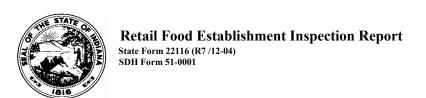


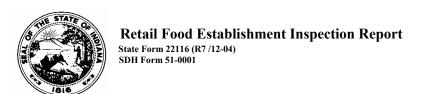
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Establishmo		$\Gamma_{\Delta r}$	males	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-589-8496	07/11	/2020	13025
			mber and street, city, state, zip code) HOMES DRIVE, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Emily	Marti	n		<b>✓</b> Routine	No	07/	21/2020
Owner's Ad				Follow-up	Summary	of Violatio	ns:
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Person in C				Pre-Operational		NC_	J R U
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 2	$\bigcirc 3$	<u> 1405</u> 0
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• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "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 C	orrected By
			No noted violation	ons.			
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Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		

Establis	shment	Nar	me Ad	ldre	ss	Inspection Date
Pap	a T	ู่ S	Tamales 111	124	COUNTRY HOMES DRIVE, Evansville, IN, 47712	
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
						0011112012001
Received	Ry (Nan	ne g	Title)		Inspected Ry (Name & Title)	
Vecelved	ט (INdli	iic Q	1106)		Inspected By (Name & Title) <redacted></redacted>	Pageof



			• • •	•			
Establishme Bia B		Mα	ongolian Grill	Telephone Number (812-602-1400	Date of Ins (mm/dd/yr	o)	то# 12346
			mber and street, city, state, zip code)	, , , ,	07/09	/2020	12040
			River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
Jun C	ao			<b>✓</b> Routine	Yes	07/	19/2020
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>1 1</td></reda<>				Complaint	1		1 1
Person in C				Pre-Operational	C	NC_	+ <sub>R</sub> 4
Responsible			il	Temporary	Menu Tyr	ne <i>(See addi</i>	tional page)
responsible	c i cison s			НАССР			
Certified Fo	ood Handl	er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$ ( $\bullet$	$)_4\bigcirc_5\bigcirc$
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• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
187	С	R	Potentially hazards food not stored a	at required tempera	ature.	Corrected	
218	NC		Walk in freezer door in ne	ed of repair.		07/30/2020	
431	NC	R	Walk in cooler ceiling, fans, racks, walls and flo	oors in need of deep cl	eaning.	07/09/2020	
430	NC	R	Kitchen floor tiles are in ne	eed of repair.		07/30/2020	
430	NC	R	Coving at three compartment sink in ne	ed of repair/replace	ment.	07/3	30/2020
Received by	•			Inspected by (name and title p <redacted></redacted>	rinted):		
Received by				Inspected by (signature):			
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Establis <b>Ric</b>	shment Ban	Nar	Mongolian Grill 20	ddress 113 N Green River Rd, Evansville, IN, 47715	Inspection Date 07/09/2020
Item #	C/NC	y ' R	viorigonari Orini =3	REMARKS	TO BE
					CORRECTED BY
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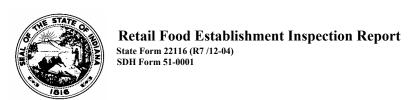
Establishm Lydia		na	Kitchen LLC "Chef Bruce Li"	Telephone Number  (812-618-6816   Date of Inspection (mm/dd/yr)   13			
			mber and street, city, state, zip code)		07/08	/2020	13198
			Dr, Evansville, Indiana, 47725	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Hu Li				Routine	No	L	18/2020
Owner's A				Follow-up	Summary	of Violation	ns:
Person in C		•		Complaint	$\cap$	(	$0_{R}$
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Responsible			<u> </u>	Temporary	Menu Tyr	e (See addi	tional page)
Responsible	c i ci son s	L-ma		НАССР	wienu Typ	e (see uuui	monai page)
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	$0.4 \bigcirc 5 \bigcirc$
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• CRITICAI	L ITEMS AF	RE IDI	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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations				
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Establi				ddress	i Dr. Evenoville	Indiana 47725	Inspection Date
Lydia i		KII	then LLC "Chef Bruce Li" 12			e, indiana, 47725	TO BE
Item #	C/NC	R		REMA	RKS		CORRECTED BY
Received	By (Nan	ne & <b>&lt;</b>	Title) <redacted></redacted>	Inspected	By (Name & Title) < redact	ed>	Pageof



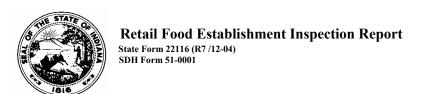
Establishm	S Jei	s (nu	Sales mber and street, city, state, z d, Evansville, I		Telephone Number (812-459-0923 ( <redacted> Purpose:</redacted>	Date of Inspe (mm/dd/yr) 07/11/2	2020	1D# 12196
Scott	Harge	ett			Routine			21/2020
Owner's Ac	ddress				Follow-up	Summary of		
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Person in C					Pre-Operational	$_{\rm C}$ U	$_{\rm NC}$	$\mathcal{I}_{R}$ $U_{R}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)	
Certified Fo	ood Handl	er		Other (list)	102	$\bigcirc_3$	$0_4$ $0_5$	
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R		Narrative		7	Го Ве Со	orrected By
				No noted violation	ons.			
Received by	(name and	title p	printed):		Inspected by (name and title properties)	rinted):		
Received by	(signature	):			Inspected by (signature):			
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Establis Sco	Scott's Jerky Sales		rky Sales 65	dress 05 Weiss Rd, Evansville, IN, 47720	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
				I	
Received	i By (Nan	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm		հք I	Evansville I	Telephone Number	Date of In (mm/dd/y		ID#
			mber and street, city, state, zip code)	(812-965-6620	1 01/10	)/2020	12094
			Chandler, IN, 47610	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
Derek		or		<b>✓</b> Routine	No	07/	20/2020
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$ _{\mathcal{C}}$ $\cup$	NC_(	J <sub>R</sub> U
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Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe <i>(See addi</i>	tional page)
				Other (list)		$\bigcirc$	
Certified F	ood Handl	er			1 2	$\bigcirc 3 \bigcirc$	<u>/4_5_</u>
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" A	ND IN THE N	IARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons			
			THO HOUSE VIOLENCE	5110.			
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Establis	shment a Ic	Nar <b>C</b>	of Evansville I 191	ess 1 Bell Rd, Chandler , IN, 47610	Inspection Date 07/10/2020
Item #	C/NC	R	·	REMARKS	TO BE CORRECTED BY
Received	By (Nan	ne & <b>&lt;</b>	Title) <redacted></redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



