

| Establishm | | - | | Telephone Number | ection | ID # | | | |
|---|-----------------------|-----------|--|---------------------------------|---|--------------|------------------------|--|--|
| | | | zen Custard of Evansville | (812-909-4395 | (mm/dd/yr) 08/03/ | 2020 | 12291 | | |
| 2848 | | | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | (<redacted></redacted> | | | | | |
| ^{Owner} M&M | Custa | ard | LLC | Purpose: | Follow-up NO | | se Date 13/2020 | | |
| Owner's A | | | | Follow-up | Summary of | of Violation | ns: | | |
| <reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<> | | • | | Complaint | | | | | |
| Person in C | | | | Pre-Operational | | NC | | | |
| <reda< td=""><td></td><td></td><td>n</td><td>Temporary</td><td colspan="5">Menu Type (See additional page)</td></reda<> | | | n | Temporary | Menu Type (See additional page) | | | | |
| Responsible | e Person's | E-ma | 11 | НАССР | Menu Type | e (See aaai | nonal page) | | |
| Certified Fo | | er | | Other (list) | $1 \underline{\bigcirc} 2 \underline{\bigcirc}$ | <u>3</u> | <u>)4</u> 050 | | |
| • CRITICAI | ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE NA | RRATIVE | BELOW AS "R" | | |
| Section# | C/NC | R | Narrative | | | | orrected By | | |
| 256 | NC | | Reach in cooler lacking t | hermometer. | | Co | rrected | | |
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| Received by | (name and | l title j | printed): | Inspected by (name and title pr | rinted): | | | | |
| 1 | <redacted></redacted> | | | <redacted></redacted> | | | | | |
| Received by | (signature |): | | Inspected by (signature): | | | | | |
| cc: | | | cc: | | cc: | | | | |



| 222 M | ent Addres | | mber and street, city, state, zip code) Evansville, IN, 47708 | (8) (< | ephone Number 12-423-9854 redacted> | spection) /2020 | ID# 12201 | | |
|---|-------------|------|--|-----------|---|---------------------------|---------------|-----------------------|--|
| _{Owner} Rosah | oel Ma | ana | alo-Ibay | | rpose: Routine | Follow-u Yes | | e Date 14/2020 | |
| Owner's Ac | | | | | Koutine Follow-up | | of Violation | | |
| <reda< td=""><td></td><td></td><td></td><td></td><td>•</td><td>-</td><td></td><td></td></reda<> | | | | | • | - | | | |
| Person in C | | | | | Complaint Pre-Operational | <u>3</u> | | I _□ 3 | |
| <reda< td=""><td>cted></td><td></td><td></td><td></td><td>Temporary</td><td>с<u> </u></td><td><u> </u></td><td> K</td></reda<> | cted> | | | | Temporary | с <u> </u> | <u> </u> | K | |
| Responsible | e Person's | E-ma | il | | HACCP | Menu Ty | pe (See addii | ional page) | |
| | | | | | Other (list) | \cap | \frown | | |
| Certified Fo | | er | | | | $1 \underline{\bigcup} 2$ | | <u>/4050</u> | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | | | | | | |
| • VIOLATIC | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA | RY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By | |
| 171 | С | | Scoop and handle improperly st | tore | ed in ice at bar. | | Corrected | | |
| 346 | NC | R | No hand soap at bar hand | wa | shing sink. | | Corrected | | |
| 347 | NC | R | No disposable paper towels at ba | ir ha | and washing sir | nk. | Co | rrected | |
| 136 | С | | Employee food and drink stored | l in | food prep area | • | Co | rrected | |
| 294 | С | R | No sanitizer for dish machine. Establishment | usin | g three compartme | nt sink. | 08/0 |)6/2020 | |
| 239 | NC | | Single service items not stored 6 in | nch | es off the grour | nd. | 08/04/2020 | | |
| 174 | NC | | Containers holding bulk food items lack | ing | common name l | abel. | Corrected | | |
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| Received by | | - | | - | ected by (name and title pr edacted> | rinted): | | | |
| Received by | (signature) |): | | Inspe | ected by (signature): | | | | |
| cc: cc: cc: | | | | | | | | | |



| 943 N Owner Jay To Owner's Ad <reda< th=""><th>n`s D ent Addres Gree Ortoric ddress cted> Charge</th><th>is (nu en F ce</th><th>mber and street, city, state, zip code) River Rd, Evansville, IN, 47715</th><th>(8 (~ Pu</th><th>lephone Number 12-471-9905 Credacted> rpose: Routine Follow-up Complaint Pre-Operational</th><th>^{Follow-u} NO</th><th>p Releas 08/</th><th>ID # 12134 ise Date 15/2020 is: R</th></reda<> | n`s D ent Addres Gree Ortoric ddress cted> Charge | is (nu en F ce | mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | (8 (~ Pu | lephone Number 12-471-9905 Credacted> rpose: Routine Follow-up Complaint Pre-Operational | ^{Follow-u} NO | p Releas 08/ | ID # 12134 ise Date 15/2020 is: R |
|--|---|----------------------|--|----------------|---|---------------------------|-----------------|--|
| <reda Responsible</reda | | | 1 | - | Temporary | Menu Tv | | tional page) |
| Certified Fo | ood Handle | | | | HACCP Other (list) | 1_22 | | $)_4 \bigcirc 5 \bigcirc$ |
| • CRITICAL | L ITEMS AR | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARK | ED "C" | | | |
| | . , | |) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA | RY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC NC | R R | Narrative | 100 | utonoilo | | | orrected By |
| 234 NC R Improper storage of in | | | | ise | | | 06/0 |)5/2020 |
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| Received by | (name and | title j | printed): | - | ected by (name and title pr edacted> | rinted): | | |
| Received by | (signature) |): | | Insp | ected by (signature): | | | |
| cc: | | | cc: | | | cc: | | |



