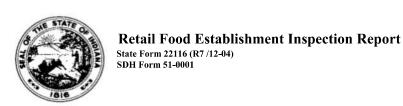


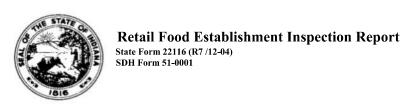
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Walg	reens	s #	15099	812-464-3656	(mm/dd/yr)		12280
			mber and street, city, state, zip code)	( <redacted></redacted>	06/30	2020	
	N Firs	st A	ve, Evansville, IN, 47710				
Owner Walgr	een C	<b>.</b>	- License Administration	Purpose:  ✓ Routine	Follow-up No		se Date //10/2020
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_	$\mathcal{I}_{R}$
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Responsible	e Person's	L-mai	Ш	НАССР	Menu Typ	e (See aaai	попаі page)
Certified F	ood Handl	er	_	Other (list)	$1 \bigcirc 2$	$\bigcirc_3$	$)_4 \bigcirc 5 \bigcirc$
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• CRITICAI	L ITEMS AI	RE IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE N.	ARRATIVE	BELOW AS "R"
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		$\vdash$					
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Establis Wa	Nalgreens #15099			dress 01 N First Ave, Evansville, IN, 47710	Inspection Date 06/30/2020
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Establishme	Caes	s (nu	`s Pizza nber and street, city, state, zip code) yn Rd #4, Evansville, IN,	47711	Telephone Number (812-401-8555 ( <redacted> Purpose:</redacted>	Date of Instance (mm/dd/yr 07/02) Follow-u	) :/2020	1D# 12141
	tive E	Effo	rts Investments, Inc		Routine	No	ľ.	12/2020
Owner's Ac	ldress		,		Follow-up		of Violation	
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• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS M	AARKED "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	Na	rrative			To Be Co	rrected By
116	NC		Employees not we	earing fa	ace covering.		Col	rrected
Received by	(name and	title p	rinted):		Inspected by (name and title pr	inted):		
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Establis <b>Littl</b>	Establishment Name Little Caesar`s Pizza		sar`s Pizza	Address 2411 Stringtown Rd #4, Evansville, IN, 47711	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
D- '	ID: 42	^	T'41- \	Language of Dav (Alan Ca Till )	
Received	з Ву (Nan	ne & <b>&lt;</b>	redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



130 N Owner	y Joh ent Addres St Jo	s (nu )e /	mber and street, city, state, z Ave, Evansville		Telephone Number (812-319-1558 ( <redacted> Purpose:</redacted>	Date of Insp (mm/dd/yr) 06/30/ Follow-up	2020 Releas	12075 12075	
		BL	JTLER, II		Routine	No	07/	10/2020	
Owner's Ac					<b>√</b> Follow-up	Summary o	f Violatio	ns:	
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Responsible			il		Temporary	Menu Type	(See addi	tional page)	
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• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	AARKED "C"	•			
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Section#	C/NC	R		Narrative			To Be Co	orrected By	
				Follow up from 6-12	2-2020.				
			J.	All violations were co					
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ce:				cc:		cc:			

Establis <b>Jim</b> l	Establishment Name Jimmy Johns		hns Add	ress N St Joe Ave, Evansville, IN, 47712	Inspection Date 06/30/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	By (Nan	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



# **Retail Food Establishment Inspection Report**

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

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

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Establishm		πл	4.440	Telephone Number	Date of In: (mm/dd/y)		ID #	
Pope				812-423-4291	06/29	/2020	12072	
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	00/20	72020		
	N 1St	A۷	e, Evansville, IN, 47710					
Owner	Shim F		tauranta II.C	Purpose:	Follow-u		se Date	
		tes	taurants LLC	<b>√</b> Routine	No	077	09/2020	
Owner's A				Follow-up	Summary	of Violatio	ns:	
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Certified F		er			1 <u></u> 2	<u> </u>	<u> 7405</u>	
				<u> </u>				
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• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be C	orrected By	
116	NC		Employees not wearing ma	isk as required.		Co	rrected	
			, , ,	•			-	
Received by			printed):	Inspected by (name and title p < redacted>	rinted):			
Received by	/ (signature	):		Inspected by (signature):				
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Pop	Establishment Name Popeye's #11413			dress 300 N 1st Ave, Evansville, IN, 47710	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne & <b>&lt;</b>	<sup>⊤itle)</sup> <redacted></redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