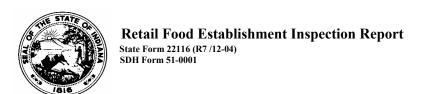
Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Enge	lbrec	hts	s Countryside Orchard	812-490-9559		2020	11972
			mber and street, city, state, zip code)		07/11/2	1020	
Frankl	in St	Ba	zaar, Evansville, IN, 47725	<pre>(<redacted></redacted></pre>			
Owner	17 1 4			Purpose:	Follow-up		se Date
Tim &		S	chulz	Routine	No	07/	21/2020
Owner's Ad				Follow-up	Summary of	Violation	1S:
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Person in C				Pre-Operational	$_{\rm C}$	NC_(	$\frac{1}{R}$
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Responsible	e Person's	L-ma	11	НАССР	Menu Type	See aaan	nonai page)
Certified Fo	ood Handle	or		Other (list)	10	),(	$)_4\bigcirc_5\bigcirc$
Certifica r	ou Hanui	<b>,</b> 1			1	<u></u>	<u> </u>
• CDITICAL	ITEMS AD	E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		1	o Be Co	orrected By
			No noted violati	ons.			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
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Establis	Establishment Name Address						
Engel	brech	ts (	Countryside Orchard Fra	anl	klin St Bazaar, Evansville, IN, 47725		
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY	
Received	By (Nan	ne &	Title)	1	Inspected By (Name & Title)		
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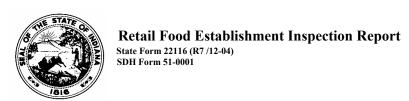
Establishm		:	Cauca = -		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			Squeeze		812-454-2501	07/11/	2020	11944
Establishme 2025	ent Addres W Fra	s (nu ank	mber and street, city, state, zip	<sup>code)</sup> N, 47546	<pre>(<redacted></redacted></pre>	077117	2020	
Owner	_				Purpose:	Follow-up		se Date
Madis		or	<u>id</u>		<b>✓</b> Routine	No	07/	21/2020
Owner's Ac					Follow-up	Summary o	of Violation	ns:
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Person in C				Pre-Operational	C	NC_(	J <sub>R</sub> I	
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Responsible	e Person's	L-ma	II.		НАССР	Menu Type	(See aaai	nonai page)
Certified Fo	ood Handle	er			Other (list)	1()2(	•),(	$)_4\bigcirc_5\bigcirc$
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		E IDI	ENTIFIED IN THE CHECKLIST A	ND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTION	S 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
128	С	R	Improper hand washing	procedure. Employees	washing hands with glo	ves on.	Co	rrected
Received by	(name and	title	printed):	I	Inspected by (name and title pr	rinted):		
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Received by	(signature)	):			Inspected by (signature):			
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Establis	shment di'S	Nar <b>Va</b>	ain Squeeze	Addre 2025	ss 5 W Franklin St, Jasper , IN, 47546	Inspection Date 07/11/2020
Item #	C/NC	R	•		REMARKS	TO BE CORRECTED BY
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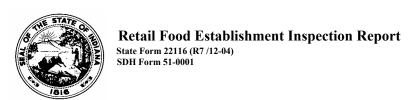
				T			т
Establishm Stone		Fa	rm - Farmer`s Market	Telephone Number (812-453-5563)	Date of Ins (mm/dd/yr		11849
Establishm Frankl	ent Addres In St	s (nu Ba	mber and street, city, state, zip code) Zaar, EVANSVILLE, IN, 47708	( ) Owner	07/11	/2020	
Owner Rober	t Can	no	n	Purpose:	Follow-uj		se Date //21/2020
Owner's Ac	ddress			Follow-up	Summary	of Violation	ne:
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Person in C				Complaint		(	$0_{\rm R}$
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Responsible			1	Temporary	Menu Tyr	ne (Saa addi	tional page)
Responsible	c i cison s	L-III4		НАССР	wichu Ty	oe (see aaai	nonai page)
Certified F	ood Handl	284		Other (list)	$10^{\circ}$	$\bigcirc$ , $\bigcirc$	$)_{4}\bigcirc_{5}\bigcirc$
Cer tilled I'	oou manui	C1			1 2	<u></u>	<u> </u>
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
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Establis Stone	shment wall F	Nar arı	ne Addr m - Farmer`s Market Fran	ress nklin St Bazaar, EVANSVILLE, IN, 47708	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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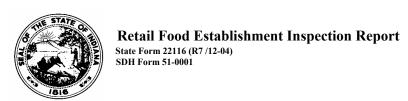
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Fastb				3) [	12-437-9799	07/08	3/2020	11830
			n Ave, Evansville, IN, 47714	(<	<redacted></redacted>	01700	<i>3,</i> 2020	
Owner				Pu	rpose:	Follow-u		e Date
Andre	ws Fa	astl	oreak	~	Routine	No	07/	18/2020
Owner's Ac					Follow-up	Summary	of Violation	ns:
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Responsible	e Person's	E-mai	il		НАССР	Menu Ty	pe <i>(See addi</i>	tional page)
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Certified Fo		er				1 <u>0</u> 2	<u> </u>	<u> </u>
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• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
191	С		Food lacking proper d	ate	label.		07/08/2020	
234	NC	R	Scoops for bulk food items lack	inç	proper handle.		07/0	08/2020
Received by	•	- ^			rected by (name and title proceeded)	rinted):		
Received by	(signature)	):			ected by (signature):			
cc:			cc:			cc:		

	Establishment Name Fastbreak #5		me /	Address	Inspection Date
ras	tbre	ar	X #5 2	2119 E Morgan Ave, Evansville, IN, 47714	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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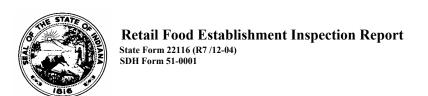
			<u> </u>				
Establishmon Major		nch	1	Telephone Number (812-499-0160	Date of Ins (mm/dd/yr	·)	тр# 11816
			mber and street, city, state, zip code)		07/07	/2020	11010
			Ste 100, Evansville, IN, 47708	<pre>(<redacted></redacted></pre>			
Owner David	Siew	ert		Purpose:	Follow-uj		se Date /17/2020
Owner's Ac		Cit					
<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					[ ( )	NC_	1 2()
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Pre-Operational Temporary</td><td><u></u></td><td></td><td></td></reda<>	cted>			Pre-Operational Temporary	<u></u>		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handl	er		Other (list)	$1\bigcirc 2$	$\bigcirc_3$	$)_4$ $\bigcirc_5$ $\bigcirc$
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• CRITICAL	LITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(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
116	NC		Employees not wearing fa	ace covering.		Co	rrected
Dagain 11	(mans: 1	4;41-	spinted):	Inamastad by (r 14')1	rintad):		
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Received by	(signature	):		Inspected by (signature):			
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Establis <b>Maj</b>				ess NW 1st St Ste 100, Evansville, IN, 47708	Inspection Date 07/07/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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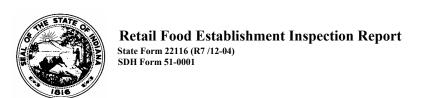
Establishm				Telephone Number	Date of Insp	ection	ID#
River	City	Da	awgs	(812-306-1487	(mm/dd/yr)	2020	11644
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		07/11/2	2020	
4100 (	Cort S	St A	Apt#1, Evansville, IN, 47712	<pre><redacted></redacted></pre>			
Owner	_			Purpose:	Follow-up		se Date
Kent (	Greath	าดเ	JSE .	<b>✓</b> Routine	No	07/	21/2020
Owner's A				Follow-up	Summary o	f Violatio	ns:
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Person in C				Pre-Operational	$ _{\mathcal{C}}$ U	NC_	J <sub>R</sub> U
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
				Other (list)			
Certified F	ood Handle	er			$1 \bigcirc 2 \bigcirc$	<u>3</u>	<u>/405</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	NS MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No noted viola	ations.			
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Establis Rive	River City Dawgs			dress 00 Cort St Apt#1, Evansville, IN, 47712	Inspection Date 07/11/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
D- :	I.D. 411	^	T'41 - \	Liver extend Dec (Normal C. Till )	
Received	ı By (Nar	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