| Establishm 624 E Owner Philip Owner's Ad <reda Person in C <reda Responsible</reda </reda | ent Addres Diam G Dz ddress Cted> Cted> Cted> cted> cted> ood Handl | ss (nu NON ien | | Telephone Number ⁽⁸¹²⁻⁴²²⁻⁴⁹⁹⁹⁾ ⁽ <redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u NO Summary C | p Releas 08/ of Violation NC_ | |
|---|--|----------------------|---|---|--------------------------------|--|--------------|
| <redac< td=""><td></td><td></td><td>ENTIFIED IN THE CHECKLIST AND NADDATING COLUMNS A</td><td></td><td></td><td></td><td></td></redac<> | | | ENTIFIED IN THE CHECKLIST AND NADDATING COLUMNS A | | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N 9 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 |
| | 0,710 | | No noted violation | ons | | | |
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| Received by | | | | Inspected by (name and title p <redacted></redacted> | rinted): | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| | ongi ent Addres E Indi Week | an (s | mber and street, city, state, zip code) a St, Evansville, IN, 47715 | () () Pu () | Routine | Follow-u NO Summary | r) 5/2020 p Releas 08/ v of Violation | | |
|---|--------------------------------------|----------|--|----------------------|--------------------------------------|---------------------------|---|--|--|
| Person in C | harge | | | ┢ | Complaint Pre-Operational | $_{\rm c}$ 2 | NC 2 | 2_{R} | |
| <reda< td=""><td></td><td></td><td></td><td>┢</td><td>Temporary</td><td></td><td></td><td></td></reda<> | | | | ┢ | Temporary | | | | |
| Responsible | e Person's | E-ma | 11 | | НАССР | Menu Ty | pe (See addi | tional page) | |
| Certified F | | er | | | Other (list) | 1 <u>0</u> 2 | <u>O</u> 3C | $)_4 \underline{\bullet}_5 \underline{\bigcirc}$ | |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | /ARk | KED "C" | | | | |
| • VIOLATIO | ON(S) REPE | ATEI |) 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 | |
| 116 | NC | | Face masks not being worn | by | kitchen staff | | Co | rrected | |
| 294 | С | R | Chemical disinfectant for dish machin | e b | elow allowable | evels. | 08/05/2020 | | |
| 324 C R Hand sink in kitchen not provided with hot water. | | | | | | | 08/0 | 05/2020 | |
| 347 | NC | R | Hand drying provisions not provid | ded | for multiple sin | ks. | 08/0 |)5/2020 | |
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| Received by | | | - | - | rected by (name and title proceeded) | rinted): | | | |
| Received by | (signature |): | | Insp | bected by (signature): | | | | |
| cc: | | | cc: | | | cc: | | | |



| Establishm | ningto | s (nur | Food Mart mber and street, city, state, zip code) ton Ave, Evansville, IN, 47714 | Telephone Number (812-402-2101 (<redacted> Purpose:</redacted> | Date of In (mm/dd/y 08/04 Follow-u | r) 1/2020 | ID # 11999 se Date | | |
|---|-------------|--------|--|---|---|--------------|---|--|--|
| Amit A | Arora | | | Routine | Yes | s 08/14/2020 | | | |
| Owner's A | | | | Follow-up | Summary | of Violation | 15: | | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>2</td><td></td><td>\sim</td></reda<> | | | | Complaint | 2 | | \sim | | |
| Person in C | | | | Pre-Operational | с_ ∠ | NC_ | 3_{R} | | |
| Responsible | | | 1 | Temporary | Menu Type (See additional page) | | | | |
| Responsible | | L-mai | 1 | НАССР | | | | | |
| Certified For | | er | | Other (list) | 1 <u>0</u> 2 | <u></u> 3 | $\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$ | | |
| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ARKED "C" | | | | | |
| • VIOLATIC | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | NARRATIVE | BELOW AS "R" | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | | |
| 129 | С | | Employee not washing hands | ds when required. Correcte | | | | | |
| 346 | NC | | No hand soap at hand wa | - | | | | | |
| 347 | NC | | No disposable paper towels at h | hand washing sink. | | Co | rrected | | |
| 415 | С | | Fly activity in kitche | n area. | | 08/0 |)5/2020 | | |
| 116 | NC | | Employee not wearing mask | when required. | | Co | rrected | | |
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| Received by | | - 1 | | Inspected by (name and title p <redacted></redacted> | rinted): | | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | | |
| cc: | | | cc: | | cc: | | | | |



