Т</td><td>/G 11:</td><td></td></reda<>            |            |          |   | Temporary                                  | М Т                        | /G 11:       |                         |
| Kesponsible   | e Person's | L-ma     | Ш   | НАССР                                      | Menu Type                  | e (See aaai  | tional page)            |
| Certified Fo  | ood Handle | er       |   | Other (list)                               | 100                        | •),(         | $)_4\bigcirc_5\bigcirc$ |
| <redag< td=""><td></td><td><b>.</b></td><td></td><td></td><td></td><td><u></u></td><td><u>/1030</u></td></redag<> |            | <b>.</b> |   |  |                            | <u></u>      | <u>/1030</u>            |
|   |            | E IDE    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C"                                 | <u> </u>                   |              |                         |
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|   |            |          | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | WIMARY OF VIOLATIONS" AN                   |                            |              |                         |
| Section#  | C/NC       | R        | Narrative   |  |                            | 10 Ве С      | orrected By             |
|   |            |          | No noted violation                                | ons.                                       |                            |              |                         |
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| Establishment Name |                            | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC                       | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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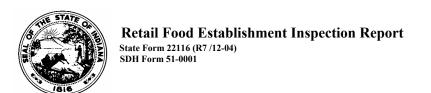
| Raffe Raffe  |            |        |   | Telephone Number                           | Date of Inspection (mm/dd/yr) ID # |                        |               |
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|  |            | se (nu | mber and street, city, state, zip code)           | 812-471-0024                               | 01/15                              | /2020                  | 11273         |
|  |            |        | River Rd, Evansville, IN, 47715                   | ' <redacted></redacted>                    |                                    |                        |               |
| Owner  |            | _ /⊏   | Don Dovid   | Purpose:                                   | Follow-uj                          |                        | se Date       |
|  |            | IC/L   | Dan Davis   | Routine                                    | No                                 |                        | 25/2020       |
| Owner's Ad   |            |        |   | Follow-up                                  | Summary                            | of Violation           | ns:           |
| Person in C  |            |        |   | Complaint                                  |                                    | (                      | $0_{\rm R}$   |
| <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                                      |                                    | $\bigcirc$ $\subseteq$ |               |
| Certified F  |            | er     |   | Other (list)                               | 1 2                                | <u>3</u>               | <u>)4</u> 050 |
| • CRITICAI   | L ITEMS AF | RE IDE | 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   |
|  |            |        | Corrected all violations from '                   | 1-9-20 inspection                          |                                    |                        |               |
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| Received by  |            |        |   | Inspected by (signature):                  |                                    |                        |               |
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| Establishment Name |                            | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC                       | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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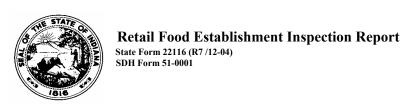
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| PaPa  | ı Johi       | ns        |   | 812-423-7272                   | (mm/dd/yr)<br>01/16/ |                         | 11249                       |
|   |              |           | mber and street, city, state, zip code)           | ( ) Owner                      | 01/16/               | 2020                    |                             |
| 4814 V  | V Lloy       | d E       | expressway, Evansville, IN, 47712                 | <re><redacted></redacted></re> |                      |                         |                             |
| Owner   |              | • .       |   | Purpose:                       | Follow-up            |                         | se Date                     |
|   |              | oris      | ses Inc   | <b>✓</b> Routine               | No                   | 01/                     | 26/2020                     |
| Owner's A   |              |           |   | Follow-up                      | Summary of           | of Violation            | ns:                         |
| <reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td><math>\cap</math></td></reda<> |              | •         |   | Complaint                      | $\cap$               | (                       | $\cap$                      |
| Person in C   |              |           |   | Pre-Operational                | C                    | NC_(                    |                             |
| Responsible   |              |           |   | - Temporary                    | Menu Typ             | - (See addi             | tional page)                |
| Responsible   | c i ci son s | L-ma      |   | <b>П</b> НАССР                 | - Wienu Type         | , (See aaa              | nonai page)                 |
| Certified F   | ood Handl    | er        |   | Other (list)                   | $_{1}\bigcirc_{2}($  | $\bigcirc_3$ $\bigcirc$ | $)_{4}\bigcirc_{5}\bigcirc$ |
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| • CRITICAI  | L ITEMS AF   | RE IDE    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C"                     |                      |                         |                             |
|   |              |           | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI |                                | ID IN THE NA         | ARRATIVE                | BELOW AS "R"                |
| Section#  | C/NC         | R         | Narrative   |                                |                      |                         | orrected By                 |
| Section   | Citte        | 11        | No noted violation                                | nne                            |                      | TO DC CC                | Trected By                  |