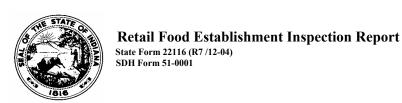
			• •	-			
Unite Unite		the	odist Youth Home	Telephone Number (812-479-7535)	Date of Insp (mm/dd/yr)		тр# 11625
			mber and street, city, state, zip code)		07/09/	2020	
2521 l	N Bur	kha	ardt Rd, Evansville, IN, 47715	' <redacted></redacted>			
Owner			•	Purpose:	Follow-up	Releas	se Date
United	d Metl	าดด	list Youth Home	<b>✓</b> Routine	No	07/	19/2020
Owner's Ac	ddress			Follow-up	Summary of	of Violatio	ns.
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Person in C				Pre-Operational		NC_(	J b O
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Responsible	e Person's	E-ma	il		Menu Type	e (See addi	tional page)
				HACCP		$\sim 6$	
Certified Fo		er		Other (list)	1 2		<u> 1405</u> 0
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• CRITICAL	ITEMS AF	E IDE	NTIFIED 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
Sections	0,110		No violations			10200	nreced By
			140 Violations	·•			
					+		
Received by	*		printed):	Inspected by (name and title p	rinted):		
Received by	(signature	):		Inspected by (signature):			
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Establishment Name Address United Methodist Youth Home 2521 N Burkhardt Rd, Evansville, IN, 4771				SS	Inspection Date	
Unite	a ivie	etn	odist Youth Home	<b>252</b> 1	N Burknardt Rd, Evansville, IN, 47715	
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
			-			
Received	Ry (Nan	ne g	Title)	-	Inspected By (Name & Title)	
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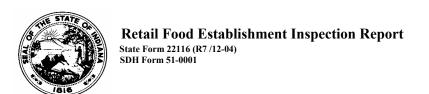
Establishme				Telephone Number	Date of Ins		ID#
Sonic	Driv	e-	In #111	812-476-7730		, /2020	11604
			mber and street, city, state, zip code)	( ) Owner	07/09	/2020	
4	1 Gre	en	River Rd, Evansville, IN, 47715				
Owner	Drivo	١n	of Evansville Inc	Purpose:	Follow-up		se Date /19/2020
Owner's Ad		-111	OI Evalisville IIIC	Routine	Yes		
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<>				Follow-up	Summary	of Violation	
Person in C				Complaint	<u> </u>	NC_	1 _ ()
<redag< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>  C</td><td>NC</td><td><u>R</u></td></redag<>				Pre-Operational	C	NC	<u>R</u>
Responsible	Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		$\bigcirc$ 6	
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</u>
		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
232	NC		Non food contact surface in reach-in cooler in	n need of repair/replac	ement.		13/2020
Received by		_		Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
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Establis	Sonic Drive-In #111		me /e-In #111	Addres	ss N Green River Rd, Evansville, IN, 47715	Inspection Date 07/09/2020
Item #	C/NC	R		0.00	REMARKS	TO BE
						CORRECTED BY
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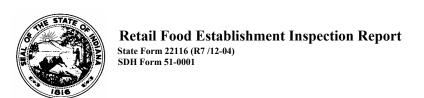
Establishment Name Little Italy  Establishment Address (number and street, city, state, zip code) 4430 First Ave, Evansville, IN, 47710  Owner	Telephone Number  (812-401-0588  (redacted>  Purpose:  Routine  Follow-up	Date of Ins (mm/dd/yr) 07/10	/2020	то# 11478	
Establishment Address (number and street, city, state, zip code) 4430 First Ave, Evansville, IN, 47710  Owner	<redacted> Purpose: Routine</redacted>	Follow-up		11478	
4430 First Ave, Evansville, IN, 47710	Purpose:	Follow-up			
	Routine		Releas		
I A marma a will lave a la walla	<del>- </del>	Yes		se Date	
Ammar Jawabrah	Follow-up		07/	20/2020	
Owner's Address		Summary	of Violation	ns:	
<redacted></redacted>	Complaint	-			
Person in Charge	Pre-Operational	$_{\rm C}$	NC S	$\frac{3}{2}$ $\frac{1}{2}$	
<redacted></redacted>	Temporary	Menu Type (See additional page)			
Responsible Person's E-mail	НАССР	Menu Typ	e (See addi	tional page)	
Certified Food Handler	Other (list)	1000	$\bigcirc$	),(),()	
<pre><redacted></redacted></pre>		1 2	<u>3</u>	<u> </u>	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI		D IN THE N.	ARRATIVE	BELOW AS "R"	
Section# C/NC R Narrative		I		orrected By	
116 NC Employees not wearing ma	ask as required.		Corrected		
	Improper thawing of frozen food.				
191 C R Ready to eat foods not o			Orrected 07/10/2020		
294 C Dish machine not sa			07/10/2020		
342 NC Hand sink not reaching required r	<del>-</del>	ıre		10/2020	
110 Fland Sink not reaching required in	minimani temperate	110.	011	10/2020	
	T-				
Received by (name and title printed): <redacted></redacted>	Inspected by (name and title properties)	rinted):			
Received by (signature):	Inspected by (signature):				
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Establis <b>Littl</b>	shment	Nar	ne Addre	ess 0 First Ave, Evansville, IN, 47710	Inspection Date
	יונס	иу	++3	ornstave, Evansville, III, 477 10	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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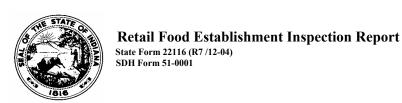
			• • •		_		
Establishmo Chuc		Fo	od Mart #26	Telephone Number (812-475-0493)	Date of Insp (mm/dd/yr)		1D# 11470
			mber and street, city, state, zip code)		07/08	2020	
1601 \$			ach Ave., Evansville, IN, 47714	<pre>(<redacted></redacted></pre>			
Owner C E T	AYLC	R	OIL INC	Purpose:	Follow-up		se Date /18/2020
Owner's Ac				Follow-up	Summary		
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Person in C				Complaint	L ()	NC_(	) , ()
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		$\sim 6$	
Certified Fo		er		Other (list)	1 2		<u>)4050</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 "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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Establis	shment <b>ckle</b>	Nar S	Food Mart #26	Address 1601 S Weinbach Ave., Evansville, IN, 47714	Inspection Date 07/08/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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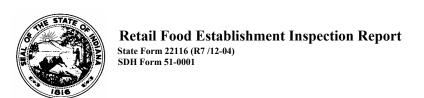
Establishme				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Thorr	ntons	#8	32	(812-477-0669			11406
			mber and street, city, state, zip code)	( ) Owner	07/08/	2020	
2401 l	Morga	an A	Ave, EVANSVILLE, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
THOR	NTO	NS	, LLC	Routine	No	07/	18/2020
Owner's Ac				Follow-up	Summary o	of Violation	ns:
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Person in C				Pre-Operational	$ _{\mathcal{C}}$ U	NC_(	J <sub>R</sub> U
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Responsible	e Person's	E-mai	il	HACCP	Menu Type	: (See addi	tional page)
				Other (list)	$I \cap i$	),(•	
Certified Fo		er		Other (list)	$1 \bigcirc 2$		<u>/45_</u>
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• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
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			C.				
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Establis			ne Ad S #82 24	ddress 401 Morgan Ave, EVANSVILLE, IN, 47711		e 20
Item #	C/NC	R	<u>.</u>	REMARKS	TO BE CORRECTED E	
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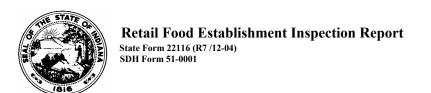
Establishm				Telephone Number	Date of Inspection (mm/dd/yr) ID #			
Subw				812-868-0557	07/08	/2020	11376	
			mber and street, city, state, zip code) Way 41, Evansville, IN, 47725	( ) Owner		,		
Owner				Purpose:	Follow-u		se Date	
Priti P	atel			<b>✓</b> Routine	No	07/	18/2020	
Owner's A	ddress			Follow-up	Summary	of Violation	ns:	
				Complaint	1		) (	
Person in C				Pre-Operational	C	NC 4	$\frac{2}{R}$	
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Responsible	e Person's	E-ma	11	НАССР	Menu Typ	se (See addi	tional page)	
Certified F	ood Handl	O.M.		Other (list)	100	$\bigcirc$	$)_{4}\bigcirc_{5}\bigcirc$	
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-		E IDI	ENTHEIED IN THE CHECKLIST AND MADDATIVE COLUMNS A	AADVED «C»				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative	<del> </del>			orrected By	
116	NC		Employees not wearing ma			O7/08/2020		
342	NC		No hot water at har	No hot water at hand sink.				
294	С		Sanitizer at 3 compartment sink below	Sanitizer at 3 compartment sink below required concentration.				
				-				
Received by	(name and	l title	printed):	Inspected by (name and title p	rinted):			
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Establis Sub	Subway		me	Address 12500 N Highway 41, Evansville, IN, 47725	Inspection Date 07/09/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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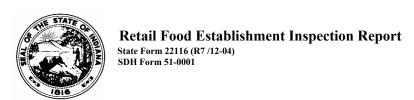
Stolls Stolls		ntı	ry Inn South	Telephone Number (812-867-7730)	Date of Ins (mm/dd/yr	·j	тр# 11358
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) Creek Dr, Evansville, IN, 47725	( ) Owner	07/07	7/2020	
Owner			& Carla Miller	Purpose:	Follow-uj		se Date /17/2020
Owner's Ac				Follow-up	Summary	of Violation	ns.
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Person in C	harge			Pre-Operational		NC (	$0_{\rm R}$
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	oe (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050
• CRITICAL	ITEMS AF	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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
7 . 11				X			
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Received by	(signature	):		Inspected by (signature):			
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Establis Stol	shment	Nar	ntry Inn South 1982	ess 20 Castle Creek Dr, Evansville, IN, 47725	Inspection Date 07/09/2020
Item #	C/NC	R	inay iiii Oodii 1002	REMARKS	TO BE
					CORRECTED BY
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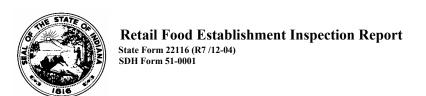
			<u> </u>				
Establishm			and Mart	Telephone Number	Date of Ins (mm/dd/yr		ID#
			ood Mart	812-473-3567	07/08	/2020	11311
			mber and street, city, state, zip code) Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner		,	(VO, EVAIIOVIIIO, IIV, 177711	Purpose:	Follow-uj	Relea	se Date
	er Inc.	. d/	b/a University Food Mart	Routine	No		18/2020
Owner's A				Follow-up	Summary	of Violatio	ns:
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Person in C				Pre-Operational	$_{\rm C}$ ${ m U}$	NC_	J <sub>R</sub> U
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	itional page)
				Other (list)			
Certified F		er			1 2		<u> 1405</u>
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• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			No violations	<b>.</b>			
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by	y (signature	):		Inspected by (signature):			
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Establis Univ	Iniversity Food Mart			Address 1701 Lincoln Ave, Evansville, IN, 47714	Inspection Date 07/08/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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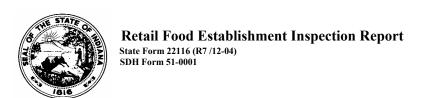
Establishment Name								
Establishment Address (number and street, city, state, 2p coule)   1033 S Weinbach Ave., Evansville, IN, 47714			١		Telephone Number			
1033 S Weinbach Ave., Evansville, IN, 47714   Sedacted   Purpose:   Purpose:   Purpose:   Pollow-up   Relaxe Date   O7/19/2020     Purpose:   Pollow-up   Porson in Charge   Pre-Operational   Pollow-up   Pre-Operational   P			_	mbor and street city state zin code)	<b>1</b>	07/09	/2020	11263
Daniel & David Nix	1033 \$	S Wei	nb	ach Ave., Evansville, IN, 47714	<pre>'<redacted></redacted></pre>			
Owners Address   Follow-up   Complaint				I NP.				
Complaint   Charge   Complaint   Complai			avi	XINIX	Routine	NO	07/	19/2020
Person in Charge   Person's E-mail   Temporary   Inacce					Follow-up	Summary	of Violation	as:
Responsible Person's E-mail    Temporary   HACCP   Other (list)   Inspected by (name and title printed):			1		Complaint		(	
Responsible Person's E-mail  Certified Food Handler    Certified Food Handler   Duther (list)					Pre-Operational	C_O	NC_	<u>R</u>
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*CRECITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  *VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section# C/NC R Narrative To Be Corrected By  No violations.  No violations.					НАССР			
*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 violations.  No violations.			er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050
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MIZZ	an	ın.	<u>y</u> 1033	S Weinbach Ave., Evansville, IN, 47714	
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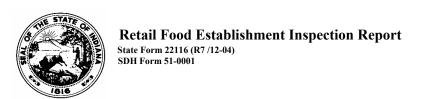
Establishm		20	Coffeehouse	Telephone Number	Date of Ins (mm/dd/yr		ID#
	-		mber and street, city, state, zip code)	812-421-8741	07/07	/2020	11253
			d St., Evansville, IN, 47713	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
WGB		e L	LC	<b>✓</b> Routine	No	07/	17/2020
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Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
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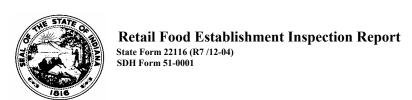
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		s-F	Eastland	812-477-7041	(mm/dd/yr	o)	11208
			mber and street, city, state, zip code)		07/06	/2020	11200
799 N	Gree	n F	River Rd, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Mann	Ente	pri	ses LLC	<b>✓</b> Routine	No	07/	16/2020
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
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McE	Dona	alc	ds-Eastland 7	'99 N	N Green River Rd, Evansville, IN, 47714	07/06/2020
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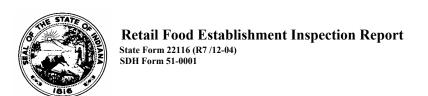
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			<i>‡</i> 10878	812-867-0480	07/07/		11204
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	01/01/	2020	
	IN HI	gn	way 41, Evansville, IN, 47725			1	<u></u>
Owner Ivan C	`arvai	al		Purpose:	Follow-up NO		se Date /17/2020
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116	NC	IX	Face mask not being wo	orn/properly			rrected by
110	140		Tace mask not being we	лп/ргорепу.		- 00	ii colea
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Establis	Establishment Name McDonalds #10878		ds #10878	Address 9700 N Highway 41, Evansville, IN, 47725	
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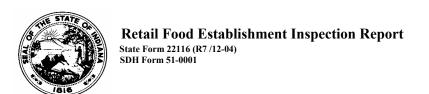
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CiCi′:				812-477-2424	07/06/	2020	11154
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	017007	2020	
Owner				Purpose:	Follow-up		se Date
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Establishment Name CiCi´s Pizza  Address 101 N Green River Rd, Evansville, IN, 47715				Inspection Date	
CC	<u> </u>	Zا <sup>ر</sup>	za   101	N Green River Rd, Evansville, IN, 47715	07/06/2020
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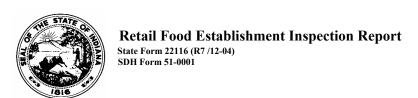
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Establishm		۵ (	Solf Course	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-868-4653	07/08	/2020	11124
			mber and street, city, state, zip code) Hill Dr, Evansville, IN, 47725	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
Raym	ond E	: W	<sup>7</sup> right	Routine	No	07/	18/2020
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218	NC	R	Dish machine in need	of repair		07/0	08/2020
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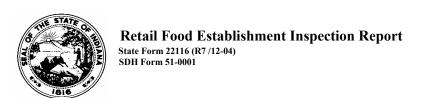
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Long	Johr	۱S	ilver's		812-476-2982	07/06/		11097
			mber and street, city, state, zip code)		<pre>(<redacted></redacted></pre>	07/06/	2020	
2350 I	Morga	an <i>i</i>	Ave, Evansville, IN, 47	711	<re><redacted></redacted></re>			
Owner	D00	<u></u>	JE 110		Purpose:	Follow-up		se Date
		Oľ	NE, LLC	Routine	No	07/	16/2020	
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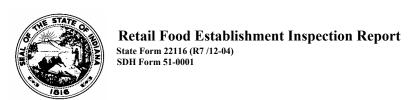
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Establishment Address (number and street, city, state, zip code)  100 SE Fourth St, Evansville, IN, 47708  Owner  Doug & Marla Rennie  Owner's Address    Follow-up   Release Date   O7/17/2020  Summary of Violations:   Complaint   Person in Charge   Pre-Operational   Incorporary   Inaccer   Inace	Just F	Renn	ie´	S	812-401-8098			11065
Owar Special States and Special States and Special Spe					1	07/07/	2020	
Doug & MarIa Rennie	100 S	Ε Fοι	ırth	n St, Evansville, IN, 47708	<reaactea></reaactea>			
Owner's Address   Follow-up   Complaint					Purpose:			
Complain   Charge   Complain	Doug	& Ma	rla	Rennie	Routine	No	07/	17/2020
Person in Charge   Person's E-mail   Person's E-mail   Temporary   InaCCP	_				Follow-up	Summary of	of Violation	ns:
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Responsible Person's F-mail    Temporary   HACCP   Other (list)   Inspected by (name and title printed):    Responsible Person's F-mail   Inspected by (signature):    Responsible Person's F-mail   Inspected by (signature):    Received by (signature):   Inspected by (signature):   I						$_{\rm C}$ U	NC (	J <sub>R</sub> U
Responsible Person's I:-mail    Certified Food Handler   Credacted   Certified Food Handler   Credacted   Certified Food Handler   Credicated   Certified Food Handler   Certified								
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			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	01/09/	2020	
	andbr	JQC	ge Ave, Evansville, IN, 47710				
Owner	الماما	$\sim$		Purpose:	Follow-up		se Date
Grand				Routine	No	07/	19/2020
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C		'		Complaint		NC_	1 1
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• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Follow up from 6-29	9-2020.			
116	NC	R		Employee not wearing face covering.			
- 110	110		• • •	All other violations were corrected.			
			7 til ott for violations were	o dorrodioa.			
	<u> </u>						
Received by	(name and	l title j	printed):	Inspected by (name and title properties)	rinted):		
Received by	(signature	):		Inspected by (signature):			
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Establis	Stablishment Name  Grandy's #5308		me Add #5308 722	dress 2 Landbridge Ave, Evansville, IN, 47710	Inspection Date 07/09/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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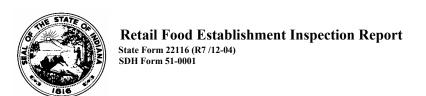
Establishm				Telephone Number	Date of Insp	ection	ID#
The D	Deli			812-424-5801	(mm/dd/yr) 07/10/	2020	10975
			mber and street, city, state, zip code) ANSVILLE, IN, 47708	<pre>(<redacted></redacted></pre>	07/10/	2020	
		ter	orises, LLC	Purpose:  Routine	Follow-up No		se Date 20/2020
Owner's A				Follow-up	Summary o	f Violatio	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	$_{\mathrm{C}}$ U	NC_	J <sub>R</sub> U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ ( $\bullet$	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	Го Ве Со	orrected By
			No noted violation	ons.			
		L					
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Received by				Inspected by (signature):			
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Establis	Establishment Name The Deli		me Addre 1 M	ain St, EVANSVILLE, IN, 47708	Inspection Date 07/14/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
					CORRECTED BY
Received	By (Nan	ne &	Title)	Inspected By (Name & Title)	
	Received By (Name & Title) <redacted></redacted>			<redacted></redacted>	Pageof