| Establishm | a Inte | ss (nu | ational Market mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 | ^{Telephone Number} (812-479-7168 (<redacted></redacted> | Date of In: (mm/dd/yr 08/05 | | ID# 11898 |
|---|------------|--------|--|---|-----------------------------------|--------------|--------------------|
| ^{Owner} Aihua | Sun | | | Purpose: | Follow-u Yes | | se Date 15/2020 |
| Owner's A | | | | Follow-up | Summary | of Violation | 15: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td>I_{R}</td></reda<> | | | | Complaint | | | I_{R} |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u></u></td><td>NC</td><td></td></reda<> | | | | Pre-Operational | с <u></u> | NC | |
| Responsible | | | il | Temporary | Menu Ty | pe (See addi | tional page) |
| | | | | HACCP | \square | $\frown c$ | $\sim \sim$ |
| Certified F | | er | | Other (list) | 1 <u>02</u> | <u>_</u> 3 | <u>)4050</u> |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEI | 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 |
| 146 NC Food lacking prop | | | | r label. | | 08/0 |)5/2020 |
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| | dy's # ent Addres Burk 'US, I ddress | nc. |) er and street, city, state, zip code) It Rd, Evansville, IN, 47715 | Telephone Number (812-471-4395 (<redacted> Purpose: Purpose: Follow-up Complaint</redacted> | ^{Follow-u} NO | r) 6/2020 P Releas 08/ 08/ | | |
|---|--|------------|--|--|---------------------------|--|-------------|--|
| Person in C | | | | Pre-Operational | с <u></u> U | NC | I_{R} | |
| Responsible | | | | Temporary Menu Type (See additional page | | | | |
| Certified F | | er | | HACCP Other (list) | 1 <u>0</u> 2 | <u></u> 3 |)4050 | |
| • CRITICAI | L ITEMS AR | RE IDENT | TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | UMMARY OF VIOLATIONS" AN | D IN THE N | | | |
| Section# | C/NC NC | R | Narrative Employees improperly wea | ring face masks | | | orrected By | |
| 110 | NO | | | | | 00 | TECIEU | |
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| Establishm | | | | Telephone Number | ID # | | | |
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| | | | East Coast Subs | (812-402-7366 | (mm/dd/yr) 08/05 | /2020 | 11782 | |
| | | | mber and street, city, state, zip code) ant Dr, Evansville, IN, 47715 | <pre>(<redacted></redacted></pre> | 00,00 | | | |
| Owner | | | | Purpose: | Follow-up | | se Date | |
| 4 | | nee | esesteaks LLC | ✔ Routine | Yes | | 15/2020 | |
| Owner's A | | | | Follow-up | Summary | of Violation | | |
| Person in C | | | | Complaint | . () | NC_ | _ 1 | |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u> </u></td><td>NC</td><td><u> </u></td></reda<> | | | | Pre-Operational | с <u> </u> | NC | <u> </u> | |
| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | e (See addi | tional page) | |
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| Certified F | | er | | Other (list) | $1 \underline{\bigcirc} 2$ | | <u>14_5</u> | |
| • CRITICAI | L ITEMS AR | RE IDH | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | | |
| • VIOLATIO | DN(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 | |
| 256 | NC | R | Reach in coolers lacking | thermometer. | | 08/0 | 05/2020 | |
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| Establishm | ent Name | ~ ~ | | | Telephone Number Date of Inspection ID (mm/dd/yr) (mm/dd/yr) (mm/dd/yr) (mm/dd/yr) | | | | |
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| | | | CAT AF LLC) | | 812-401-1201 | 11778 | | | |
| | | | mber and street, city, state, z | | <pre>(<redacted></redacted></pre> | 00/00 | 6/2020 | | |
| | N Stri | ngi | own Rd, Evan | sville, IN, 47711 | | . | D 1 | | |
| Owner Cory E | =dwa | rds | | | Purpose: | Follow-u NO | | te Date 16/2020 | |
| Owner's A | | | | | Follow-up | | of Violation | | |
| <reda< td=""><td>cted></td><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<> | cted> | | | | Complaint | | | | |
| Person in C | Charge | | | | Pre-Operational | | | | |
| <reda< td=""><td></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 Typ | pe (See addii | tional page) | |
| Certified F | | | | | Other (list) | | $\bigcirc_3 \bigcirc$ | $), \bigcirc, \bigcirc$ | |
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| 1 | | RE IDF | NTIFIED IN THE CHECKLIS | T AND NARRATIVE COLUMNS N | IARKED "C" | | | | |
| | | | | IONS 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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| Establishm | ont Nama | | | Telephone Number Date of Inspection ID # | | | | |
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| Mena | | | | | - | (mm/dd/y | | 11709 |
| | | | mber and street, city, state, zip code) | <u>ک</u> | 312-475-8970 | 08/03 | 8/2020 | 11709 |
| | | | Dr, Evansville, IN, 47715 | (|) Owner | | | |
| Owner | | | | Pu | rpose: | Follow-u | p Releas | se Date |
| Mena | rd Inc | | | ~ | Routine | No 08/13/2020 | | |
| Owner's A | | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<> | | | | | Complaint | | | |
| Person in C | | | | | Pre-Operational | | | $\mathbf{D}_{\mathbf{R}}$ |
| <reda< td=""><td></td><td></td><td></td><td>F</td><td>Temporary</td><td></td><td></td><td></td></reda<> | | | | F | Temporary | | | |
| Responsible | e Person's | E-ma | П | | НАССР | Menu Ty | pe (See aaai | tional page) |
| Certified F | ood Handl | er | | ſ | Other (list) | 10, | $\bigcirc_3\bigcirc$ | $)_4 \bigcirc 5 \bigcirc$ |
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| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ARK | Е D " С" | | | |
| | | |) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | | orrected By |
| Section | ente | n | No noted violatio | ons | | | 10 50 60 | freedu By |
| | INO NOTED VIOLATIONS. | | | | | | | |
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| | FOODS ent Address Rose FOOD Idress Cted> harge Cted> cted> e Person's | s (nu nbe DS | mber and street, city, state, zip code) erger Ave, Evansville, IN, 47712 INC | (812 (<re Purpos Foll Con Pre- Ten HA(</re | | Follow-up NO Summary C |) /2020 P Releas 08/ of Violatior NC | _ |
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| Sections | 0/110 | | No noted violatio | 200 | | | 10 20 00 | |
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| | aver ent Addres Virgil erbert ddress cted> Charge cted> e Person's | ss (nu nia E-ma | mber and street, city, state, zip code) St, Evansville, IN, 47711 | Telephone Number (812-422-0904 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u NO Summary C_ | r) 6/2020 p Releas 08/ r of Violation NC | ID # 11686 se Date 16/2020 ns: $R 0$ tional page) 4050 |
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| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N 9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THF N | JARRATIVF | RELOW AS "P" |
| Section# | C/NC | R | Narrative | MINARI OF VIOLATIONS AN | DINTINE | | orrected By |
| | 1 | ĸ | | al as required | | | |
| 116 | NC | | Employees not wearing ma | isk as required. | | 0 | rrected |
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| | thon ent Address Louis HJAN ddress cted> charge cted> e Person's | ss (nur Siar NS | mber and street, city, state, zip code) na St, Evansville, IN, 47711 INGH | Telephone Number (812-461-2301 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted> | Follow-u NO Summary C | p Releas 08/ of Violation | <u>R_</u> |
|-------------|--|-----------------------|---|--|--------------------------------|---------------------------------|-------------|
| | | | INTIFIED 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 | | | To Be Co | orrected By |
| 116 | NC | | Employees not wearing ma | sk as required. | | Co | rrected |
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| Establishm | I FOO | ss (nu | Mart Inc. ^{Imber and street, city, state, zip code)} e Rd, Evansville, IN, 47710 | Telephone Number (856-857-5626 (<redacted></redacted> | 00/00 | r) 8/2020 | ID # 11666 se Date | | |
|------------------------|---------------|-----------|---|--|---------------------------------|--------------|---|--|--|