|   |              |           | 140 Hoted violatio                                | J113.                          |                      |                         |                             |
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| Received by   | (name and    | l title 1 | orinted):   | Inspected by (name and title p | rinted):             |                         |                             |
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| Received by   | (signature   | ):        |   | Inspected by (signature):      |                      |                         |                             |
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| Establishment Name |                            | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC                       | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishm  |            |               |  | Telephone Number                  | Date of Inspo<br>(mm/dd/yr) | ection              | ID#                    |
|---|------------|---------------|--|-----------------------------------|-----------------------------|---------------------|------------------------|
|   |            |               | ls Nest #30  | 812-422-2556                      | 01/16/2                     | 2020                | 11237                  |
|   |            |               | mber and street, city, state, zip code) nan Ave, Evansville, IN, 47711 | <pre>(<redacted></redacted></pre> | 01/10/2                     | 2020                |                        |
| Owner   | R ∩F       | - 0           | WLS NEST #30   | Purpose:                          | Follow-up<br>NO             |                     | se Date <b>26/2020</b> |
| Owner's Ac  |            |               | 7VLO NEOT #30  | Routine                           |                             |                     |                        |
| <reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary of</td><td></td><td></td></reda<>                 |            |               |  | Follow-up                         | Summary of                  |                     |                        |
| Person in C   |            |               |  | Complaint                         | 1 1                         | NC_                 | 1 , 1                  |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Pre-Operational</td><td>  C</td><td>NC</td><td> K</td></reda<>      | cted>      |               |  | Pre-Operational                   | C                           | NC                  | K                      |
| Responsible   | e Person's | E-ma          | il   | Temporary                         | Menu Type                   | (See addi           | tional page)           |
|   |            |               |  | HACCP                             | $I \sim c$                  |                     |                        |
| Certified Fo  |            | er            |  | Other (list)                      | 1 <u>0</u> 2                | <u>J</u> 3 <u>C</u> | <u>/4</u> 05           |
| • CRITICAL  | LITEMS AF  | E IDI         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                      | MARKED "C"                        |                             |                     |                        |
| • VIOLATIC  | 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  |                                   | -                           | Го Ве Со            | orrected By            |
| 191   | С          | R             | Ready to eat foods not d   | late marked.                      |                             | Co                  | rrected                |
| 310   | NC         |               | Hood vents in need of  | cleaning.                         |                             | 01/3                | 31/2020                |
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| Establishment Name |                            | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC                       | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishmo   |            |               |   | Telephone Number               | Date of Ins<br>(mm/dd/yr |              | ъ#<br>11234  |
|---|------------|---------------|---|--------------------------------|--------------------------|--------------|--------------|
|   |            | (             | mber and street, city, state, zip code)           | 812-963-6000                   | 01/17                    | /2020        | 11234        |
|   |            |               | mony Rd., Evansville, IN, 47720                   | ' <redacted></redacted>        |                          |              |              |
| Owner   | :11        |               |   | Purpose:                       | Follow-u                 |              | se Date      |
| Old M   |            |               |   | Routine                        | No                       | 01/          | 27/2020      |
| Owner's Ad  |            |               |   | Follow-up                      | Summary                  | of Violation | ns:          |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) (</td></reda<>        |            |               |   | Complaint                      | $\cap$                   | (            | ) (          |
| Person in C   |            |               |   | Pre-Operational                | $_{\rm C}$               | NC_          | $0_{\rm R}$  |
| <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          | ll .  | НАССР                          | Menu Typ                 | se (See addi | tional page) |
| C CC IE   | 177 11     |               |   | Other (list)                   | 100                      | $\bigcirc$ . | $\bigcirc$   |
| Certified Fo  |            | er            |   |                                | $1 \bigcirc 2$           | <u> </u>     | <u> </u>     |
| 1   |            | F IDE         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C"                     |                          |              |              |
|   |            |               | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI |                                | D IN THE N               | ARRATIVE     | BELOW AS "P" |
| Section#  | C/NC       | R             | Narrative   |                                | 2 II, 111E IV            |              | orrected By  |
| Section#  | Citte      | IX            | Follow up from 11-1                               | 1_2010                         |                          | To Be Co     | Trected By   |
|   |            |               | All violations were co                            |                                |                          |              |              |
|   |            |               |   |                                |                          |              |              |
|   |            |               | Verified log documer                              | ntation.                       |                          |              |              |
