

| Establishm  |                       | -         |  | Telephone Number                | ection  | ID #         |                        |  |  |
|---|-----------------------|-----------|--|---------------------------------|---|--------------|------------------------|--|--|
|   |                       |           | zen Custard of Evansville  | (812-909-4395                   | (mm/dd/yr)<br>08/03/                            | 2020         | 12291                  |  |  |
| 2848  |                       |           | mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715 | ( <redacted></redacted>         |   |              |                        |  |  |
| <sup>Owner</sup><br>M&M   | Custa                 | ard       | LLC  | Purpose:                        | Follow-up<br>NO                                 |              | se Date <b>13/2020</b> |  |  |
| 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):  |              |                        |  |  |
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| Received by   | (signature            | ):        |  | Inspected by (signature):       |   |              |                        |  |  |
| cc:   |                       |           | cc:  |                                 | cc:   |              |                        |  |  |



| 222 M   | ent Addres  |      | mber and street, city, state, zip code)<br>Evansville, IN, 47708 | (8)<br>(< | ephone Number<br>12-423-9854<br>redacted> | spection<br>)<br>/2020    | ID#<br>12201  |                       |  |
|---|-------------|------|--|-----------|---|---------------------------|---------------|-----------------------|--|
| <sub>Owner</sub><br>Rosah   | oel Ma      | ana  | alo-Ibay   |           | rpose:<br>Routine                         | Follow-u<br>Yes           |               | e Date <b>14/2020</b> |  |
| Owner's Ac  |             |      |  |           | Koutine<br>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<br>Pre-Operational              | <u>3</u>                  |               | I <sub>□</sub> 3      |  |
| <reda< td=""><td>cted&gt;</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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| cc: cc: cc:   |             |      |  |           |   |                           |               |                       |  |



| 943 N<br>Owner<br>Jay To<br>Owner's Ad<br><reda< th=""><th>n`s D<br/>ent Addres<br/>Gree<br/>Ortoric<br/>ddress<br/>cted&gt;<br/>Charge</th><th>is (nu<br/>en F<br/>ce</th><th>mber and street, city, state, zip code)<br/>River Rd, Evansville, IN, 47715</th><th>(8<br/>(~<br/>Pu</th><th>lephone Number<br/>12-471-9905<br/>Credacted&gt;<br/>rpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational</th><th><sup>Follow-u</sup><br/>NO</th><th>p Releas<br/>08/</th><th>ID #<br/>12134<br/>ise Date<br/>15/2020<br/>is:<br/>R</th></reda<> | n`s D<br>ent Addres<br>Gree<br>Ortoric<br>ddress<br>cted><br>Charge | is (nu<br>en F<br>ce | mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715 | (8<br>(~<br>Pu | lephone Number<br>12-471-9905<br>Credacted><br>rpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational | <sup>Follow-u</sup><br>NO | p Releas<br>08/ | ID #<br>12134<br>ise Date<br>15/2020<br>is:<br>R |
|--|---|----------------------|--|----------------|---|---------------------------|-----------------|--|
| <reda<br>Responsible</reda<br>   |   |                      | 1  | -              | Temporary   | Menu Tv                   |                 | tional page)                                     |
| Certified Fo   | ood Handle  |                      |  |                | HACCP<br>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<br>NC  | R<br>R               | Narrative  | 100            | utonoilo  |                           |                 | orrected By                                      |
| 234 NC R Improper storage of in  |   |                      |  | ise            |   |                           | 06/0            | )5/2020  |
|  |   |                      |  |                |   |                           |                 |  |
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| Establishm<br>624 E<br>Owner<br>Philip<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible</reda<br></reda<br>               | ent Addres<br>Diam<br>G Dz<br>ddress<br>Cted><br>Cted><br>Cted><br>cted><br>cted><br>ood Handl | ss (nu<br>NON<br>ien |   | Telephone Number<br><sup>(812-422-4999)</sup><br><sup>(</sup> <redacted><br/>Purpose:<br/>✓ Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | p Releas<br>08/<br>of Violation<br>NC_ |              |
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| <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<br>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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|   | ongi<br>ent Addres<br>E Indi<br>Week | an<br>(s | mber and street, city, state, zip code)<br>a St, Evansville, IN, 47715 | ()<br>()<br>Pu<br>() | Routine                              | Follow-u<br>NO<br>Summary | r)<br>5/2020<br>p Releas<br>08/<br>v of Violation |  |  |
|---|--------------------------------------|----------|--|----------------------|--------------------------------------|---------------------------|---|--|--|