| Sachi | n Pate | əl | | Purpose: | Follow-u NO | | ^{se Date} 16/2020 | | |
| Owner's A | | | | Follow-up | - | of Violation | ns: | | |
| Person in C | | 1 | | Complaint Pre-Operational Temporary | с <u>0</u> | NC | <u></u> Ω | | |
| Responsible | e Person's | E-ma | 11 | HACCP | Menu Type (See additional page) | | | | |
| Certified F | | er | | Other (list) | 1 <u>02</u> | <u>•</u> 3C | $)_4 O_5 O$ | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | | | |
| • VIOLATIO Section# | ON(S) REPE | ATEE R | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative | MMARY OF VIOLATIONS" AN | D IN THE N | | BELOW AS "R" | | |
| 146 | NC | K | Packaged pizza in freezer lac | | | |)7/2020 | | |
| 140 | | | | | | 00,0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
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| Establishme Gattitt Establishme 316 N Owner Adven Owner's Ad <redat Person in C <redat Responsible</redat </redat | own ent Address Gree t IN L Idress cted> harge cted> ood Handle | E-ma | | (8) (~ Pu | lephone Number 12-473-3800 Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary C_1 |) 5/2020 P Releas 08/ 06 Violation NC | |
|---|---|---------|--|------------------|--|----------------------------------|--|-------------|
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | | | | | | | | |
| | | | | MMA | RY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | | | orrected By |
| 187 | С | R | Potentially hazardous cold food not held at 41 | deg | grees or lower in sal | lad bar. | Co | rrected |
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| 2011 L Owner Eric W Owner's Ad <redae Person in C <redae Responsible Certified Fo</redae </redae | e Slic ent Addres _incol /eber ddress cted> cted> cted> e Person's | ss (nu n / E-ma | mber and street, city, state, zip code) Ave, Evansville, IN, 47714 il | $ \begin{array}{c} (812-499-9659 \\ (\\ 08/04/2020 \\ \hline \\ 08/04/202 \\ \hline \\ 0$ | | | | | |
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| Establishm | | | | Telephone Number | Date of In (mm/dd/y | | ID # | |
|---|------------|---------|--|--|---------------------------------|-----------------------------------|------------------|--|
| Wend | | | | (812-477-4522 | · · | , /2020 | 11437 | |
| | | | mber and street, city, state, zip code) Ave., Evansville, IN, 47714 | <pre>(<redacted></redacted></pre> | 00,0 | | | |
| ^{Owner} SERV | ′US, I | nc. | | Purpose: | | Follow-upRelease DateNo08/14/2020 | | |
| Owner's A | ddress | | | Follow-up | Summary | of Violation | 15: | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>· ·</td></reda<> | | | | Complaint | | _ | · · | |
| Person in C | | | | Pre-Operational | $_{\rm C}$ U | | J _R 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 additional page) | | | |
| Certified F | ood Handl | er | | Other (list) | | | | |
| <redac< td=""><td></td><td></td><td></td><td></td><td>1<u>0</u>2</td><td><u> </u></td><td><u>-+0.30</u></td></redac<> | | | | | 1 <u>0</u> 2 | <u> </u> | <u>-+0.30</u> | |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | | |
| | | |) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM | | D IN THE N | ARRATIVE | BELOW AS "R" | |
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| Establishm 811 E Owner Volunt Owner's Ad <reda Person in C <reda Responsible</reda </reda | nteers ent Addres Fran teers ddress cted> charge cted> e Person's | ss (nu klir Of E-ma | f America mber and street, city, state, zip code) n St, Evansville, IN, 47711 America | Telephone Number (812-423-1949 (<redational Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redational | Follow-u NO Summary C_ | r) 6/2020 p Releas 08/ of Violation NC pe (See addi | · · |
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| | g-Lee lain S hung ddress cted> Charge cted> | Ju | | | lephone Number 12-228-9890 (redacted) rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP | Follow-u Yes Summary C_1 | r) 1/2020 p Releas | 14/2020 |
|-------------|---|----|---|---------------------------|---|-----------------------------------|--------------------------|------------------------------|
| Certified F | | er | | - | Other (list) | 102 | <u></u> 3 | <u>4</u> <u>0</u> 5 <u>0</u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | | | | | DELOW AG #D" |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | IVIIVIA | KI UF VIULAHUNS" AN | U IN THE I | | |
| Section# | C/NC | R | Narrative | | | | | orrected By |
| 118 | С | R | Establishment is lacking certif | iea | tood nandler. | | 10/2 | 27/2020 |
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| Establishm | Retr | ss (nu | at House Imber and street, city, state, zip code) cky Ave, Evansville, IN, 47711 | (8) | lephone Number 8124245536) Owner | Date of In (mm/dd/yr 08/04 | | ID# 11298 | |
|-------------|-------------|----------|--|--------------|---|----------------------------------|---------------------|---|--|
| Owner | | | House | Pu | rpose: Routine | Follow-u NO | se Date 14/2020 | | |
| Owner's A | ddress | | | | Follow-up | | of Violation | | |
| Person in C | | | | | Complaint Pre-Operational | <u>с_0</u> | (|) _R _0 | |
| Responsible | e Person's | E-ma | il | | Temporary HACCP | Menu Type (See additional page) | | | |
| Certified F | | er | | | Other (list) | 1 <u>0</u> 2 | <u>•</u> 3 <u>C</u> | $\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$ | |
| • CRITICAI | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | 1ARK | ED "C" | | | | |
| | | | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA | RY OF VIOLATIONS" AN | D IN THE N | | | |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By | |
| | <u> </u> | <u> </u> | No noted violatio | JNS | | | | | |
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| Received by | | | · / | - | ected by (name and title predacted> | rinted): | | | |
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| Establishm 1824 Owner | City ent Addres W Fra | ank | agles #4023 mber and street, city, state, zip code) (lin St, Evansville, IN, 47712 | Telephone Number (812-422-2956 (<redacted> Purpose:</redacted> | Follow-u | r) 5/2020 p Releas | ID # 11283 |
|---|-----------------------------|-------|--|---|------------|--------------------------|---------------|
| River | | :ag | jles | ✔ Routine | No | 08/ | 15/2020 |
| Owner's A | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<> | | | | Complaint | | | |
| Person in C | | | | Pre-Operational | | NC | |
| Responsible | | | 3 | - Temporary | Monu Tu | na (Saa addi | tional page) |
| Responsion | e reison s | с-ша | 11 | НАССР | Menu Ty | , is the see adding | (ional page) |
| Certified F | | er | | Other (list) | 1_22 | <u>•</u> 3C | $)_4 O_5 O$ |
| • CRITICAI | L ITEMS AR | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | ARKED "C" | - | | |
| • VIOLATIO | DN(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 |
| 116 | NC | | Employee not wearing fac | ce coverinas. | | | rrected |
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| Establishm 310 N Owner | A HU ent Addres St.Jc A HUT ddress Cted> charge cted> e Person's | ss (nu DSE O | #316305 mber and street, city, state, zip code) ph Ave, Evansville, IN, 47712 F AMERICA LLC c/o DMA | | lephone Number 12-424-4433 Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary C | r) 5/2020 p Releas |) _R _0 |
|------------------------------|--|--------------------|--|---|--|--------------------------------|--------------------------|-------------------|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | | orrected By |
| Section# | CINC | n | No noted violatio | | | | 10 DC CC | ficture By |
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| Received by | r (name and | title | | <r< td=""><td>rected by (name and title producted)</td><td>rinted):</td><td></td><td></td></r<> | rected by (name and title producted) | rinted): | | |
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| cc: | | | cc: | | | cc: | | |