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| Establishment Name |                            | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC                       | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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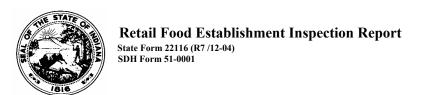
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|---|-------------|---------|---|----------------------------------|--------------------------|-------------------------|--------------------|
|   |             |         | <i>‡</i> 35457                                    | 812-425-5922                     | 01/14                    |                         | 11206              |
|   |             |         | mber and street, city, state, zip code)           | <pre><redacted></redacted></pre> | 01/14                    | 2020                    |                    |
|   | Bartie      | π /     | Ave, Evansville, IN, 47711                        |                                  | 77.11                    | 151                     |                    |
| Owner<br>PAUL   |             | EF      | ₹   | Purpose:  Routine                | Follow-up<br>No          |                         | se Date<br>24/2020 |
| Owner's Ac  |             |         |   | Follow-up                        | Summary                  | of Violation            | ns:                |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td></td><td>) (</td></reda<>   |             |         |   | Complaint                        | $\cap$                   |                         | ) (                |
| Person in C   |             |         |   | Pre-Operational                  | $_{\rm C}$               | NC_                     | $\frac{2}{R}$      |
| Responsible   |             |         |   | Temporary                        | Menu Tyr                 | e (See addi             | tional page)       |
| Responsible   | c i cison s | L-1114  |   | НАССР                            | Wiena Typ                | c (See addi             | nonui puge)        |
| Certified Fo  | ood Handle  | er      |   | Other (list)                     | $_{1}\bigcirc_{2}$       | $\bigcirc_3$ $\bigcirc$ | $_{4}O_{5}O$       |
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| • CRITICAL  | . ITEMS AR  | RE IDE  | 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        |
| 346   | NC          |         | Hand soap not provided                            | at hand sink.                    |                          | Co                      | rrected            |
| 138   | NC          |         | Employee in need of bea                           | ard restraint.                   |                          | 01/                     | 14/2020            |
|   |             |         |   |                                  |                          |                         |                    |
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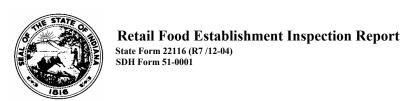
| Establishm MCDC   |               | s #    | #5774 = JCH LLC                                   | Telephone Number (812-422-8717             | Date of Ins<br>(mm/dd/yr | ·)                      | то#<br>11199                          |
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|   |               |        | mber and street, city, state, zip code)           |  | 01/14                    | /2020                   |                                       |
| 909 N   | St Jo         | ose    | ph Ave, Evansville, IN, 47720                     | <pre><redacted></redacted></pre>           |                          |                         |                                       |
| Owner   |               |        |   | Purpose:                                   | Follow-u                 |                         | se Date                               |
| Kelsey  |               | nle    | <u>t</u>  | <b>✓</b> Routine                           | No                       | 01/                     | 24/2020                               |
| Owner's Ac  |               |        |   | Follow-up                                  | Summary                  | of Violation            | ns:                                   |
| <reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>1</td><td>NC_</td><td>1 2</td></reda<> |               | •      |   | Complaint                                  | 1                        | NC_                     | 1 2                                   |
| Person in C   |               |        |   | Pre-Operational                            | C                        | NC                      | R                                     |
| Responsible   |               |        | il  | Temporary                                  | Menu Tvi                 | oe (See addi            | tional page)                          |
| Trosponoror   | 0 1 01 5011 5 |        | -   | НАССР                                      |                          |                         | , , , , , , , , , , , , , , , , , , , |
| Certified F   | ood Handl     | er     |   | Other (list)                               | $_{1}\bigcirc_{2}$       | $\bigcirc_3$ $\bigcirc$ | $)_{4}\bigcirc_{5}\bigcirc$           |
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| • CRITICAL  | L ITEMS AI    | 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                           |
| 431   | NC            | R      | Floors under equipment and McCafe equ             | ipment in need of cle                      | aning.                   | 01/                     | 15/2020                               |
| 294   | С             | R      | Sanitizer concentration at three com              | •  |                          |                         |                                       |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishm<br>101 N<br>Owner  | Pharent Address Burk  (-SUF | har<br>PEF | acy #4482  mber and street, city, state, zip code)  rdt Rd, Evansville, IN, 47715  RX LLC | Telephone Number  (812-471-8207  (redacted>  Purpose:  Routine  Follow-up  Complaint | Follow-u<br>NO<br>Summary | p Release 01/       | 11182<br>ee Date<br>25/2020<br>ns: |
|---|-----------------------------|------------|---|--|---------------------------|---------------------|------------------------------------|
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational Temporary</td><td></td><td></td><td></td></reda<> |                             |            |   | Pre-Operational Temporary  |                           |                     |                                    |
| Responsible   | Person's                    | E-mai      | ıl  | НАССР  | Menu Tyj                  | oe (See addi        | tional page)                       |
| Certified Fo  |                             | er         |   | Other (list)   | 1 2                       | <u>O</u> 3 <u>C</u> | )405                               |
