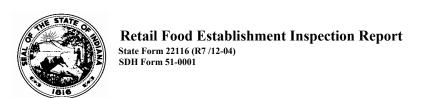


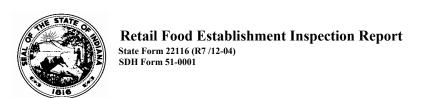
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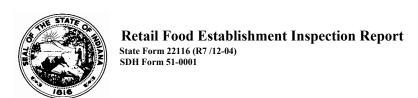
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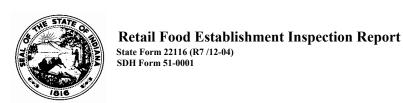
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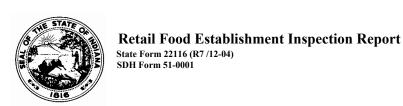
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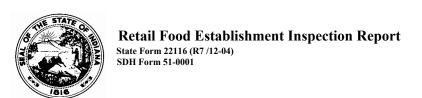
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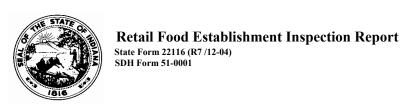
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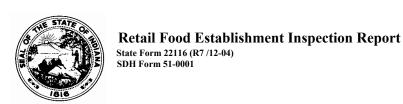
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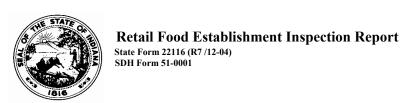
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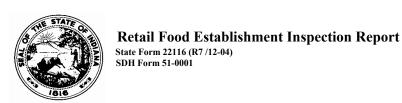
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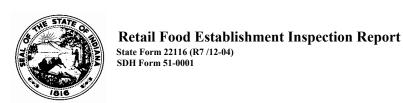
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Owner	- 12!				rpose:	Follow-u		se Date
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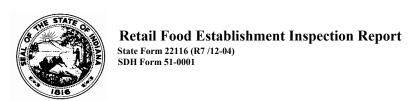
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Western Rib Eye		Rib Eye 140	dress O1 N Boeke Rd., Evansville, IN, 47711		
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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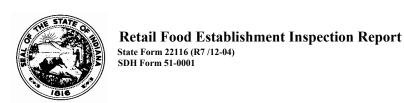
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			et- Royal	8) [	12-479-8603	,	/2020	11446	
Establishm	ent Addres V Fult	s (nu ON	mber and street, city, state, zip code) Ave, Evansville, IN, 47710	(<	redacted>	02,2	72020		
Owner Winkle	er Inc				rpose: Routine	Follow-u No		Date 05/2020	
Owner's Ac	_				Follow-up	Summary	of Violation	18:	
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• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	IARK	ED "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	
191	С			Ready to eat, potentially hazardous food lacking date marking.				Corrected	
177	С	R	Improper storage of raw ar	ıim	al products.		Corrected		
431	NC	R	Floors and walls throughout in need of cleaning.				03/0	06/2020	
Received by	*	_ ′	printed):		rected by (name and title proceeded)	rinted):			
Received by					ected by (signature):				
cc:			cc:			cc:			

Establishment Name		me Addre	ess	Inspection Date	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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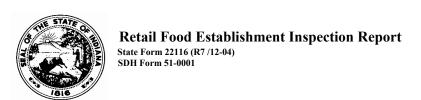
Establishm			•		lephone Number	Date of In (mm/dd/y		ID#
			Sonntag	(8	312-424-3549	`	5/2020	11442
			mber and street, city, state, zip code)		redacted>	02/23	<i>,,</i> 2020	
	onnta	.g <i>F</i>	Ave., EVANSVILLE, IN, 47712					
Owner Winkle	er Inc				rpose: Routine	Follow-u No		e Date 06/2020
Owner's Ac	_				Follow-up	Summary	of Violation	ns:
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Section#	C/NC	R	Narrative				To Be Co	rrected By
177	С	R	Improper storage of raw ar	<u>nim</u>	nal product.		Co	rrected
Received by	`		<i>'</i>	•	Inspected by (name and title printed): <redacted></redacted>			
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Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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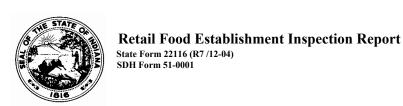
The Vineyard  Establishment Address (unsher and street, city, state, zip code) 5721 E Virginia St., Evansville, IN, 47715  Owner  James Peters II  Owner's Address <pre></pre>	Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Establishment Address (cumber and street, city, state, zip code)   S721 E Virginia St., Evansville, IN, 47715   Sr21 E Virginia St., Evansville, IN, 47715	The \	/iney	ard	d	812-479-8777		2020	11402
Owner   Purpose:   Purpose:   Purpose:   Redine   O3/06/2020    Owner   Addres   Follow-up   Complaint   Complaint   Prevon in Charge   Prevon in	Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		02/25/	2020	