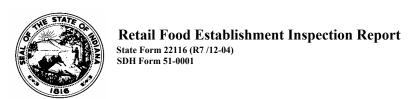
Establishment Name		Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Bits & Bytes		812-423-5113	` '	2020	10867
Establishment Address (number and street, city, sta			07/07/2	2020	
216 NW Fourth St, Evans	ville, IN, 47708	<pre><redacted></redacted></pre>			
Owner		Purpose:	Follow-up		e Date
Fred Martin Floors Inc		Routine	No	07/	17/2020
Owner's Address	Follow-up	Summary of	Violation	ıs:	
<redacted></redacted>	Complaint	$\mathbf{O}$	(	) ()	
Person in Charge		Pre-Operational	$_{\rm C}$ U	NC_	, RO
<redacted></redacted>		Temporary			
Responsible Person's E-mail		HACCP	Menu Type	(See addi	tional page)
		Other (list)	$\bigcirc$		
Certified Food Handler		Other (list)	1 <u>U</u> 2 <u>U</u>		<u> 405</u>
<redacted></redacted>					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECK	KLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPI	ECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section# C/NC R	Narrative		7	Го Ве Со	orrected By
	No noted violati	ons.			
			-		
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Establis Bits	shment <b>&amp;</b> F	Nar <b>}\/1</b>	me Ad	ddress I 6 NW Fourth St, Evansville, IN, 47708	Inspection Date 07/07/2020
Item#	C/NC	R	.03	REMARKS	TO BE
				112	CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