| • CRITICAL  | ITEMS AR                    | E IDE      | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  | IARKED "C"   |                           |                     |                                    |
| • VIOLATIO  | . ,                         | 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   |  |                           |                     | orrected By                        |
| 413   | NC                          |            | Door sweep needed on  | back door.   |                           | 01/2                | 22/2020                            |
| 295   | NC                          |            | Milk racks in cooler in nee   | d of cleaning.   |                           | 01/1                | 17/2020                            |
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| Received by   |                             | _          |   | Inspected by (name and title properties)   | rinted):                  |                     |                                    |
|   |                             |            |   | Inspected by (signature):  |                           |                     |                                    |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| E ( 12 1  | 4 <b>3</b> Y |        |   |                                   | D ( CI                   |              | TD #                        |
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| Circle  |              | lar    | + #25   | Telephone Number                  | Date of Ins<br>(mm/dd/yr |              | то#<br>11156                |
|   |              |        | mber and street, city, state, zip code)           | (812-475-0014                     | 01/15                    | /2020        | 11130                       |
|   |              |        | River Rd, Evansville, IN, 47715                   | <pre>(<redacted></redacted></pre> |                          |              |                             |
| Owner   |              |        |   | Purpose:                          | Follow-u                 | p Releas     | se Date                     |
| C & S   | Inc          |        |   | <b>✓</b> Routine                  | No                       | 01/          | 25/2020                     |
| Owner's Ac  |              |        |   | Follow-up                         | Summary                  | of Violation | ns:                         |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<> |              |        |   | Complaint                         | $\cap$                   | (            | ) ()                        |
| Person in C   |              |        |   | Pre-Operational                   | $_{\rm C}$               | NC_          | $0_{\rm R}$                 |
| Responsible   |              |        |   | Temporary                         | Monu Tyr                 | o (Saa addi  | tional page)                |
| Kesponsible   | e rerson s   | c-iiia | ш   | НАССР                             | Menu Typ                 | se (see aaai | iionai page)                |
| Certified Fo  | ood Handl    | er     |   | Other (list)                      | $1\bigcirc_2$            | $\odot_3$    | $)_{4}\bigcirc_{5}\bigcirc$ |
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| • CRITICAL  | ITEMS AF     | E IDE  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ARKED "C"                         |                          |              |                             |
| • VIOLATIO  | N(S) REPE    | ATED   | 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 violations                                     |                                   |                          |              |                             |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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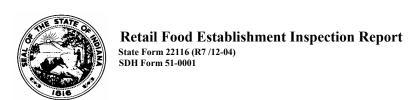
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| Establishm   |            | <i>'</i> c | #3731   | Telephone Number                  | Date of Ins<br>(mm/dd/yr      |             | ID#                |
|  |            |            |   | 812-423-3731                      | 01/16                         | /2020       | 11128              |
|  |            |            | mber and street, city, state, zip code)<br>LVE, Evansville, IN, 47714 | <pre>(<redacted></redacted></pre> |                               |             |                    |
| Owner<br>CAPT  | AIN [      | )´S        | LLC   | Purpose:  Routine                 | Follow-up<br>No               |             | se Date // 26/2020 |
| Owner's A  |            |            | <u>'</u>  | Follow-up                         | Summary                       | of Violatio |                    |
| <reda< td=""><td>cted&gt;</td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>       | cted>      | •          |   | Complaint                         |                               |             |                    |
| Person in C  |            |            |   | Pre-Operational                   | $ _{\mathbf{C}}$ $\mathbf{U}$ | NC_         | l <sub>R</sub> l   |
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| Responsible  | e Person's | E-mai      | il  | HACCP                             | Menu Typ                      | e (See addi | tional page)       |
| Certified F  | and Handl  |            |   | Other (list)                      | 100                           | $\bigcirc$  | ),()               |
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| • 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   |                                   |                               |             | orrected By        |
| 431  | NC         | R          | Floor and equipment near fryer are                                    | ea in need of clean               | ina                           |             | 17/2020            |
| 101  | 110        | -          | 1 loor and oquipment hour hyor are                                    | oa iii iiooa oi oloali            | mg.                           | 017         | 1172020            |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishme  |  |             |   | Telephone Number                | Date of Insp   |              | ID#                 |
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| Just Rennie's  |  |             |   | 812-401-8098                    | (mm/dd/yr)     |              | 11065               |
|  | Establishment Address (number and street, city, state, zip code) |             |   | ( <redacted></redacted>         | 01/17/         | 2020         |                     |
|  | E Fοι  | <u>ırth</u> | St, Evansville, IN, 47708                         | <re><redacted></redacted></re>  |                |              |                     |
| Owner  | 0 1/-  | ــ اــ      | Dannia  | Purpose:                        | Follow-up      |              | se Date             |
|  |  | rıa         | Rennie  | <b>✓</b> Routine                |                | 101/         | 27/2020             |