| Establishme 4701 L Owner | ent Addres _incol Enter ddress cted> harge cted> Person's | s (nui n / pri | Lincoln Ave mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47715 ses LLC | Telephone Number (812-477-7041 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u NO Summary C |) /2020 P Releas 08/ of Violatior NC | 14/2020 IS: | |
|--------------------------------|--|----------------------|---|--|--------------------------------|---|----------------|--|
| | | | 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 | | | | orrected By | |
| Section | CITIC | N | No noted violatic | ne | | | ficture Dy | |
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| Received by | (name and | une l | | Inspected by (name and title printed): | | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | |
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| cc: | | | cc: | | cc: | | | |



| Establishm 3100 N Owner | y's C ent Addres N St.Jo ddress cted> Charge cted> | arke | neral Store #2296 ^{mber and street, city, state, zip code)} ph Ave, EVANSVILLE, IN, 47720 eting Company | Telephone Number (812-423-2804 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted> | Follow-u NO Summary C_1 | p Releas 08/ |) _R _0 |
|-------------------------------|--|---------|---|---|----------------------------------|-----------------|-------------------|
| Certified Fo | cted> | | | Other (list) | 1_2 | <u>•</u> 3C | $)_4 O_5 O$ |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU! | | ID IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| 345 | С | n | Hand washing sink was | obstructed | | | rrected |
| 040 | 0 | | | | | 00 | 100100 |
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| Received by | v (name and | l title | | Inspected by (name and title p <redacted></redacted> | rinted): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Establishm 300 S Owner Mac´s Owner's Ac <redac Person in C <redac Responsible Certified Fe <redac< th=""><th>e K #4 ent Addres Gree Conv Idress Cted> Cted> Cted> e Person's</th><th>er</th><th>00093 mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 mience Store LLC a ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M</th><th>Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary C</th><th>5) 5/2020 p Releas</th><th>15/2020</th></redac<></redac </redac | e K #4 ent Addres Gree Conv Idress Cted> Cted> Cted> e Person's | er | 00093 mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 mience Store LLC a ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary C | 5) 5/2020 p Releas | 15/2020 |
|---|---|---------|---|--|--------------------------------|--------------------------|--------------|
| • VIOLATIC | 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 |
| 116 | NC | | Self service tongs being use | ed for roller arill | | Co | rrected |
| 110 | | | | | | 00 | 100100 |
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| Received by | (name and | title p | | Inspected by (name and title pr <redacted></redacted> | rinted): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| 8401 Owner | ya G ent Addres N Ker GU TR Idress Cted> harge | s (nu ntu (AC | Cery mber and street, city, state, zip code) Cky Ave, Evansville, IN, 47725 DING INC | (8 (Pu | Pre-Operational | Follow-u NO | .) 5/2020 p Releas | |
|--------------|--|----------------------|---|---------------|------------------------|----------------|--------------------------|---|
| Responsible | | | 1 | ┢ | Temporary | Menu Ty | pe (See addi | tional page) |
| Certified Fo | | er | | | HACCP Other (list) | 1 <u>0</u> 2 | <u>•</u> 3C | $)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$ |
| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | KED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA | ARY OF VIOLATIONS" AN | D IN THE N | | |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By |
| | | | No noted violation | ons | . | | | |
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| Received by | (name and | title p | | | redacted> | inted): | | |
| Received by | (signature) |): | | | bected by (signature): | | | |
| cc: | | | сс: | | | cc: | | |



| Establishm 8401 Owner CHUE Owner's A <reda Person in C</reda | ent Addres N Ker N Ker BU TR ddress cted> Charge | | taurant ^{mber and street, city, state, zip code)} cky Ave, Evansville, IN, 47725 DING INC | Telephone Number (812-868-0830 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted> | Follow-u NO Summary | r) 5/2020 p Releas 08/ | ID # 11054 se Date 15/2020 ns: 2R_2 | | |
|--|--|-----------|---|---|---------------------------|---|---|--|--|
| <reda Responsibl</reda | | | 11 | Temporary HACCP | | | tional page) | | |
| Certified F | | er | | Other (list) | 102 | <u></u> 3 | $\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$ | | |
| • CRITICAI | L ITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | | | |
| VIOLATIC Section# | ON(S) REPE | ATED R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative | MMARY OF VIOLATIONS" AN | D IN THE N | IN THE NARRATIVE BELOW AS "R' To Be Corrected By | | | |
| 116 | NC | к | Employees not wearing ma | sk as required | | | rrected by | | |
| 345 | C | R | Hand washing sink used for | | | | | | |
| 346 | NC | R | No soap available at hand | | | | rrected | | |
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| Received by | | | | Inspected by (name and title p | rinted): | | | | |
| Received by | y (signature |): | | Inspected by (signature): | | | | | |
| cc: | | | cc: | | cc: | | | | |



| Establishm | ent Name | | | Telephone Number | Date of In | | ID # | |
|--|------------|--------|--|--|----------------------------|--------------|-------------|--|
| IHOP | 540 | 4 | | (812-471-0510 | (mm/dd/y | <i>`</i> | 11050 | |
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) | | 08/05 | 5/2020 | | |
| 601 N | Burk | ha | rdt Rd, Evansville, IN, 47715 | (<redacted></redacted> | | | | |
| Owner | | | | Purpose: | Follow-u | | | |
| Muhai | | tl t | tikhar | Routine | No | 08/ | 15/2020 | |
| Owner's A | | | | ✔ Follow-up | Summary | of Violation | 15: | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td></td></reda<> | | | | Complaint | | (| | |
| Person in C | | | | Pre-Operational | | | | |
| <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 | 11 | НАССР | tional page) | | | |
| Certified F | ood Handl | or | | $- 0 \text{ther (list)} \qquad 1 0 2 0 3 0 $ | | | | |
| <redac< td=""><td></td><td></td><td></td><td></td><td>$1 \underline{\bigcirc} 2$</td><td><u> </u></td><td><u>4030</u></td></redac<> | | | | | $1 \underline{\bigcirc} 2$ | <u> </u> | <u>4030</u> | |
| 1 | | DE IN | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N | MADKED "C" | | | | |
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| | - | |) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | JMMARY OF VIOLATIONS" AN | D IN THE N | | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| | | | Corrected all violations from 7 | 7-30-20 inspection | | | | |
| | | | Current dividers at booths installed are approved. Rem | ain at 75% capacity during s | stage 4.5. | | | |
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| Received by | (signature |): | | Inspected by (signature): | | | | |
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| 2700 S Owner Martha Owner's Ad <reda Person in C <reda Responsible</reda </reda | e of (ent Address S Ker a Hag ddress cted> charge cted> e Person's | ss (nu)tu() ge E-ma | mber and street, city, state, zip code) CKY Ave, Evansville, IN, 47714 | Telephone Number (812-422-0572 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u NO Summary C | p Releas 08/ of Violation NC | |
|--|---|-----------------------------------|--|--|--------------------------------|---------------------------------------|--------------|
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| | | | 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 | | | | orrected By |
| Sections | ente | | No noted violatio | าทร | | 10200 | |
| | | | | 5113. | | | |
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| Received by | (name and | l title | | Inspected by (name and title p <redacted></redacted> | rinted): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Establishme 800 N Owner Agape Owner's Ac <redac Person in C <redac Responsible</redac </redac | Ame ent Address Gree Bake barge Cted> harge Cted> Person's | erie | | (4 (4 Pu | lephone Number 312-471-1774 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u NO Summary C | r) 5/2020 P Releas 08/ of Violation NC 0 pe (See addi | |
|---|--|---------|---|--------------------------------|---|--------------------------------|---|---|
| Certified Fo | | .1 | | | · · · | | | <u>, + </u> |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | D IN THE N | ARRATIVE | RELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | | orrected By |
| Section# | ente | K | No noted violatic | ne | | | TOBCCC | Jitelieu Dy |
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| Received by | (name and | title 1 | nrinted). | Insp | bected by (name and title pr | inted): | | |
| Received by | (nume und | une j | | - | redacted> | inted). | | |
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| cc: | | | сс: | | | cc: | | |