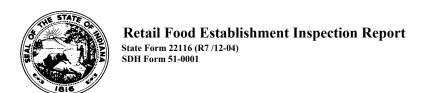
Establishmo		P	avillion- Cavanaugh's	Telephone Number (812-433-4000)	Date of Ins (mm/dd/yr)	j	то# 10853
Establishme	ent Addres	ss (nu	mber and street, city, state, zip code)	( ) Owner	07/09	/2020	10000
450 N\	N Riv	ers	ide Dr, EVANSVILLE, IN, 47708	<re><redacted></redacted></re>			
Owner Aztar In	diana (	- -	ning Co LLC / dba Tropicana Evansville	Purpose:	Follow-up NO		se Date 19/2020
Owner's Ad		Jun	ing co eco / aba Tropicana Evansvino	<del>                                      </del>			
<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				Pre-Operational		NC_(	$\mathbf{J}$ $\mathbf{b}$ $\mathbf{U}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td><u> </u></td><td>NC</td><td><u> </u></td></reda<>				Temporary	<u> </u>	NC	<u> </u>
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	10,0	<b>)</b> <sub>2</sub> (•	),(),()
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• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "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.			
Received by	(name and	l title 1	printed):	Inspected by (name and title p	rinted):		
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Received by	(signature)	):		Inspected by (signature):			
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	Establishment Name Address Tropicana Pavillion- Cavanaugh's 450 NW Riverside Dr, EVANSVILLE, IN,				ss IW Riverside Dr, EVANSVILLE, IN, 47708	Inspection Date
Порк	Jana	a	/illion- Cavariaugirs	430 1	W Riverside DI, EVAINSVILLE, III, 47700	
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
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				ı		
Received	l By (Nan	ne &	Title)		Inspected By (Name & Title) <redacted></redacted>	Pageof