| Owner's Ad   |  |             |   | Follow-up                       | Summary        | of Violation | ns:                 |
| 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><b>7</b> R <b>O</b></td></reda<> |  |             |   | Pre-Operational                 | C              | NC_          | <b>7</b> R <b>O</b> |
| Responsible  |  |             | il  | Temporary                       | Menu Typ       | e (See addi  | tional page)        |
|  |  |             |   | НАССР                           |                |              |                     |
| Certified Fo   |  | er          |   | Other (list)                    | $1 \bigcirc 2$ | <u>3</u>     | <u>)4U5U</u>        |
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| • CRITICAL   | ITEMS AF   | RE IDE      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C"                      |                |              |                     |
| • VIOLATIO   | N(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 discrepanci                                    | ies                             |                |              |                     |
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| Establishment Name |           | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC      | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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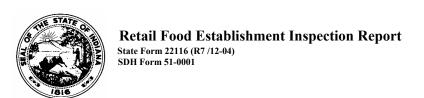
| Establishm  |            |            |   | Telephone Number                         | Date of Insp<br>(mm/dd/yr) |                         | ID#                     |
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| Hacie   | enda       | #8         |   | 812-474-1635                             | 01/15/                     |                         | 11001                   |
|   |            |            | mber and street, city, state, zip code)           | ( ) Owner                                | 01/13/                     | 2020                    |                         |
|   | Gree       | n F        | River Rd, Evansville, IN, 47715                   |  |                            |                         |                         |
|   |            | siti       | on Company, Inc.                                  | Purpose:  Routine                        | Follow-up<br>NO            |                         | se Date<br>25/2020      |
| Owner's Ac  |            |            |   | Follow-up                                | Summary of                 | 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                          | $C_{\rm C}$                | NC_(                    | $\mathcal{I}_{R}$       |
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| Responsible   | e Person's | E-ma       | 11  | НАССР                                    | Menu Type                  | : (See addi             | tional page)            |
| Certified F   | ood Handle | er         |   | Other (list)                             | $1_1\bigcirc_2($           | $\bigcirc$ 3( $\bullet$ | $)_4\bigcirc_5\bigcirc$ |
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| • 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             |
|   |            |            | No noted violation                                | ons.                                     |                            |                         |                         |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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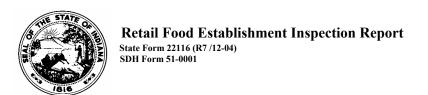
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|---|------------|-----------------|---|--|-----------------------------------|--------------|------------------|--|
|   |            |                 | mber and street, city, state, zip code)           | 812-426-2311                           | 01/14                             | /2020        | 10931            |  |
| 2128  | First A    | 3V <del>/</del> | e, EVANSVILLE, IN, 47710                          | <pre>(<redacted></redacted></pre>      |                                   |              |                  |  |
| Owner<br>CHRIS  | SKE        | ИP              | F   | Purpose:                               | Follow-up                         |              | se Date /24/2020 |  |
| Owner's A   |            | V 1 1           | ·   | Follow-up                              |                                   | of Violation |                  |  |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>_ `</td><td></td><td>_</td></reda<> | cted>      |                 |   | Complaint                              | _ `                               |              | _                |  |
| Person in C   | Charge     |                 |   | Pre-Operational                        | $\begin{bmatrix} C \end{bmatrix}$ | NC           | $1_{R}$          |  |
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| Responsible   | e Person's | E-ma            | il  | HACCP                                  | Menu Typ                          | e (See addi  | tional page)     |  |
|   |            |                 |   | Other (list)                           |                                   |              |                  |  |
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| • 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      |  |
| 295   | NC         |                 | Ice guard soiled in ice                           | machine.                               |                                   | 01/          | 14/2020          |  |
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| Domi  | no s       | Pi       | zza #2571   | 812-477-5544                   | 01/17/2                     | 2020                      | 10923                   |
| Establishm  | ent Addres | ss (nu   | mber and street, city, state, zip code)             | ( ) Owner                      | 01/17/2                     | 2020                      |                         |
| 1300 8  | S Gre      | en       | River Rd, Evansville, IN, 47715                     |                                |                             |                           |                         |
| Owner   |            | . – –    | 7.4 INIO  | Purpose:                       | Follow-up                   |                           | se Date                 |
|   |            | IZZ      | ZA, INC   | <b>✓</b> Routine               | No                          | 01/                       | 27/2020                 |
| 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 1</td></reda<>                   |            |          |   | Complaint                      | 1                           |                           | 1 1                     |
| Person in C   |            |          |   | Pre-Operational                | C                           | NC_                       | R                       |
| Responsible   |            |          | :1  | Temporary                      | Menu Type                   | (Caa addi                 | tional mass)            |