James Peters II  Owaer's Address  redacted> Feron in Charge  credacted> Free Operational  remporary  Itemporary  I	5721 l	E Virg	jini	a St., Evansville, IN, 47715	<pre><redacted></redacted></pre>			
One's Addres					Purpose:			
Complaint   Charge   Complaint   Compla			ers	II	<b>✓</b> Routine	No	03/	06/2020
Person in Charge   Person's E-mail   Person's E-mail   Temporary   HACCP   HACCP   Dither (list)   Dither (l	_	_			Follow-up	Summary o	f Violation	ns:
Responsible Person's E-mail    Certified Food Handler   Certified Food					Complaint	$\cap$	(	) (
Responsible Person's E-mail    Certified Food Handler   Certified Food					Pre-Operational	$_{\rm C}$	NC_	J <sub>R</sub> U
Certified Food Handler redacted >  - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section#   C/NC   R	4			9	Temporary	М Т		
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*CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  *VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section# C/NC R Narrative To Be Corrected By  No noted violations.  No noted violations.	Certified Fo	ood Handle	or		Other (list)	1(1)	$\bigcirc$ 2 $\bigcirc$ 2	$)_4\bigcirc_5\bigcirc$
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VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"      Section# C/NC R Narrative To Be Corrected By      No noted violations.			E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	AARKED "C"	l		
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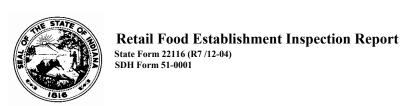
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			mber and street, city, state, zip code)	( ) Owner	02/20	/2020	
	String	tow	n Rd, EVANSVILLE, IN, 47711				
Owner	۱ ماانید	/ar	nderburgh School Corp.	Purpose:	Follow-up		se Date 707/2020
Owner's A		v ai	derburgit School Corp.	Routine			
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Certified F		er		Other (list)	1 2	$\bigcirc_3$	<u> 1405</u>
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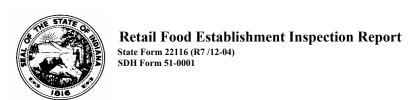
Establishm	ent Name			Telephone Number	Date of Insp		ID#
Schn	ucks	#7	'28	812-473-4510	(mm/dd/yr)		11307
			mber and street, city, state, zip code)		02/26/	2020	
3501 N	I Gree	n F	River Rd, EVANSVILLE, IN, 47715	<pre><redacted></redacted></pre>			
Owner		_		Purpose:	Follow-up		se Date
		/lar	kets Inc	<b>✓</b> Routine	No	03/	07/2020
Owner's Ac	_			Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_	$\mathcal{L}_{R}$
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	ARRATIVE	BELOW AS "R"
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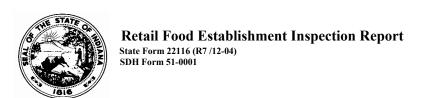
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Nisbe	et Inn			812-963-9305	02/26/	2020	11223
			mber and street, city, state, zip code)	( ) Owner	02/20/	2020	
4	Visbe	t Si	tation Rd, Haubstadt, IN, 47639				
Owner Jim &	Book	v L	larl	Purpose:	Follow-up No		se Date 707/2020
Owner's A		уі	iaii	Routine			
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Person in C				Complaint	<b>0</b>	NC_(	)
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Certified F		er			1 2	<u>3</u> C	<u> 14050</u>
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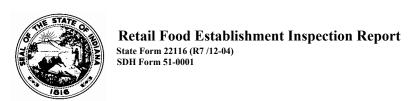
Establishm 500 M	o Ital	ss (nu	n Cuisine mber and street, city, state, zip code) EVANSVILLE, IN, 47708	**Telephone Number** (812-484-2222 <a href="mailto:cred">(<red< a=""></red<></a>	Date of Insp (mm/dd/yr) 02/24/		11216
Owner Rafic	Hach	em		Purpose:	Follow-up Yes		se Date 05/2020
Owner's Ad	_	ı		Follow-up	Summary	_	
Person in C				Complaint	1	NC_(	) , 1
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Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	e (See addi	tional page)
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• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Follow up from 1-2	-2020.			