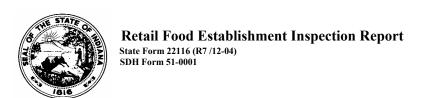
19620 Owner	s #60 High	ss (nui	4 Inher and street, city, state, zip code) By 41, Evansville, IN, 47725 Irant Group	(8) (~	S12-867-2030 <redacted>  Irpose:  Routine</redacted>	Follow-u No	r) 7/2020 P Releas 07/	10849 10849 se Date 17/2020
<reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<>					Follow-up	Summary	of Violation	
Person in C				=	Complaint Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_(	) , ()
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Responsible	e Person's	E-mai	il	$\vdash$	HACCP	Menu Ty	pe <i>(See addi</i>	tional page)
C CC IE	177 11				Other (list)	100		$\bigcirc$
Certified Fo		er				102	<u> </u>	<u> </u>
		RE IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	1ARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ons	).			
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Received by	(signature	):		Insp	pected by (signature):			
cc:			cc:			cc:		

Establis Arby	Establishment Name Arby's #6004		ne A 004 19	ddress 9620 Highway 41, Evansville, IN, 47725	Inspection Date 07/09/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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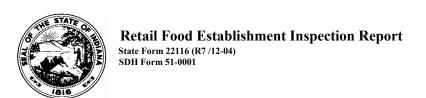
			• •	•				
Establishm		IZ.	aroon Cuicino	Telephone Number	Date of Ins (mm/dd/yr		ID#	
			orean Cuisine	812-550-1171	07/10	/2020	13711	
			mber and street, city, state, zip code) St, Evansville, IN, 47708	<pre>(<redacted></redacted></pre>				
Owner	1.7	<i>'</i>	D : 0 : 110	Purpose:	Follow-u		se Date	
		/Ga	angnam Business Systems LLC	<b>✓</b> Routine	Yes	07/	20/2020	
Owner's Ac				Follow-up	Summary	of Violation	is:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>2</td><td>NC Z</td><td>1 3</td></reda<>				Complaint	2	NC Z	1 3	
Person in C				Pre-Operational	c_ <b>_</b> _	NC_	r <sub>R</sub> O	
Responsible			il	Temporary	Menu Ty	oe (See addi	tional page)	
•				НАССР				
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
• CRITICAL	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIC	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	
430	NC	R	Damaged floor tiles in kitchen in nee	amaged floor tiles in kitchen in need of repair/replacement.				
430	NC	R	Hole in kitchen ceiling in r	08/07/2020				
431	NC		Clean or replace sushi reach	07/10/2020				
345	С		Hand sinks being used for purpose of	Corrected				
294	С	R	Dish machine not sanitizing. Establishment using three	Dish machine not sanitizing. Establishment using three compartment sink until serviced.				
431	NC		Kitchen floors behind cooking equipm	nent in need of clea	aning.	07/	17/2020	
			3 1 1		. 3			
Dagai 11	(nam:: 1	4;41 -	anista).	Ingressed by (v 1 4'41	mint a d\:			
Received by	*			Inspected by (name and title properties) < redacted >	imiea):			
Received by	(signature	):		Inspected by (signature):				
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CC.			tc.		СС.			