| Kesponsibio   | e rerson s | L-IIIa   | п   | НАССР                          | Menu Type                   | (see aaai                 | nonai page)             |
| Certified F   | ood Handl  | er       |   | Other (list)                   | 100                         | <b>a</b> ) <sub>3</sub> ( | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL  | ITEMS AR   | er ini   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   | IARKED "C"                     |                             |                           |                         |
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| Section#  | C/NC       | R        | Narrative   |                                | 1                           |                           | orrected By             |
| 438   | С          |          | Chemical bottle not                                 |                                |                             | Corrected                 |                         |
| 174   | NC         | R        | Bulk food items in need                             | of labeling.                   |                             | Co                        | rrected                 |
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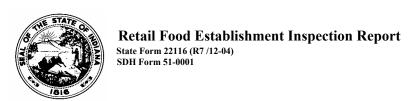
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|   | vv Fra     | ink          | <u>lin St, Evansville, IN, 47712</u>   |                 |  |                                   |                  | <u> </u>         |
| Owner<br>Frank  | lin La     | nes          | s Inc  |                 | Purpose:  Routine  | Follow-up<br>No                   |                  | se Date /27/2020 |
| Owner's A   |            |              |  |                 | Follow-up  | Summary                           | of Violation     | ns:              |
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| Person in C   |            |              |  | Pre-Operational | $_{\rm c}$ U   | NC_(                              | J <sub>R</sub> U |                  |
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| Responsible   | e Person's | E-ma         | il   |                 | НАССР  | Menu Typ                          | e (See addi      | tional page)     |
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| Section#  | C/NC       | R            | Narrativ   |                 |  |                                   | To Be Co         | orrected By      |
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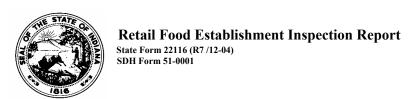
| Wayback Burgers #56  Establishment Address (number and street, city, state, zip code) 115 Cross Point Blvd Suite 4, Evansville, IN, 47715  Owner Philip G Dzienciol  Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail  Certified Food Handler <redacted>  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUIT</redacted></redacted></redacted> |             |              |                        |                             |      | lephone Number 12-475-9272  Credacted>  rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u<br>NO<br>Summary | P Release 01/ | 24/2020<br>s:<br>R |
|--|-------------|--------------|------------------------|-----------------------------|------|---|---------------------------|---------------|--------------------|
| • VIOLATIO   | N(S) REPE   | ATED         | FROM PREVIOUS INSPECT  | IONS 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      | rrected By         |
|  |             |              |                        |                             |      |   |                           |               |                    |
| 257  | NC          |              | Utilize food product t | hermometer to monitor fr    | ont  | line warmer temper  | ratures.                  | Coi           | rected             |
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| Establis | Establishment Name |      | me Addre | ess                         | Inspection Date       |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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| Cross   | sroad       | ls l          | GA  | 812-867-0828                   | 01/16/                     | 2020              | 13440                           |
|   |             |               | mber and street, city, state, zip code)           | () Owner                       | 01/16/                     | 2020              |                                 |
| 6401 N  | l Gree      | nri           | ver Rd, Evansville, Indiana, 47725                | <re><reuacieu></reuacieu></re> |                            |                   |                                 |
| Owner   |             |               | a d Charre  | Purpose:                       | Follow-up                  |                   | se Date                         |
|   |             | F0            | od Group  | <b>✓</b> Routine               | No                         | 01/               | 26/2020                         |
| Owner's Ac  |             |               |   | Follow-up                      | Summary o                  | f Violation       | as:                             |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>_ 1</td><td>(</td><td>) ()</td></reda<>   |             |               |   | Complaint                      | _ 1                        | (                 | ) ()                            |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><math>\frac{\mathbf{r}}{\mathbf{r}}</math></td></reda<> |             |               |   | Pre-Operational                | C                          | NC_               | $\frac{\mathbf{r}}{\mathbf{r}}$ |
| Responsible   |             |               | il  | Temporary                      | Menu Type                  | (See addi         | tional page)                    |
| responsible   | c i cison s |               |   | НАССР                          | Mena Type                  |                   |                                 |
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| • CRITICAL  | . ITEMS AR  | E IDE         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C"                     |                            |                   |                                 |
| • VIOLATIO  | ON(S) REPE  | ATED          | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN        | D IN THE NA                | RRATIVE           | BELOW AS "R"                    |
| Section#  | C/NC        | R             | Narrative   |                                |                            |                   | orrected By                     |
| 294   | С           |               | Sanitizer at three compartmer                     | nt sink too weak               |                            |                   | rrected                         |
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| Establis | Establishment Name |      | me Addre | ess                         | Inspection Date       |