| Establishm | SVIIIe | s (nu | ountry Club ^{mber and street, city, state, zip code)} vn Rd, Evansville, IN, 47711 | relephone Number (812-425-2243 (<redacted></redacted> | Date of Ins (mm/dd/yr 08/04 | | id# 10951 |
|--|-------------|-------|---|--|---|--------------|-------------------------------|
| ^{Owner} Evans | ville (| Σοι | untry Club | Purpose: | Follow-u NO | | ^{te Date} 14/2020 |
| Owner's Ac | ldress | | | Follow-up | - | of Violation | |
| Person in C | harge | | | Complaint Pre-Operational | _c 1 | |) 1 |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>0</td><td></td><td></td></reda<> | | | | Temporary | 0 | | |
| Responsible | e Person's | E-ma | a | НАССР | Menu Tyj | be (See addi | tional page) |
| Certified Fo | | er | | Other (list) | $)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$ | | |
| • CRITICAL | ITEMS AR | E IDF | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ARKED "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 |
| 294 | С | R | Dish machine in bar area in | need of service. | | 08/0 |)7/2020 |
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| Received by | | - | | Inspected by (name and title pr <redacted></redacted> | rinted): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



| Establishm | I Joh | ss (nu | on/Canteen mber and street, city, state, zip code) Expressway, Evansville, IN, 47712 | relephone Number (812-429-7337 (<redacted></redacted> | Date of Ins (mm/dd/yr 08/05 | | ^{ID #} 10947 |
|--|--------------------------|---------|--|--|-----------------------------------|--------------|---|
| Owner Gary S Owner's Ad <reda< td=""><td>Schro ddress cted></td><td>ad</td><td>· · ·</td><td>Purpose: Routine Follow-up Complaint</td><td>Follow-u NO Summary</td><td>of Violation</td><td></td></reda<> | Schro ddress cted> | ad | · · · | Purpose: Routine Follow-up Complaint | Follow-u NO Summary | of Violation | |
| Person in C | | | | Pre-Operational | с <u></u> | | \underline{J}_{R} |
| Responsible | | | il | Temporary | Menu Tyj | oe (See addi | tional page) |
| Certified Fo | | er | | HACCP Other (list) | 1 <u>0</u> 2 | <u>_</u> 3 | <u>)</u> ₄ <u>0</u> 5 <u>0</u> |
| • CRITICAL | L ITEMS AF | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| | | | D 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 noted violation | ons. | | | |
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| Received by | v (name and | l title | | Inspected by (name and title provided by (name and title p | rinted): | | |
| Received by | v (signature |): | | Inspected by (signature): | | | |
| cc: | | | сс: | | cc: | | |



| Establishm | e Del ent Address 208 M Howe ddress cted> charge cted> e Person's | | Ice Cream Imber and street, city, state, zip code) St, Evansville, IN, 47708 | <u> </u> | ephone Number 12-422-3026 redacted> rose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u NO Summary C | p Releas 08/ of Violation NC_ | |
|---|---|-------|--|----------|--|--------------------------------|--|--------------|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | | D IN THF N | JARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | WHWI74 | RI OF VIOLATIONS AN | DINTIE | | orrected By |
| Section# | CINC | ĸ | | | | | 10 De Co | битестей Бу |
| | | | No noted violation | ons. | • | | | |
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| Received by | (signature) |): | | Inspe | ected by (signature): | | | |
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| Establishm | | | | Telephone Number | Date of Ins (mm/dd/yr | | ID # |
|--|-------------|-------|--|-----------------------------------|--------------------------|---|------------------|
| | | | A #453 | ⁽ 812-467-7255 | · · | /2020 | 10881 |
| | | | mber and street, city, state, zip code) e, Evansville, IN, 47710 | <pre>(<redacted></redacted></pre> | 00/04 | 12020 | |
| Owner | 11317 | wc | , Evansvine, int, 47710 | Purpose: | Follow-u | n Releas | se Date |
| | nens I | Nor | th Foods LLC | Routine | No | | 14/2020 |
| Owner's Ac | | | | Follow-up | Summary | of Violation | 15: |
| <reda< td=""><td>cted></td><td></td><td></td><td>✔ Complaint</td><td>-</td><td></td><td></td></reda<> | cted> | | | ✔ Complaint | - | | |
| Person in C | | | | Pre-Operational | 1 | NC_ | |
| <reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td>C</td><td></td><td> K</td></reda<> | cted> | | | Temporary | C | | K |
| Responsible | e Person's | E-mai | a de la constante de la consta | | Menu Tyj | pe (See addi | tional page) |
| | | | | НАССР | \frown | $\cap \mathcal{A}$ | $\sim \sim \sim$ |
| Certified Fo | ood Handl | er | Other (list) | $1 \underline{\bigcirc} 2$ | $\bigcirc_3 \bigcirc$ | $\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$ | |
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| CRITICAL | ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| • 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 |
| 116 | NC | | Employees not wearing ma | sk as required. | | Co | rrected |
| 136 | С | | Employee eating in prod | uction area. | | Co | rrected |
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| Received by | rinted): | | | | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | | | | | |



