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NARRATIVE REPORT

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

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

Establishment Name Engelbrechts Countryside Orchard		Telephone Number (812) 490-9559		Date of Inspection (mm/dd/yr) 07/11/2020		ID # 11972	
Establishment Address (number and street, city, state, zip code) Franklin St Bazaar, Evansville, IN, 47725		() Owner <redacted>					
Owner Tim & Kristi Schulz		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 07/21/2020	
Owner's Address <redacted>				Summary of Violations:			
Person in Charge <redacted>				C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail				Menu Type (See additional page)			
Certified Food Handler				1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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"

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

Establishment Name Fastbreak #5	Telephone Number (812) 437-9799	Date of Inspection (mm/dd/yr) 07/08/2020	ID # 11830
Establishment Address (number and street, city, state, zip code) 2119 E Morgan Ave, Evansville, IN, 47714	() Owner <redacted>		
Owner Andrews Fastbreak	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/18/2020
Owner's Address <redacted>	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>	
Person in Charge <redacted>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
Certified Food Handler <redacted>	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP	Menu Type (See additional page)	
	<input type="checkbox"/> Other (list) _____	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	

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

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