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| Item #   | C/NC               | R    |          | REMARKS                     | TO BE<br>CORRECTED BY |
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| Hacie   |            |        |   | 812-401-2180                               | 01/17  | ,            | 13828                       |
|   |            |        | mber and street, city, state, zip code)           | ( ) Owner                                  | 01/17  | /2020        |                             |
|   | BnvI-      | NН     | Rd Ste F, Evansville, IN, 47725                   |  |  |              |                             |
| Owner<br>HMR  | Acqui      | stic   | on Co. Inc.                                       | Purpose:  Routine                          | Follow-up<br>No                              |              | se Date /27/2020            |
| Owner's A   | ddress     |        |   | Follow-up                                  | Summary                                      | of Violation | ns:                         |
| <reda< td=""><td>cted&gt;</td><td>•</td><td></td><td>Complaint</td><td>  1</td><td></td><td></td></reda<> | cted>      | •      |   | Complaint                                  | 1  |              |                             |
| Person in C   |            |        |   | Pre-Operational                            | $\mathbf{c}$                                 | NC_          | $I_{R}U$                    |
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| Responsible   | e Person's | E-ma   | il  | НАССР                                      | Menu Typ                                     | e (See addi  | itional page)               |
| Certified F   | ood Handl  | or     |   | Other (list)                               | 102  | $\bigcirc_3$ | $)_{4}\bigcirc_{5}\bigcirc$ |
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|   |            | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C"                                 | <u>.                                    </u> |              |                             |
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| Section#  | C/NC       | R      | Narrative   | MINIARI OF VIOLATIONS AN                   | DIN THE N                                    |              | orrected By                 |
| 177   | NC         |        | Boxes not stored 6" of                            | f the floor                                |  |              | 17/2020                     |
| 294   | C          |        | Chemical sanitizer below requi                    |  |  |              | rrected                     |
| 234   |            |        | Offerfilear Samitizer Below requi                 | irea concentration.                        |  |              | <u> </u>                    |
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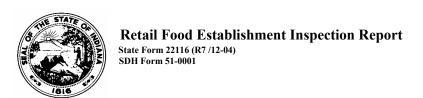
| Establishm   |             |          |   | Telephone Number                   | Date of Insp<br>(mm/dd/yr) | ection                     | ID#                     |
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| Suns   | hine        | Ju       | ice Co  | 812-549-6192                       | 01/14/                     | 2020                       | 14067                   |
|  |             |          | mber and street, city, state, zip code)           | <pre>(<redacted>)</redacted></pre> | 01/14/                     | 2020                       |                         |
|  | VV Fra      | nk       | lin St, Evansville, IN, 47712                     | <re><reuacieu></reuacieu></re>     |                            |                            |                         |
| Owner  | !!!         |          |   | Purpose:                           | Follow-up                  |                            | se Date                 |
| Erin C   |             |          |   | Routine                            | No                         | 01/                        | 24/2020                 |
| Owner's Ac   |             |          |   | Follow-up                          | Summary o                  | f Violatio                 | as:                     |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>              |             |          |   | Complaint                          | $\cap$                     | (                          | ) ()                    |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><math>R_{\text{R}}</math></td></reda<> |             |          |   | Pre-Operational                    | C                          | NC_                        | $R_{\text{R}}$          |
| Responsible  |             |          | il  | Temporary                          | Menu Type                  | (See addi                  | tional page)            |
| P  |             |          | _   | НАССР                              |                            | ~ ~                        |                         |
| Certified F  |             | er       |   | Other (list)                       | $_{1}\bigcirc_{2}($        | $\bullet$ ) <sub>3</sub> ( | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL   | . ITEMS AR  | E IDE    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C"                         |                            |                            |                         |
| • VIOLATIO   | ON(S) REPE  | ATED     | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | JMMARY OF VIOLATIONS" AN           | D IN THE NA                | RRATIVE                    | BELOW AS "R"            |
| Section#   | C/NC        | R        | Narrative   |                                    | ,                          | Го Ве Со                   | orrected By             |
|  |             |          | No noted violati                                  | ons.                               |                            |                            |                         |
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|  |             |            |   |  | 312-303-5100                | `                        | 1/2020        | 14184                   |
|  |             |            | mber and street, city, state, zip code)  Suite H, Evansville, IN, 47715 | (<   | redacted>                   | 0.7.                     | 72020         |                         |
| Owner  |             | <u>-</u>   |   | Pu   | rpose:                      | Follow-u                 |               |                         |
| Gloria   | Bavti       | sta        | ત્રે  | <b>~</b>   | Routine                     | No                       | 01/           | 24/2020                 |
| Owner's Ad   |             |            |   |  | Follow-up                   | Summary                  | of Violation  | ns:                     |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>2</td><td>(</td><td>) ()</td></reda<>                             |             |            |   |  | Complaint                   | 2                        | (             | ) ()                    |