| Establishm | ent Addres | s (nu | 00142 ^{mber and street, city, state, zip code)} nbia St, Evansville, IN, 47710 | Telephone Number (812-424-5313 (<redacted></redacted> | | r) 8/2020 | ID # 10866 |
|---|-------------|--------|---|--|----------------|---------------|---|
| | Conv | ver | nience Store LLC | Purpose: | Follow-u NO | | 16/2020 |
| Owner's A | ddress | | | Follow-up | | of Violation | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>1</td><td></td></reda<> | | | | Complaint | \cap | 1 | |
| Person in C | | | | Pre-Operational | с_ U | NC | $ \underline{R} $ |
| Responsible | | | il | - Temporary | Menu Ty | pe (See addii | tional page) |
| - | | | | HACCP | \sim | | |
| Certified F | | er | | Other (list) | 1 <u>0</u> 2 | | $\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$ |
| • CRITICAI | L ITEMS AR | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | |
| • VIOLATIO | ON(S) REPE | ATEI |) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| 116 | NC | | Self service tongs in use at | the roller grill. | | Co | rrected |
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| Received by | (name and | title | printed): | Inspected by (name and title pr <redacted></redacted> | rinted): | | |
| Received by | (signature) |): | | Inspected by (signature): | | | |
| cc: | | | cc: | | cc: | | |



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|--|------------|-------|--|-----------------------------------|--------------------------|-----------------------|---------------------------|--|
| | | 47(| 00104 | Telephone Number (812-425-1686 | Date of Ins (mm/dd/yr | r) | ID# 10865 | |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | | 08/05 | 5/2020 | | |
| 6801 l | Highw | /ay | 41, Evansville, IN, 47711 | (<redacted></redacted> | | | | |
| Owner | ~ | | | Purpose: | Follow-u | | se Date | |
| | | /er | iience Store LLC | ✔ Routine | No | 08/ | 15/2020 | |
| Owner's A | | | | Follow-up | Summary | of Violation | 15: | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td></td></reda<> | | | | Complaint | \cap | | | |
| Person in C | | | | Pre-Operational | с <u></u> О | NC_ | | |
| Responsible | | | | Temporary | Menu Tva | pe (See addii | | |
| Responsion | | L-ma | u | НАССР | Menu Typ | in (See uuun | | |
| Certified F | ood Handle | er | | Other (list) | $1 \bigcirc 2$ | $\bigcirc_3 \bigcirc$ | $)_4 \bigcirc 5 \bigcirc$ | |
| | | | | | 1 | <u> </u> | | |
| • CRITICAL | LITEMS AR | E IDF | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE N | ADDATIVE | RELOW AS "P" | |
| Section# | C/NC | R | Narrative | MMART OF VIOLATIONS AN | DINTIL | | orrected By | |
| | NC | ĸ | | or rollor dog grill | | | | |
| 116 | INC | | Using non-disposable tongs f | or roller dog grill. | | | rrected | |
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| Received by | | | | Inspected by (signature): | | | | |
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| cc: | | | cc: | | cc: | | | |



| Angelo's Italian Restaurant Establishment Address (number and street, city, state, zip code) 305 Main St, Evansville, IN, 47708 | | | | | (8) (< | 12-428-6666 redacted> | | ; /2020 | id# 10843 | |
|--|-----------|----------|--|----------------------------|--|-----------------------------|-----------------|---------------|--------------------------|--|
| owner Anaelo | o Bas | sa | m Jawabreh | | | rpose: Routine | Follow-u Yes | | e Date 14/2020 | |
| Owner's Ad | ldress | | | | | Follow-up | | of Violation | | |
| <reda< td=""><td></td><td></td><td></td><td></td><td></td><td>Complaint</td><td colspan="4"></td></reda<> | | | | | | Complaint | | | | |
| Person in C | | | | | | Pre-Operational | <u>с</u> 1 | | ר _R כ | |
| <i eual<="" td=""><td></td><td></td><td>:1</td><td></td><td></td><td>Temporary</td><td>Menu Tu</td><td>oe (See addii</td><td>tional naga)</td></i> | | | :1 | | | Temporary | Menu Tu | oe (See addii | tional naga) | |
| Responsible | | L-ma | п | | | НАССР | | | | |
| Certified Fo | | er | | | | Other (list) | 1 <u>0</u> 2 | <u></u> 3 | <u>4050</u> | |
| • CRITICAL | ITEMS AR | E IDF | ENTIFIED IN THE CHECKLIS | T AND NARRATIVE COLUMNS M | ARK | ED "C" | | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTI | ONS ARE DENOTED IN THE "SU | MMA | RY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | | Narrative | | | | To Be Co | orrected By | |
| 218 | NC | R | Reach in coole | r doors and seals in | ne | ed of replaceme | ent. | 08/19/2020 | | |
| 285 | NC | R | Dishwasher not reaching required temperature. Use 3 compartment sink until repaired. | | | | | | 08/19/2020 | |
| 177 | С | R | Βι | ulk items improperly | CO\ | /ered. | | 08/04/2020 | | |
| 174 | NC | | Bulk food item containers lacking label with common food name. | | | | | |)4/2020 | |
| 256 | NC | | Reach in coolers lacking thermometers. | | | | 08/04/2020 | | | |
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| Received by | | - | printed): | | - | ected by (name and title pr | rinted): | | | |
| <reda< td=""><td>acteo</td><td><u> </u></td><td></td><td></td><td><r< td=""><td>edacted></td><td></td><td></td><td></td></r<></td></reda<> | acteo | <u> </u> | | | <r< td=""><td>edacted></td><td></td><td></td><td></td></r<> | edacted> | | | | |
| Received by (signature): | | | | Insp | ected by (signature): | | | | | |
| cc: cc: | | | | | | | cc: | | | |