118	С	R	Facility lacking certified fo	od employee.		03/2	27/2020
			, G	' '			
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Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
		•	JKK ENTERPRISES LLC)	812-476-8422	02/26	,	11207
			mber and street, city, state, zip code) It Rd, Evansville, IN, 47715	' <redacted></redacted>	0_,_0		
Owner IOSE	DH &	K/	ATHERINE KENWORTHY	Purpose:	Follow-up		se Date 07/2020
Owner's Ac		11/	ATTICITING REINWOTTTTT	Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary</td><td>of Violation</td><td></td></reda<>				Follow-up Complaint	Summary	of Violation	
Person in C	Charge		_	Pre-Operational		NC	$L_{R}$
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Section#	C/NC	R	Narrative			To Be Co	orrected By
294	С	R	Sanitizer for wiping cloth be	uckets too low.		Co	rrected
295	NC	R	Ice cream non food contact guards at from	nt line and drive thru	soiled.	02/2	26/2020
		<u> </u>					
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Establishment Name		me Addre	ess	Inspection Date	
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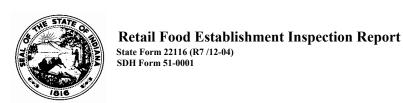
	Bar l	s (nu	nber and street, city, state, zip code) and St., Evansville, IN, 47720	Telephone Number (812-425-1616 ( <redacted> Purpose:</redacted>	Date of In (mm/dd/yr 02/25 Follow-u	5/2020	ID# 11191 e Date
Roy A	. Mar	Χ, ι	Jr.	Routine	Yes		06/2020
Owner's Ac	ldress			Follow-up	Summary	of Violation	ıs:
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Person in C				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	RI
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Responsible	e Person's	t-mai	II.	НАССР	Menu Ty	pe (See addii	ionai page)
Certified Fo		er		Other (list)	102	<u>3</u>	$0_4$ $0_5$
• CRITICAL	ITEMS AR	E IDE	NTIFIED 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	rrected By
218	NC	R	Dish machine not dispensing sa	nitizer as designed		02/2	26/2020
Received by			orinted):	Inspected by (name and title properties)	rinted):		
				Inspected by (signature):			
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Establishment Name		me Addre	ess	Inspection Date	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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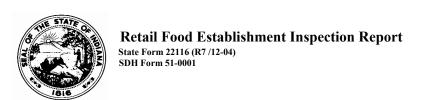
Establishm	ent Name			Telephone Number	Date of Ins		ID#
Logai	ns Ro	oac	dhouse #316	812-471-8403	(mm/dd/yr	•	11092
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code)	1	02/24	/2020	
1 N B	urkha	rdt	Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner	NO F		A DUI OU IOE INIO	Purpose:	Follow-uj		se Date
		O/	ADHOUSE INC	<b>✓</b> Routine	No	03/	05/2020
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>1 3</td></reda<>				Complaint	$\cap$		1 3
Person in C				Pre-Operational	$_{\rm C}$	NC_	T <sub>R</sub> O
Responsible				Temporary	Menu Tyr	ne (See addi	tional page)
responsible	c i cison s			НАССР	-	o (See dada)	
Certified F	ood Handl	er		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	AARKED "C"			
• VIOLATIO	N(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
430	NC	R	Ceiling in various areas in need of repair and	replacing missing ceili	ng tiles.	03/2	24/2020
431	NC	R	Dish area floor and wall und	der sink soiled.		02/2	25/2020
291	NC		Facility lacking chemical sanitizer test strips.				24/2020
342	NC	R	Hand sink in bar area not reaching minimum to	Hand sink in bar area not reaching minimum temperature of 100° Fahrenheit.			