| Person in C  |             |            |   |  | Pre-Operational             | c_ <b></b>               | $_{\rm NC}$   | $\mathcal{I}_{R}$       |
| <reda< td=""><td></td><td></td><td></td><td>厂</td><td>Temporary</td><td></td><td></td><td></td></reda<>                                  |             |            |   | 厂  | Temporary                   |                          |               |                         |
| Responsible  | erson's     | L-ma       | Ш   |  | НАССР                       | Menu Tyj                 | pe (See addit | ionai page)             |
| Certified Fo   | ood Handle  | er         |   | ┲  | Other (list)                | $10^{\circ}$             | $\bigcirc_3$  | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL   | ITEMS AR    | E IDE      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                       | MARK   | ED "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             |
| 187  | С           |            | Potentially hazardous hot food not held                                 | l at   | 135 degrees or h            | nigher.                  | 01/1          | 14/2020                 |
| 196  | С           |            | Facility lacking consume  | er a   | advisory.                   |                          | 01/31/2020    |                         |
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| Establishment Name |         | me Addre | ess    | Inspection Date             |                       |
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| Establishm  |             |       |   | Telephone Number                         | Date of Ins   |              | ID#              |  |
|---|-------------|-------|---|--|---------------|--------------|------------------|--|
| Noble   | Ror         | na    | ns  | 812-303-4010                             | l `           | ,<br>/2020   | 14185            |  |
|   |             |       | mber and street, city, state, zip code)             | <pre>(<redacted></redacted></pre>        | 01/14         | /2020        |                  |  |
|   | Red B       | an    | k Rd Ste M, Evansville, IN, 47712                   | <re><redacted></redacted></re>           |               |              |                  |  |
| Owner   | 11-44-      | l     |   | Purpose:                                 | Follow-u      |              | se Date          |  |
| Scott   |             | npa   | acn   | Routine                                  | No            | 01/          | 24/2020          |  |
| Owner's Ac  | ldress      |       |   | Follow-up<br>Complaint                   | _ `           | of Violation |                  |  |
| Person in C   | harge       |       |   | Pre-Operational                          | $ _{\rm c}$ 3 | NC_          | 1 <sub>B</sub> U |  |
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| Responsible   | e Person's  | E-ma  | il  | Temporary                                | Menu Typ      | e (See addi  | tional page)     |  |
|   |             |       |   | НАССР                                    |               | $\bigcirc$ G |                  |  |
| Certified Fo  |             | er    |   | Other (list)                             | 1 2           | <u>3</u>     | <u>)4050</u>     |  |
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| • VIOLATIO  | ON(S) REPE  | ATEL  | D 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      |  |
| 191   | С           |       | Ready to eat, potentially hazardous for             | od lacking date ma                       | arking.       |              | rrected          |  |
| 177   | С           |       | Food stored without covering                        |  |               | Corrected    |                  |  |
| 138   | NC          |       | 1   | Beard guards not provided for employees. |               |              | 01/14/2020       |  |
| 294   | С           |       | Sanitizer at three compartmen                       | · · · · · · · · · · · · · · · · · · ·    |               | 01/14/2020   |                  |  |
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| Establishment Name |         | me Addre | ess    | Inspection Date             |                       |
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| Item #             | C/NC    | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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| Establishme Cross  |             | ls l    | GA - Which Wich                                   | Telephone Number (812-867-0828   | (mm/dd/yr)   |              | то#<br>14195                  |
|  |             |         | mber and street, city, state, zip code)           | ( ) Owner                        | 01/16/       | 2020         |                               |
| 6401 l   | N Gre       | en      | river Rd, Evansville, IN, 47725                   | <pre><redacted></redacted></pre> |              |              |                               |
| Owner  |             |         |   | Purpose:                         | Follow-up    |              | se Date                       |
| Houch  | nen's       | Fo      | od Group  | <b>✓</b> Routine                 | No           | 01/          | 26/2020                       |
| Owner's Ac   |             |         | -   | Follow-up                        | Summary o    | of Violation | ns:                           |
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| Person in C  |             |         |   | Pre-Operational                  | CU           | NC_          | $I_{R}U$                      |
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| Responsible  | e Person's  | E-ma    | il  | Temporary                        | Menu Type    | (See addi    | tional page)                  |
|  |             |         |   | НАССР                            | $\sim$       |              |                               |
| Certified Fo   |             | er      |   | Other (list)                     | 1 <u>0</u> 2 | <u>3</u>     | <u>)4</u> <u>0</u> 5 <u>0</u> |
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| • VIOLATIC   | ON(S) REPE  | ATED    | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMARY OF VIOLATIONS" AN          | D IN THE NA  | ARRATIVE     | BELOW AS "R"                  |
| Section#   | C/NC        | R       | Narrative   |                                  |              | To Be Co     | orrected By                   |
| 234  | NC          |         | Utensils stored in stand                          | ling water.                      |              | Co           | rrected                       |
|  |             |         |   | <u> </u>                         |              |              |                               |
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| Item #             | C/NC    | R        |        | REMARKS                     | TO BE<br>CORRECTED BY |
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