| 628 E Owner MHD Owner's Ad <redae Person in C <redae Responsible</redae </redae | s Etc ent Addres Diam Holdin ddress cted> cted> cted> cted> a Person's | is (nui ION Igs E-mai | mber and street, city, state, zip code) d, Evansville, IN, 47710 s Evansville | Telephone Number (812-909-2945 (<redacted> Purpose: Purpose: Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u NO Summary C | r) 1/2020 p Releas | 14/2020 | |
|---|---|--------------------------------|---|---|--------------------------------|--------------------------|--------------|--|
| <redac< td=""><td></td><td>E IDF</td><td>NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M</td><td>IARKED "C"</td><td></td><td></td><td></td></redac<> | | E IDF | 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 | | | To Be Co | orrected By | |
| 116 | NC | | Employees not wearing ma | sk as required | | | rrected | |
| 110 | | | Employees not wearing ma | | | 00 | Teelea | |
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| Establishm | | | | Telephone Number | Date of Ins (mm/dd/yr | spection | ID # | |
|---|--------------|--------|--|---------------------------------|-----------------------------------|--------------|---------------------------------|--|
| Comfort By the Cross Eyed-Cricket | | | | (812-760-7167 | · · | /2020 | 13774 | |
| | | | mber and street, city, state, zip code) Evansville, IN, 47708 | (<redacted></redacted> | | | | |
| ^{Owner} Joshu | | | | Purpose: | Follow-uj NO | | ^{e Date} 16/2020 | |
| JUSIIU Owner's A | | | a | ✔ Routine | | | | |
| <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 | harge | | | Complaint Pre-Operational | $\begin{bmatrix} 0 \end{bmatrix}$ | NC_ | 3 _R 1 | |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>C</td><td></td><td></td></reda<> | | | | Temporary | C | | | |
| Responsible | e Person's | E-ma | 11 | НАССР | Menu Typ | be (See addi | tional page) | |
| Certified F | up Handl | or | | Other (list) | $1 \bigcirc 2$ | | $)_{4} \bigcap_{5} \bigcap_{7}$ | |
| <redac< td=""><td></td><td>cı</td><td></td><td></td><td>1<u>0</u>2</td><td><u>_;_</u></td><td><u>4030</u></td></redac<> | | cı | | | 1 <u>0</u> 2 | <u>_;_</u> | <u>4030</u> | |
| • CRITICAI | LITEMS AF | RE IDH | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "C" | | | | |
| • VIOLATIC | DN(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 | |
| 116 | NC | | Employees not wearing ma | ask as required. | | Co | rrected | |
| 245 | NC | R | Wiping cloths not properly stored in | sanitizer between | uses. | Corrected | | |
| 217 | NC | | Replace missing handle on walk-in re | frigerator in main ki | tchen. | 08/10/2020 | | |
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| Received by | v (signature |): | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |



| | ent Addres N Firs N Firs Adress Cted> Cted> Cted> cted> cted> a Person's | ss (nu st A Sin | mber and street, city, state, zip code) Ne, Evansville, IN, 47710 Igh | Telephone Number (812-492-0012 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u No Summary C | r) 5/2020 p Releas |) _R 0 |
|-------------|---|-----------------------|--|--|--------------------------------|--------------------------|------------------|
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | ND IN THE M | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| Section# | C/IIC | K | | | | TOBECO | JITECIEU By |
| | | | No noted violation | ons. | | | |
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| cc: | | | cc: | | cc: | | |



| 1601 Owner Amrine Owner's Ad <reda Person in C <reda Responsible Certified Fe</reda </reda | ssma ent Address N Firs derjit ddress cted> cted> cted> cted> cted> a Person's | s (nun t A Ka E-mai er | il ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | Follow-u NO Summary C Menu Ty 12 | r) 5/2020 p Releas 08/ of Violation NC | $\frac{2}{1000} \frac{1}{1000} \frac{1}{1000$ | |
|---|--|------------------------------------|---|--|---|---|--|--|
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | | | |
| Section# | C/NC | R | Narrative | | | | prrected By | |
| 116 | NC | | Employees not wearing fa | ace covering. | ce covering. | | | |
| 346 | NC | | Hand soap not provided | at hand sink. | 08/05/2020 | | | |
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| Received by | (name and | title p | | Inspected by (name and title pr <redacted></redacted> | rinted): | | | |
| Received by | (signature) |): | | Inspected by (signature): | | | | |
| cc: | | | сс: | | cc: | | | |



| 303 M Owner Sharo Owner's Ac <redae Person in C <redae Responsible</redae </redae | ned ent Addres ain S n Len Idress cted> harge cted> e Person's | t., nor E-mai | | Telephone Number (812-550-1393 (<redated> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) MARKED "C"</redated> | Follow-u NO Summary C |) /2020 P Releas 08/ of Violation NC_ | | |
|--|--|---------------------|--|---|--------------------------------|---|--------------|--|
| • 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 noted violation | ons. | | | | |
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| | | | | Inspected by (signature): | | | | |
| cc: | | | cc: | | cc: | | | |



| Establishm | ont Namo | | | Τ¢ | elephone Number | Date of In | snection | ID # | |
|--|------------|--------|---|------|--------------------------------|----------------------------|--------------|--|--|
| Subway | | | | | (Q1 かどs和は広山1222) (mm/dd/yr) 1/ | | | | |
| Establishment Address (number and street, city, state, zip code) | | | | | | 08/04 | 1/2020 | 14208 | |
| 301 Main St, Evansville, IN, 47708 | | | | |) Owner | | | | |
| Owner | | -, - | | Pu | irpose: | Follow-u | p Releas | se Date | |
| Paul k | Kuma | r | | | Routine | No | | 14/2020 | |
| Owner's A | | | | ╏── | Follow-up | Summary | of Violation | 15: | |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<> | | | | | Complaint | | | | |
| Person in C | Charge | | | | Pre-Operational | | | $\mathbf{D}_{\mathbf{R}}$ | |
| <reda< td=""><td></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 Ty | pe (See addi | tional page) | |
| Certified F | and Handl | | | | Other (list) | $1 \bigcirc 2$ | \bigcirc | $)_{1} \bigcirc _{1} \bigcirc _{1} \bigcirc$ | |
| <redac< td=""><td></td><td>er</td><td></td><td></td><td></td><td>$1 \underline{\bigcirc} 2$</td><td></td><td><u>/4030</u></td></redac<> | | er | | | | $1 \underline{\bigcirc} 2$ | | <u>/4030</u> | |
| | | DE INI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | /ADL | ZED "C" | | | | |
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| | | | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA | ARY OF VIOLATIONS" AN | D IN THE I | | | |
| Section# | C/NC | R | Narrative | | | | To Be Co | orrected By | |
| | | | No violations | • | | | | | |
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| Received by (name and title printed): <redacted></redacted> | | | Inspected by (name and title printed): <redacted></redacted> | | | | | | |
| Received by (signature): | | | | | Inspected by (signature): | | | | |
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| cc: | | | сс: | | | cc: | | | |