#### **Retail Food Establishment Inspection Report**

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Fireh	ouse	Sı	ubs	812-909-4445		2020	12009
			mber and street, city, state, zip code)	( ) Owner	06/30/	2020	
1031 N	Greer	า Ri	iver Rd. #102, Evansville, IN, 477	15 < redacted>			
Owner		,		Purpose:	Follow-up		se Date
Micke		(ee	9	<b>√</b> Routine	No	07/	10/2020
Owner's A				Follow-up	Summary o	f Violatio	is:
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Person in C				Pre-Operational	C	NC_(	J <sub>R</sub> U
Responsible			;i	Temporary	Manu Tuna	(Saa addi	tional page)
Kesponsible	e i ei son s	L-IIIA	11	HACCP	Wienu Type	(See addi	nomui puge)
Certified F	ood Handle	er		Other (list)	$1 \bigcirc 2$	•)3(	$)_{4}$ $\bigcirc_{5}$
					1 2	<u></u>	<u> </u>
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MARKED "C"			
					JID IN THE NA	DD ATIVE	DELOWAC 4D9
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	· ·		to Be Co	orrected By
			No noted viola	ations.			
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Received by	(name and	title p	printed):	Inspected by (name and title p	orinted):		
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Establis				.ddre: 031 <b>N</b>	ss N Green River Rd. #102, Evansville, IN, 47715	Inspection Date 06/30/2020
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
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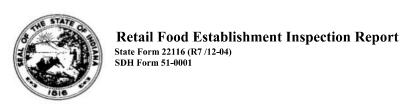


#### **Retail Food Establishment Inspection Report**

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

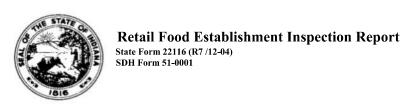
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Establishm		4 E I	004	Telephone Number	Date of Ins (mm/dd/yr		ID#
Subw				812-425-7585	06/29	/2020	11366
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	00/20	,2020	
	rainui	<u> </u>	, Evansville, IN, 47713			15.	<u> </u>
Owner	Datal			Purpose:	Follow-uj		se Date 09/2020
Larry				Routine		-	
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Person in C				Complaint	I	NC_	$\cap$
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Certified Fo	ood Handle	er		Other (list)	1)	$()_3$	$)_{4}()_{5}()$
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• CRITICAI	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "		ID IN THE N	ADD ATIVE	DELOW AC "D"
				SUMMART OF VIOLATIONS AN	ID IN THE N		
Section#	C/NC	R	Narrative	24.0000		To Be Co	orrected By
			Follow up from 6-2				
			All violations were	corrected.			
							_
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Establis Sub	Establishment Name Subway #15691		Add 631	ress I Walnut St, Evansville, IN, 47713	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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1300	WOR	s (nu	mber and street, city, state, zip code) Dr., EVANSVILLE, IN, 47715			) 1/2020	11321
Owner Skatev	world	Ind	c. Bill Werremeyer	Purpose: √Routine	Follow-uj		te Date 10/2020
Owner's Ac	ldress			Follow-up		of Violation	
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Person in C				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC	$I_{R} 0$
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Certified Fo		er		Other (list)	1 2	<u>3</u>	) <sub>4</sub> <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	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
410	NC		Overhead lights in kitchen la	icking shielding.		07/	10/2020
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Ska Ska	shment <b>tew</b>	Nar <b>O</b>	ne Addre 1300	ess )Fairfield Dr., EVANSVILLE, IN, 47715	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
D- '	ID: 42	^	T'41-)	I become de De (Neuro C T'')	
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Establishmo 4480 F	Phar ent Addres First A  (-SUF ddress cted> charge cted> e Person's	S (num	acy #6252  The property of the	Telephone Number  (812-425-1525  ( <redacted>  Purpose:  Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u No Summary	P Release 07/ of Violation NC C	11183 11183 11183 10/2020 1s: 10 R 10/2020 10/2020		
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>									
Section#	C/NC	R		Narrative				orrected By	
Section#	CINC	IX					10 De Co	Trected by	
				No noted violation	ons.				
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				Inspected by (name and title printed): <redacted></redacted>					
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Establi	shment S Ph	Nar <b>1a</b> l	macy #6252	Addre <b>448</b> (	oss O First Ave, Evansville, IN, 47710	Inspection Date 06/30/2020
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
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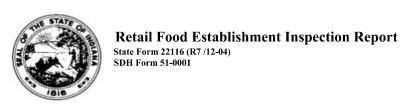
#### **Retail Food Establishment Inspection Report**