Received by	(name and	l title j	printed):	Inspected by (name and title p	rinted):		
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Establishment Name		me Addre	ess	Inspection Date	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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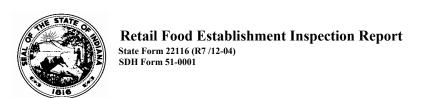
Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
Lama	ISCO	Ba	r & Grill	812-437-0171	02/26		11076
			mber and street, city, state, zip code)	<pre></pre>	02/20/	2020	
	VV Fra	<u>ink</u>	lin St, Evansville, IN, 47710				
Owner	Mord			Purpose:	Follow-up		se Date
Amy V				Routine	No		07/2020
<reda< td=""><td></td><td>ı</td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>ns:</td></reda<>		ı		Follow-up	Summary	of Violation	ns:
Person in C				Complaint	L ()	$_{\rm NC}$	) _()
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Responsible			il	Temporary	Menu Typ	e <i>(See addi</i>	tional page)
				HACCP		$\bigcirc$ G	
Certified F		er		Other (list)	1 2	$\bigcirc_3$	<u> 1405</u>
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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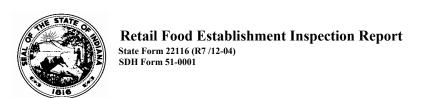
Establishm				Telephone Number	Date of Ins		ID#
Krisp	y Kre	me	9	812-475-8419	(mm/dd/yr) 02/27		11074
			mber and street, city, state, zip code)	<pre>    <redacted></redacted></pre>	02/27	2020	
1	Burk	har	dt Rd, Evansville, IN, 47715				
Owner Kricov	, Kron	20	Doughput Corporation	Purpose:	Follow-up NO		se Date 08/2020
Owner's A		iie	Doughnut Corporation	Routine			
<reda< td=""><td></td><td>ı</td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<>		ı		Follow-up	Summary	of Violation	
Person in C				Complaint	l	NC_	_ ()
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Responsible			1	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified F		er		Other (list)	1 2	<u>3</u>	<u>/4050</u>
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Section#	C/NC	R	Narrative				orrected By
324	NC		Lacking up to date grease trap	maintenance log.			27/2020
-							
Received by	(name and	l title p	printed):	Inspected by (name and title p	rinted):		
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	Establishment Name Krispy Kreme			Address 727 N Burkhardt Rd, Evansville, IN, 47715	Inspection Date 02/27/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Received	l By (Nan	ne & '	redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



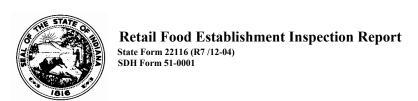
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Evan	sville	C	hristian Life Center	812-423-9222	02/25/		10950
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	02/23/	2020	
	Kent	uCr	ky Ave, Evansville, IN, 47714		<u> </u>		
Owner Evans	ville (	Chr	ristian Life Center	Purpose:	Follow-up No		se Date 706/2020
Owner's Ac	ddress			Follow-up	Summary o	of Violatio	ns:
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Person in C				Pre-Operational		NC_(	J <sub>R</sub> U
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)
G 10 17				Other (list)	-0.0		$\bigcirc$
Certified Fo		er			$1 \bigcirc 2$	<u>3</u> C	<u> 405</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
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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	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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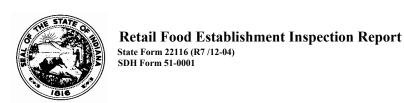
Establishm		. ,	201 1 #700	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			Schnucks #728	812-473-4510	02/26/		10832
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	02/20/	2020	
Owner ADVAN	ICED F	RE	SH CONCEPTS FRANCHISE CORP	Purpose:  Routine	Follow-up Yes		se Date 707/2020
Owner's Ac				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) 0</td></reda<>	cted>			Complaint		(	) 0
Person in C				Pre-Operational		NC (	J <sub>R</sub> U
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	e (See addi	tional page)
				Other (list)	-		$\bigcirc$
Certified Fo		er			12_	<u>3</u> C	<u>/4_5_</u>
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	` '	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
			No noted violation	ons.			