Establis	shment	Nar	ne A	Address	Inspection Date
Gan	gnaı	m	Korean Cuisine 5	18-520 Main St, Evansville, IN, 47708	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
					_
Received	l By (Nan	ne & <b>&lt;</b>	Title) <redacted></redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Lollys	s Pop	B	ar	(713-906-7319	07/11/		13741
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	07/11/	2020	
	Hartw	<u>'ell</u>	Dr, Evansville, IN, 47725	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
Todd		r		<b>✓</b> Routine	No	07/	21/2020
Owner's A				Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$C_{\underline{\mathbf{U}}}$	NC_(	$\mathcal{L}_{R}$
Responsible			:1	Temporary	Manu Trin	(Can addi	tional page)
Kesponsible	e Person's	L-ma	Ш	НАССР	Menu Type	e (see aaai	nonai page)
Certified F	ood Handle	er		Other (list)	102	$\bigcirc$ 3 $\bigcirc$	$)_4\bigcirc_5\bigcirc$
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		F IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"	<u> </u>		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
					+		
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				<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
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Establis	stablishment Name Lollys Pop Bar			Address 110 Hartwell Dr, Evansville, IN, 47725	Inspection Date 07/13/2020
Item#	C/NC	R	J Dai	REMARKS	TO BE
iteiii#	C/NC	N.		REMARKS	CORRECTED BY
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receive0	i by (iNan	ile &	ilue)	Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Jayso	on Mu	uno	oz Caters	812-471-7076	07/10/	2020	13743
			mber and street, city, state, zip code)	( ) Owner	07/10/	2020	
4593 \	<i>N</i> ash	ing	ton Ave., Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner	- D 1	4		Purpose:	Follow-up		se Date
Jayso		lur	10Z	<b>✓</b> Routine	No	07/	20/2020
Owner's Ac				Follow-up	Summary o	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>  1</td><td>(</td><td>) ()</td></reda<>				Complaint	1	(	) ()
Person in C				Pre-Operational	C	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible			:1	Temporary	Manu Tyne	(Saa addi	tional page)
Kesponsible	e i cison s	L-ma	11	HACCP	Wichu Type	(See aaai	nonai page)
Certified Fo	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	•)3(	$)_4\bigcirc_5\bigcirc$
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		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
					ID IN THE NA	DDATIVE	DELOWAS "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MIMIARY OF VIOLATIONS AN			
		K		na handa			rrected By
128	С		Employees not washi	ng nanus.		Co	rrected
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Establis	Establishment Name Address					
Jay	son	M	unoz Caters	4593	Washington Ave., Evansville, IN, 47714	
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
Da'	I Dog (A.)	^	T:4-)		Inspected Dr. (Name C. Titte)	
Received	ı By (Nan	ne &	riue)		Inspected By (Name & Title) <redacted></redacted>	Pageof



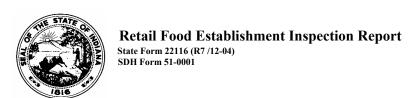
Establishm	ont Nama			Telephone Number	Date of Ins	nection	ID#
Miller		rb	ecue	(812-455-3021	(mm/dd/yr	)	13751
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		07/11	/2020	
10108	Scha	èff	er Road, Evansville, IN, 47720	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Warre	n & D	)iar	nna Miller	<b>✓</b> Routine	No	07/	21/2020
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC (	$0_{\rm R}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl	D. M.		Other (list)	102	$\bigcirc$	$)_{4}\bigcirc_{5}\bigcirc$
Ceruneu r	ood Handi	CI.			1 2	<u></u>	<u> </u>
• CRITICAL	L ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	MINIMI OF VIOLATIONS IN	D II ( THE I		orrected By
Sectiona	Cite	IX	No noted violation	nne		ТОВСС	nrected By
			140 Hoted violatio	J113.			
-							
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				<redacted></redacted>			
Received by	(signature	):		Inspected by (signature):			
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Establis Mille	stablishment Name  //iller's Barbecue		arbecue 10	ddress 0108 Schaeffer Road, Evansville, IN, 47720	Inspection Date 07/11/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
D- :	I.D. 411	^	T'41-\	Liveranted D. (Norman 2 Till )	
Received	ı By (Nar	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



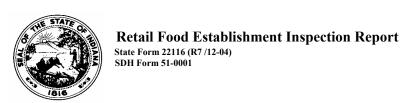
Establishm Crazy		sy		Telephone Number (812-598-2049	Date of Ins (mm/dd/yr	)	10# 13778
Establishm	ent Addres	s (nu	St, Evansville, IN, 47711	<pre>(<redacted></redacted></pre>	07/08	/2020	
Owner Allisor	n Ske			Purpose:	Follow-up No		ne Date 18/2020
Owner's Ad				Follow-up Complaint	Summary	of Violation	_
Person in C	harge			Pre-Operational	$_{\rm c}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations	•			
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Received by				Inspected by (signature):			
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Establis	Establishment Name  Crazy Daisy  Address  1229 E Illinois St, Evansville, IN, 47711				Inspection Date
Ula.	∠y L	Jä	15y   12	29 E Illinois St, Evansville, IN, 47711	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Dogahus	I Dv. /Nl = :-	20.0	Title	Inapported Dy (Name 9 Title)	
Received By (Name & Title) < redacted>			redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