| Person in C   | harge                                |          |  | ┢                    | Complaint<br>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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| Establishm  | ningto      | s (nur | Food Mart<br>mber and street, city, state, zip code)<br>ton Ave, Evansville, IN, 47714 | Telephone Number<br>(812-402-2101<br>( <redacted><br/>Purpose:</redacted> | Date of In<br>(mm/dd/y<br>08/04<br>Follow-u | r)<br>1/2020 | ID #<br>11999<br>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><math>\sim</math></td></reda<> |             |        |  | Complaint   | 2   |              | $\sim$  |  |  |
| Person in C   |             |        |  | Pre-Operational   | с_ <b>∠</b>                                 | 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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| Establishm  | a Inte     | ss (nu | ational Market<br>mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715 | <sup>Telephone Number</sup><br>(812-479-7168<br>( <redacted></redacted> | Date of In:<br>(mm/dd/yr<br>08/05 |              | ID#<br>11898       |
|---|------------|--------|--|---|-----------------------------------|--------------|--------------------|
| <sup>Owner</sup><br>Aihua   | Sun        |        |  | Purpose:  | Follow-u<br>Yes                   |              | se Date<br>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><math>I_{R}</math></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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| Received by   |            |        |  | Inspected by (name and title p <redacted></redacted>                    | rinted):                          |              |                    |
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|   | dy's #<br>ent Addres<br>Burk<br>'US, I<br>ddress | nc.        | )<br>er and street, city, state, zip code)<br>It Rd, Evansville, IN, 47715 | Telephone Number<br>(812-471-4395<br>( <redacted><br/>Purpose:<br/>Purpose:<br/>Follow-up<br/>Complaint</redacted> | <sup>Follow-u</sup><br>NO | r)<br>6/2020<br>P Releas<br>08/<br>08/ |             |  |
|---|--|------------|--|--|---------------------------|--|-------------|--|
| Person in C   |  |            |  | Pre-Operational  | с <u></u> U               | NC                                     | $I_{R}$     |  |
| Responsible   |  |            |  | Temporary Menu Type (See additional page   |                           |  |             |  |
| Certified F   |  | er         |  | HACCP<br>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<br>NC                                       | R          | Narrative<br>Employees improperly wea                                      | ring face masks  |                           |  | orrected By |  |
| 110   | NO   |            |  |  |                           | 00                                     | TECIEU      |  |
|   |  |            |  |  |                           |  |             |  |
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| Received by   |  |            |  | Inspected by (signature):  |                           |  |             |  |
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| Establishm   |             |        |  | Telephone Number   | ID #                       |              |              |  |
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|  |             |        | East Coast Subs  | (812-402-7366  | (mm/dd/yr)<br>08/05        | /2020        | 11782        |  |
|  |             |        | mber and street, city, state, zip code)<br>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  | <b>. ()</b>                | 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) |  |
|  |             |        |  |  |                            |              |              |  |
| 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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| Received by  | (signature) | ):     |  | Inspected by (signature):                                |                            |              |              |  |
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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) |                |                       |                         |  |
|--|--------------|-----------|---------------------------------|-----------------------------|--|----------------|-----------------------|-------------------------|--|
|  |              |           | 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           |  | <b>.</b>       | <b>D</b> 1            |                         |  |
| Owner<br>Cory E  | =dwa         | rds       |                                 |                             | Purpose:   | Follow-u<br>NO |                       | te Date 16/2020         |  |
| Owner's A  |              |           |                                 |                             | Follow-up  |                | of Violation          |                         |  |
| <reda< td=""><td>cted&gt;</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 <b>D "</b> 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<br>ent Address<br>Rose<br>FOOD<br>Idress<br>Cted><br>harge<br>Cted><br>cted><br>e Person's | s (nu<br>nbe<br>DS | mber and street, city, state, zip code)<br>erger Ave, Evansville, IN, 47712<br>INC | (812<br>( <re<br>Purpos<br/>Foll<br/>Con<br/>Pre-<br/>Ten<br/>HA(</re<br> |                                    | Follow-up<br>NO<br>Summary<br>C | )<br>/2020<br>P<br>Releas<br>08/<br>of Violatior<br>NC | _            |