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

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

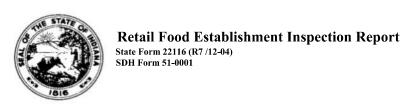
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Chick	:-fil-A			812-477-9370		2020	11142
			mber and street, city, state, zip code)	( ) Owner	06/30/	2020	
800 N	Gree	n F	River Rd, Evansville, IN, 4771	<pre>5 <redacted></redacted></pre>			
Owner	<b></b>			Purpose:	Follow-up		se Date
Chick-				<b>√</b> Routine	No	07/	10/2020
Owner's Ac				Follow-up	Summary of	of Violation	as:
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
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• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN	ND IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted viola	tions.			
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1.0001.0d by	,iii uild	}		<pre><redacted></redacted></pre>			
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ltem #	C/NC	R			REMARKS	TO BE CORRECTED BY
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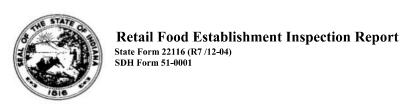
Establishment Name Long John Silver's  Establishment Address (number and street, city, state, zip code) 2519 First Ave, Evansville, IN, 47710  Owner LJS OPCO ONE, LLCC  Owner's Address <redacted>  Person in Charge  <redacted>  Responsible Person's E-mail  Certified Food Handler  <redacted></redacted></redacted></redacted>						lephone Number 312-425-6545 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u No Summary	P/2020  Release 07/ of Violation	<u></u>
		E IDE	NTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS	MARL	CED "C"			
	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R		Narrative				To Be Co	rrected By
411	NC	-`	Liahti	ng in need of repai	·in	nren area			23/2020
411	NO		Ligitu	ing in need of repair	11.1	ргер агеа.		0112	3/2020
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Establis Lon	Establishment Name Long John Silver's			Address 2519 First Ave, Evansville, IN, 47710	Inspection Date 07/02/2020
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
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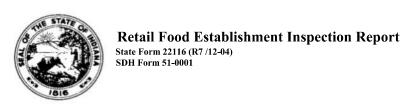
	Ice C ont Addres V Fifth omith	s (nu	am mber and street, city, state, z t, Evansville, II		Telephone Number  (812-422-2618  ( <redacted> Purpose:  Routine Follow-up</redacted>	Date of Inst (mm/dd/yr) 06/29/ Follow-up NO	2020 Releas 07/	11087 11087 se Date 09/2020
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Person in C					Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC (	$\frac{1}{R}$
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>4</u> 050	
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTI	IONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
				No noted violation	ons.			
						+		
Received by			printed):		Inspected by (name and title predacted>	rinted):		
Received by	(signature)	):			Inspected by (signature):			
cc:				cc:		cc:		

Establishment Name Lic's Ice Cream		Cream Add	nw Fifth St, Evansville, IN, 47708		
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	By (Nan	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



	dy's	s (nu	308  mber and street, city, state, zip code)  je Ave, Evansville, IN, 47710	Telephone Number  (812-423-6796  ( <redacted> Purpose:</redacted>	Date of Instance (mm/dd/yr 06/29 Follow-u	p Releas	10 # 10994 se Date
Grand	y's Ll	_C		Routine	Yes	07/	09/2020
Owner's Ac				<b>√</b> Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td>) 1</td></reda<>				Complaint			) 1
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{2} = \frac{1}{R}$
Responsible			il	Temporary	Menu Tvi	se (See addi	tional page)
Responsible	er croon s	L-ma		<b>П</b> НАССР	iviena ryj	oc (See aaa)	ionai page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u></u>	) <sub>4</sub> <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	- MARKED "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
			Follow up from 6-	4-20.			
116	NC		Employees not wearing fa	ce coverings.		Co	rrected
431	NC	R	Floors under equipment are soiled.				30/2020
			All other violations were				
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
				<redacted></redacted>			
Received by	(signature	):		Inspected by (signature):			
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Establis <b>Gra</b>	shment <b>ndy</b>	Nar <b>S</b>	#5308 Addre	ess Landbridge Ave, Evansville, IN, 47710	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
D- :	LD: #	^	T41-)	Linear et al Du (Name 2 Till )	
Received	ı By (Nan	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