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Establishment Name		me Addre	ss	Inspection Date	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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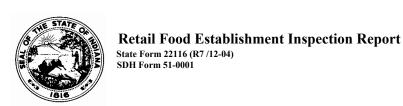
Establishm	ent Addres E. Ind Realty ddress cted> Charge cted> e Person's	is (nui lian / Ll		Telephone Number  (812-477-6663  ( <redacted> Purpose:  Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u No Summary	r) 6/2020 p Releas	_ R
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D DI MICE	JADDAZII	DELOW 15 //P*
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R R	Narrative	d at kitahan hand	nink		orrected By
347	NC	K	Hand drying provisions not provide		SINK.		26/2020
129	С		Employees not washing hands	s wnen necessary.		02/2	26/2020
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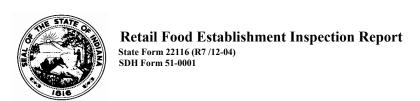
Establishm				Telephone Number	Date of Ins		ID#
Amy's	s on	Fra	anklin	( ) Establishment	(mm/dd/yr	; ;/2020	14019
			mber and street, city, state, zip code)	<pre>    <redacted></redacted></pre>	02/20	/2020	
1	W Fra	ank	din St, Evansville, IN, 47712				
Owner	Mard			Purpose:	Follow-up		se Date
Amy V				Routine	No		07/2020
Owner's Ad				Follow-up	Summary	of Violation	is:
Person in C				Complaint	1 1	NC	$\cap$
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Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)
				HACCP			
Certified F		er		Other (list)	1 2	<u>3</u>	<u>)4<u>U</u>5<u>U</u></u>
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Section#	C/NC	R	Narrative			To Be Co	orrected By
187	С		Potentially hazardous food cold holding above 4	1 degrees. Product was	moved.	Co	rrected
218	NC		Drawer refrigeration under grill is not	functioning as desi	gned.	02/2	27/2020
			- J				
-							
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Establishment Name		me Addre	ss	Inspection Date	
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Establishm				Telephone Number	Date of Insp	ection	ID#
Cross	sroad	S	#786	812-471-2815	(mm/dd/yr) 02/25/	2020	14182
			mber and street, city, state, zip code)	( ) Owner	02/25/	2020	
5401 E	Lloy	<u>d E</u>	xpressway, Evansville, IN, 47715	<re>credacted&gt;</re>			
Owner		. 1	# F d- 110	Purpose:	Follow-up		se Date
		<b>NO</b>	th Foods LLC	<b>✓</b> Routine	No	03/	06/2020
Owner's Ac				Follow-up	Summary o	of Violation	ns:
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Person in C				Pre-Operational	$C_{\underline{}}$	NC_	$\frac{1}{R}$
Responsible			:1	Temporary	Manu Tyny	(Saa addi	tional page)
Kesponsible	e i cison s	L-ma	11	НАССР	Wichu Type	. (See aaai	tional page)
Certified Fo	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	$\bigcirc$ 3( $\bullet$	$)_4\bigcirc_5\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE NA	DDATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	WIMIART OF VIOLATIONS AN			orrected By
Section#	C/IC	K	No noted violation	200		TO BE C	nrected by
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Establishment Name		me Addre	ss	Inspection Date	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Establishme Which		<u> </u>			Rephone Number	Date of Ins (mm/dd/yr	.)	10# 14187
			mber and street, city, state, zip code)	1		02/25	5/2020	14107
5401 E	Ξ Lloy	⁄d F	Exprswy, Evansville, IN, 47715		<redacted></redacted>			
Owner	ane l	Var	th Foods LLC	<b>.</b> —	rpose:	Follow-up No		se Date 706/2020
Owner's Ac		NOI	tii i oods LLO		Routine L			
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Person in C				=	Complaint	()		) _ ()
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Responsible			il		Temporary	Menu Ty	oe (See addi	tional page)
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Certified Fo		er		<u> </u>	Other (list)	1 2	<u> </u>	) <sub>4</sub> <u>0</u> 5 <u>0</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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Establishment Name		me Addre	ss	Inspection Date	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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