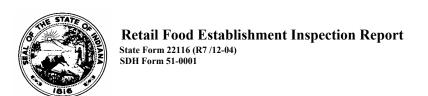
Establishm	_				Telephone Number	Date of Ins (mm/dd/yr		ID#
Hayn	ies C	or	ner Mart		812-401-3838	07/07		13848
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		<pre></pre>	07/07	/2020	
37 Ad	ams A	<del>\</del> ve	e, Evansville, IN, 47713		<reaactea></reaactea>			
Owner					Purpose:	Follow-up		se Date
Awesh	n Karl	Κİ			Routine	No	07/	17/2020
Owner's Ac					Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math>\mathbf{O}</math></td><td>(</td><td>) (</td></reda<>					Complaint	$\mathbf{O}$	(	) (
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Section#	C/NC	R	Narr	ative			To Be Co	orrected By
			No noted	violati	ons.			
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Establis Hay	Establishment Name Haynies Corner Mart			Addre 3 <b>7 A</b>	ss dams Ave, Evansville, IN, 47713	
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
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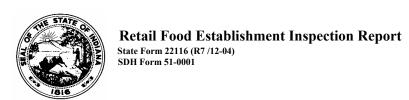
Establishm		_			Telephone Number	Date of Ins (mm/dd/yr		ID#
The [	Daily	Gr	ind		812-401-2040	` .		13843
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)			07/07	/2020	
1 SE 9	9th St	, E	vansville, IN, 47708		<pre><redacted></redacted></pre>			
Owner					Purpose:	Follow-up		se Date
Tara (	Gore				Routine	No	07/	17/2020
Owner's A					Follow-up	Summary	of Violatio	ns:
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Section#	C/NC	R	Narra	tive			To Be C	orrected By
			No noted v	iolati	ons.			
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Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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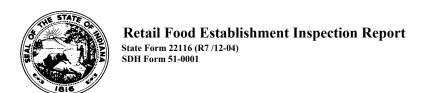
			·	-			
Establishm		\nı	ito/Backin Babbina	Telephone Number	Date of Ins (mm/dd/yr		ID#
			ıts/Baskin Robbins	812-550-1500	07/10	/2020	13860
			mber and street, city, state, zip code) NVE, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner	oh D	240	1	Purpose:	Follow-uj		se Date
Kamle		ale		<b>✓</b> Routine	No	07/	20/2020
Owner's Ac				Follow-up	Summary	of Violation	
Person in C				<b>C</b> omplaint		NC_	1 0
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td><math>_{\rm C}</math></td><td>NC</td><td>R_O</td></reda<>				Pre-Operational	$_{\rm C}$	NC	R_O
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Section#	C/NC	R	Narrative				orrected By
116	NC		Employees not wearing ma	sk as required.			10/2020
Received by	•		printed):	Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
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Establis Dunk	Establishment Name  Dunkin Donuts/Baskin Robbins 3960 N First Ave, Evansville, IN, 47710							
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY			
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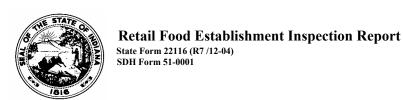
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Establishm		^		Telephone Number	Date of Ins (mm/dd/yr		ID#
Gayla				812-454-9791	07/08	/2020	14006
			mber and street, city, state, zip code)  1, Evansville, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner	IVIGII		.,	Purpose:	Follow-u	n Releas	se Date
Gayla	Bell			Routine	No		18/2020
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	$\begin{bmatrix} C \end{bmatrix}$		$\frac{0}{R}$
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Responsible	e Person's	E-ma	il		Menu Typ	oe (See addi	tional page)
				HACCP			
Certified Fo	ood Handl	er		Other (list)	1 2	$\bigcirc$ 3 $\bigcirc$	<u> </u>
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
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Establis Gay				Address B20 N Main St, Evansville, IN, 47711	Inspection Date
			.C		TO BE
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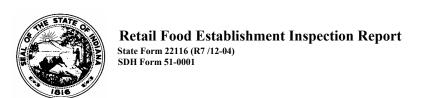
Establishm Uncle		l's .	Just Dang Good Food	Telephone Number (812-270-3260	Date of Insp (mm/dd/yr)	j	то# 14045
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code)		07/10/	2020	
	outhv	vind	d Ave., Mt. Vernon, IN, 47620	<redacted></redacted>			
Owner Ted D	ennir	ng		Purpose:	Follow-up NO		se Date //20/2020
Owner's A		<u> </u>		Follow-up	Summary	of Violation	
				Complaint		_	_
Person in C				Pre-Operational	c	NC_	$0_{R}$
Responsible				Temporary	Menu Tyn	e (See addi	tional page)
F				НАССР			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		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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Establis	shment	Nar	ne A	Address	Inspection Date
Uncle	l ed's	s Ju	ist Dang Good Food 3	309 Southwind Ave., Mt. Vernon, IN, 47620	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Da'	I De At	^	T:41->>	Increased Du (News - 9, Title)	
Received	ı By (Nan	ne & <	redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



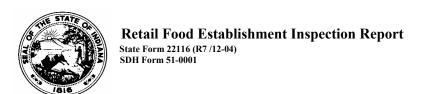
Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#
THE TEN	NBARGI	E FA	ARM STAND/ FRANKLIN STREET BAZAAR	812-632-0114	(mm/dd/yr)	2020	14076
			mber and street, city, state, zip code)	( )Owner .	07/11/	2020	
	DUTH	WE	ST STREET, Evansville, IN, 47639				
Owner SUSA	N TE	NB	ARGE	Purpose:	Follow-up NO		se Date /21/2020
Owner's A				Follow-up	Summary o	f 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 Type	: (See addi	tional page)
C (C IE	177 11			Other (list)	$\int_{-1}^{1}$		$\bigcap_{i}$
Certified F	ood Handi	er				<u> </u>	<u>/4050</u>
CDITICAL	ITEMS AT	EIDI	ENTERIED IN THE CHECKLIST AND NADDATINE COLUMNS A	A DIVED 409			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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Received by	(signature	):		Inspected by (signature):			
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Establishment Name			me Addr	ess	Inspection Date
THE TENE	BARGE FA	KINI S	TAND/ FRANKLIN STREET BAZAAR 431	SOUTH WEST STREET, Evansville, IN, 47639	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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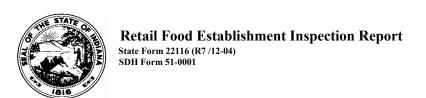
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Establishmo Parlo	_	ıah	nnuts	Telephone Number  ( ) Establishment	Date of Ins (mm/dd/yr	)	то# 14150	
			mber and street, city, state, zip code)	( ) Oyymar	07/06	/2020	11100	
301 N.			River Rd., Evansville, IN, 47715	<pre>(<redacted></redacted></pre>				
Owner Darric	k Hav	/de	en	Purpose:  Routine	Follow-uj		se Date /16/2020	
Owner's Ac		ac	711	<del>                                     </del>				
<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				Pre-Operational		NC_	3 RU	
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)	
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
116	NC		Employees not wearing fa	ace covering.		Corrected		
347	NC		Hand drying provisions not provided at hand sink.				07/06/2020	
431	NC		Floor, walls, and equipment in need	Floor, walls, and equipment in need of cleaning near fryers.				
Received by	(name and	l title	printed):	Inspected by (name and title p	rinted):			
Received by	(signature	):		Inspected by (signature):				
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Parlor doughnuts Acceptablishment Name Acceptablishment Name 30			ne Ad	Idress 1 N. Green River Rd., Evansville, IN, 47715	Inspection Date
ı an			agririats o		TO BE
Item #	C/NC	R		REMARKS	CORRECTED BY
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Establishm		kم	d Ham Co	Telephone Number	Date of Ins (mm/dd/yr		тр# 14172
			mber and street, city, state, zip code)	812-471-2940	07/07	/2020	14172
			River Rd, Evansville, IN, 47715	' <redacted></redacted>			
Owner	D - I-	1.		Purpose:	Follow-uj		se Date
Eric J.		<u>n</u>		Routine	No		17/2020
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint		(	$0_{\rm R}$
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Hor	ney I	<b>B</b> S	ked Ham Co	1446 N Green River Rd, Evansville, IN, 47715	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Establishm Blenc		Sm	oothie & Yogurt Bar	Telephone Number  ( ) Establishment	Date of Ins (mm/dd/yr	j	ъ# 14252
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) e., Evansville, IN, 47710	<pre>(<redacted></redacted></pre>	07/10	/2020	
Owner Brent			, , , , , , , , , , , , , , , , , , , ,	Purpose:	Follow-uj		se Date //20/2020
Owner's Ac				Follow-up	Summary	of Violation	
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Person in C				Complaint	$\mathbf{L}_{\mathbf{a}}\mathbf{U}$	NC_	1 50
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Certified Fo	ood Handle	er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> 050
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Section#	C/NC	R	Narrative			To Be Co	orrected By
116	NC		Employees not wearing ma	sk as required.		Co	rrected
Received by	(name and	title p		Inspected by (name and title precised>	rinted):		
Received by	(signature)	):		Inspected by (signature):			
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Establishment Name Address Blenderz Smoothie & Yogurt Bar 4301 First Ave., Evansville, IN						Inspection Date
DIGITO	ICIZ C	)1110	Joine & Toguit Dai	+30	i i iist Ave., Evalisville, iiv, 477 10	
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
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