	t Bar ent Addres E Dia	ss (nu MO	nber and street, city, state, zip code) nd Ave, Evansville,	IN, 47711	**Telephone Number** (812-426-0011 ( <redacted> Purpose:</redacted>	Date of Insp (mm/dd/yr) 06/30/ Follow-up	2020 Releas	10928 10928 se Date 10/2020
Owner's A		VIL			<b>√</b> Routine		-	
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Person in C					Complaint	L ()	NC_	)
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC_</td><td>R</td></reda<>				Pre-Operational	<u> </u>	NC_	R	
Responsible	e Person's	E-ma	il	Temporary	Menu Type	: (See addi	tional page)	
					НАССР			
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u> </u>	<u> 1405</u>	
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NA	RRATIVE COLUMNS I	AARKED "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 Co	orrected By
			No	noted violation	ons.			ř
Received by		_	orinted):		Inspected by (name and title p < redacted>	rinted):		
					Inspected by (signature):			
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Donut Bank  Address  1031 E Diamond Ave, Evansville		ess E Diamond Ave, Evansville, IN, 47711			
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
		_	T'(1.)	I	
Received	d By (Nan	ne & <b>&lt;</b>	<sup>⊤itle)</sup> <redacted></redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



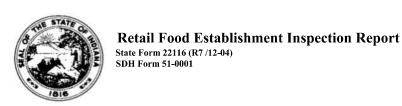
#### **Retail Food Establishment Inspection Report**

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

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

Establishm					Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Bean	s & E	3ar	istas		812-457-8566	06/30/	2020	10811
			mber and street, city, state, zip code)		<pre><redacted></redacted></pre>	06/30/	2020	
800 N	Gree	n F	River, Evansville, IN	<u>, 47715</u>	<redacted></redacted>			
Owner	- 0	11.	0 Dl. III. W. If		Purpose:	Follow-up		se Date
		itn	& Phyllis Wolf		<b>√</b> Routine	No	07/	10/2020
Owner's A					Follow-up	Summary o	of Violation	is:
<reda< td=""><td></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	c_ <b>U</b>	NC_	<u> </u>	
Responsible					<b>Temporary</b>	Manu Tuna	(Saa addi	tional page)
Kesponsible	e i ei son s	L-ma	Ц	HACCP	Wienu Type	. (Bee dadi	nonui puge)	
Certified F	ood Handle	er			Other (list)	$_{1}\odot_{2}($	$\bigcirc$ 3 $\bigcirc$	$)_4\bigcirc_5\bigcirc$
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• CRITICAL	. ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NAF	RRATIVE COLUMNS N	MARKED "C"	<u> </u>		
			FROM PREVIOUS INSPECTIONS ARE I			ID IN THE NA	DDATIVE	RELOWAS "D"
	C/NC	R	FROM FREVIOUS INSPECTIONS ARE I		MIMIARY OF VIOLATIONS AN			
Section#	C/NC	K	No	Narrative	000		то ве С	orrected By
			INO	noted violati	ons.			
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					<redacted></redacted>			
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Bea	shment I <b>NS</b> (	Nar <b>&amp; I</b>	Baristas 80	<sup>ddress</sup> 00 N Green River, Evansville, IN, 47715	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Span	key's	U	na Pizza	812-402-6776	06/30/	2020	13746
			mber and street, city, state, zip code)	( ) Owner .	00/30/	2020	
4404 \	W Llo	yd	Expwy, Evansville, IN, 47712	redacted>			
Owner	ا اسماد			Purpose:	Follow-up		se Date
Ryan				<b>✓</b> Routine	No	077	10/2020
Owner's Ad				Follow-up	Summary of	of Violation	is:
Person in C				Complaint		NC_	) ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u> R</u></td></reda<>				Pre-Operational	C	NC_	<u> R</u>
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР	1	· ~	
Certified F		er		Other (list)	$1\bigcirc_2$	$\bigcirc_3$ $\bigcirc$	$)_4 \bigcirc_5 \bigcirc$
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• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN	ID IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted viola	tions.			
					+		
					$\longrightarrow$		
Received by	(name and	title p	printed):	Inspected by (name and title p < redacted>	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		

Spa	Spankey's Una Pizza			Addre 4404	ss W Lloyd Expwy, Evansville, IN, 47712	
ltem #	C/NC	R			REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)		Inspected By (Name & Title) <redacted></redacted>	Pageof

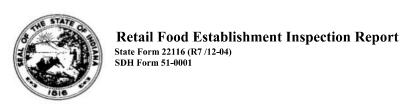


#### **Retail Food Establishment Inspection Report**

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

				-			
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
D-Ice				812-319-9071		,	13841
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		06/30	/2020	
800 N C	Green F	Rive	er Rd Suite 112, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Kim H	ock S	eo	W	<b>✓</b> Routine	No	07/	10/2020
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational		NC_	I <sub>b</sub> U
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Responsible	e Person's	E-mai	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u> </u>	<u> 1405</u> 0
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• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
346	NC		Hand soap not provided a	at hand sink			30/2020
0-10	110		Tiding soup not provided t	at ridird offit.		00/0	7012020
Received by	(name and	title r	printed):	Inspected by (name and title p	rinted):		
received by	(name and	title j		<redacted></redacted>	inica).		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		