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|   |  |                    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                                  |   |                                    | D IN THE N                      | ARRATIVE   | BELOW AS "R" |
| Section#  | C/NC   | R                  | Narrative  |   |                                    |                                 | To Be Co   | orrected By  |
| Sections  | 0/110  |                    | No noted violatio  | 200   |                                    |                                 | 10 20 00   |              |
|   |  |                    |  | JII5.   |                                    |                                 |  |              |
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| Received by   | (name and  | title              |  | -   | d by (name and title pr<br>dacted> | inted):                         |  |              |
| Received by   | (signature)  | ):                 |  | Inspected   | d by (signature):                  |                                 |  |              |
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|             | aver<br>ent Addres<br>Virgil<br>erbert<br>ddress<br>cted><br>Charge<br>cted><br>e Person's | ss (nu<br>nia<br>E-ma | mber and street, city, state, zip code)<br>St, Evansville, IN, 47711                                    | Telephone Number<br>(812-422-0904<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C_ | r)<br>6/2020<br>p Releas<br>08/<br>r of Violation<br>NC | ID # 11686 se Date 16/2020 ns: $R 0$ tional page) $4050$ |
|-------------|--|-----------------------|---|--|---------------------------------|---|--|
|             |  |                       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N<br>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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| cc:         |  |                       | cc:   |  | cc:                             |   |  |



|             | thon<br>ent Address<br>Louis<br>HJAN<br>ddress<br>cted><br>charge<br>cted><br>e Person's | ss (nur<br>Siar<br>NS | mber and street, city, state, zip code)<br>na St, Evansville, IN, 47711<br>INGH | Telephone Number<br>(812-461-2301<br>( <redacted><br/>Purpose:<br/>✓Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/></redacted> | Follow-u<br>NO<br>Summary<br>C | p Releas<br>08/<br>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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| Received by | (name and  | title p               | printed):   | Inspected by (name and title p <redacted></redacted>   | rinted):                       |                                 |             |
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| Establishm             | I FOO         | ss (nu    | Mart Inc.<br><sup>Imber and street, city, state, zip code)</sup><br>e Rd, Evansville, IN, 47710 | Telephone Number<br>(856-857-5626<br>( <redacted></redacted> | 00/00                           | r)<br>8/2020 | ID #<br>11666<br>se Date                |  |  |
|------------------------|---------------|-----------|---|--|---------------------------------|--------------|---|--|--|
| Sachi                  | n Pate        | əl        |   | Purpose:   | Follow-u<br>NO                  |              | <sup>se Date</sup> 16/2020              |  |  |
| Owner's A              |               |           |   | Follow-up  | -                               | of Violation | ns:                                     |  |  |
| Person in C            |               | 1         |   | Complaint<br>Pre-Operational<br>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<br>Section# | ON(S) REPE    | ATEE<br>R | D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU<br>Narrative                                 | MMARY OF VIOLATIONS" AN                                      | D IN THE N                      |              | BELOW AS "R"                            |  |  |
| 146                    | NC            | K         | Packaged pizza in freezer lac   |  |                                 |              | )7/2020                                 |  |  |
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| Received by            | / (name and   | title     |   | Inspected by (name and title p<br><redacted></redacted>      | rinted):                        |              |   |  |  |
| Received by            | / (signature) | ):        |   | Inspected by (signature):                                    |                                 |              |   |  |  |
| cc:                    |               |           | cc:   |  | cc:                             |              |   |  |  |



| Establishme<br>Gattitt<br>Establishme<br>316 N<br>Owner<br>Adven<br>Owner's Ad<br><redat<br>Person in C<br/><redat<br>Responsible</redat<br></redat<br>                 | own<br>ent Address<br>Gree<br>t IN L<br>Idress<br>cted><br>harge<br>cted><br>ood Handle | E-ma    |  | (8)<br>( ~<br>Pu | lephone Number<br>12-473-3800<br><b>Complaint</b><br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C_1 | )<br>5/2020<br>P Releas<br>08/<br>06 Violation<br>NC |             |