Establis D_lc	Establishment Name D-Ice			ress N Green River Rd Suite 112, Evansville, IN, 47715	Inspection Date 06/30/2020
Item #	C/NC	R		REMARKS	TO BE
iteili #	C/NC			REMARKS	CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm			_	Telephone Number	Date of Insp		ID#
Mr. B	ubble	e T	ea	(812-550-3166	(mm/dd/yr)		13988
			mber and street, city, state, zip code)	( . ) Owner	06/30/	2020	
503 N.	. Gree	n F	River Rd., Evansville, IN, 47715	<pre></pre>			
Owner				Purpose:	Follow-up		se Date
Yao P				<b>✓</b> Routine	No	07/	10/2020
Owner's Ac				Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_	J <sub>R</sub> U
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>Mana Tan</td><td>- /C 11:</td><td>1</td></reda<>			2	Temporary	Mana Tan	- /C 11:	1
Responsible	e Person's	r-ma	11	НАССР	Menu Type	e (See aaai	tional page)
Certified Fo	ood Handle	or		Other (list)	$_{1}\odot_{2}($	$\bigcirc_{3}$	$)_4\bigcirc_5\bigcirc$
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		F IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"	<u> </u>		
							nn ou 16 // nn
	* *		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violat	ions.			
					+		
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
				<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
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Establi	shment	Nar	me Addr		Inspection Date
Mr.	Bub	)DI	e Tea 503	N. Green River Rd., Evansville, IN, 47715	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	By (Nee	ne 8.	Title)	Inspected By (Name & Title)	
7.0001760	Jy (IVali	io a	i noj	<redacted></redacted>	Pageof

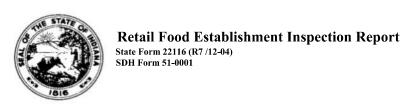


#### **Retail Food Establishment Inspection Report**

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

			•	•			
Establishmo Miste				Telephone Number (270-831-0620	Date of Ins (mm/dd/yr	·)	то# 14148
			mber and street, city, state, zip code) nd Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>	07/01	/2020	
Owner				Purpose:	Follow-uj		se Date
Shanr		ou	ghlin	<b>√</b> Routine	No	07/	11/2020
Owner's Ad				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	C	NC	<u> </u>
Responsible			il	Temporary	Menu Tyr	se (See addi	tional page)
_				НАССР			
Certified Fo		er		Other (list)	1 <u>0</u> 2	$\bigcirc_3$ $\bigcirc$	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
116	NC		Several kitchen employees not wearing fa	ace coverings while w	orking.	Co	rrected
				-			
Received by			orinted):	Inspected by (name and title properties)	rinted):		
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		

Establis Mist	shment ter E	Nar <b>3's</b>	me Addr 1340	ess 0 Hirschland Rd, Evansville, IN, 47715	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	By (Nan	ne &	Title)	Inspected By (Name & Title)	
Neceived	y (INAII) פי	- ic α	<redacted></redacted>	<pre> </pre> <pre> <pre> </pre> <pre> </pre></pre>	Pageof



222 S Owner	Ror ent Addres Red B	s (nui anl	mber and street, city, state, zip code) k Rd Ste M, Evansville, IN, 47712	Telephone Number (812-303-4010 ( <redacted> Purpose:</redacted>	Follow-u	7) 1/2020 P Releas	10 # 14185 e Date
Scott I	Hette	nba	ach	<b>√</b> Routine	No	07/	09/2020
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	C	NC_	<u> </u>
Responsible			il	Temporary	Menu Type (See additional page)		
responsi			•	НАССР			
Certified Fo		er		Other (list)	$1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc$		
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	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
294	С	R	Chemical sanitizer for wiping	cloths too weak.		Co	rrected
Daggi 41	(mang: 1	4341 -	winted).	Insuranted by (	ulusto d\:		
Received by	(name and	atte p		Inspected by (name and title printed): <redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
cc:			ce:		cc:		

Noble Romans			mans Ac	ddress 2 S Red Bank Rd Ste M, Evansville, IN, 47712	
ltem #	C/NC	R		TO BE CORRECTED BY	
D	I D. /N.	°	T:41~\	Inapported Du /Nama 9 Title	
Received By (Name & Title)			rille)	Inspected By (Name & Title) <redacted></redacted>	Pageof