|---|---|---------|--|------------------|--|----------------------------------|--|-------------|
| <ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S</li> </ul> |   |         |  |                  |  |                                  |  |             |
|   |   |         |  | 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<br>Owner<br>Eric W<br>Owner's Ad<br><redae<br>Person in C<br/><redae<br>Responsible<br/>Certified Fo</redae<br></redae<br> | e Slic<br>ent Addres<br>_incol<br>/eber<br>ddress<br>cted><br>cted><br>cted><br>e Person's | ss (nu<br>n /<br>E-ma | mber and street, city, state, zip code)<br>Ave, Evansville, IN, 47714<br>il | $ \begin{array}{c} (812-499-9659 \\ ( \\ 08/04/2020 \\ \hline \\ 08/04/202 \\ \hline \\ 0$ |            |           |              |  |  |
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|   |  |                       | ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI                         |   | D IN THE N | NARRATIVE | BELOW AS "R" |  |  |
| Section#  | C/NC   | R                     | Narrative   |   |            | To Be Co  | orrected By  |  |  |
|   | 0,010  |                       | No noted violatio   | 200   |            |           |              |  |  |
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| Establishm  |            |         |  | Telephone Number   | Date of In<br>(mm/dd/y          |                                   | ID #             |  |
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| Wend  |            |         |  | (812-477-4522  | · ·                             | ,<br>/2020                        | 11437            |  |
|   |            |         | mber and street, city, state, zip code)<br>Ave., Evansville, IN, 47714 | <pre>(<redacted></redacted></pre>  | 00,0                            |                                   |                  |  |
| <sup>Owner</sup><br>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 <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 additional page) |                                   |                  |  |
| Certified F   | ood Handl  | er      |  | Other (list)   |                                 |                                   |                  |  |
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| • 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"     |  |
| Section#  | C/NC       | R       | Narrative  |  |                                 | To Be Co                          | orrected By      |  |
|   |            |         | No noted violation   | ons.   |                                 |                                   |                  |  |
|   |            |         |  |  |                                 |                                   |                  |  |
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| Received by   | (name and  | l title | · /  | Inspected by (name and title provided by (name and title p | rinted):                        |                                   |                  |  |
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| Establishm<br>811 E<br>Owner<br>Volunt<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible</reda<br></reda<br> | nteers<br>ent Addres<br>Fran<br>teers<br>ddress<br>cted><br>charge<br>cted><br>e Person's | ss (nu<br>klir<br>Of<br>E-ma | f America<br>mber and street, city, state, zip code)<br>n St, Evansville, IN, 47711<br>America           | Telephone Number<br>(812-423-1949<br>( <redational<br>Purpose:<br/>✓ Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redational<br> | Follow-u<br>NO<br>Summary<br>C_ | r)<br>6/2020<br>p Releas<br>08/<br>of Violation<br>NC<br>pe (See addi | · ·          |
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|   |   |                              | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI |   | D IN THE N                      | ARRATIVE  | BELOW AS "R" |
| Section#  | C/NC  | R                            | Narrative  |   |                                 |   | orrected By  |
| Section#  | CINC  | К                            |  |   |                                 | TO BE CO  | frected by   |
|   |   |                              | No noted violation   | ons.  |                                 |   |              |
|   |   |                              |  |   |                                 |   |              |
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|             | g-Lee<br>lain S<br>hung<br>ddress<br>cted><br>Charge<br>cted> | Ju |   |                           | lephone Number<br>12-228-9890<br>(redacted)<br>rpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP | Follow-u<br>Yes<br>Summary<br>C_1 | r)<br>1/2020<br>p Releas | 14/2020<br>                  |
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| Certified F |   | er |   | -<br>                     | 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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| D 11        |   |    | · · · 1)  | T                         |   | 1                                 |                          |                              |
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| Establishm  | Retr        | ss (nu   | at House<br>Imber and street, city, state, zip code)<br>cky Ave, Evansville, IN, 47711 | ( <b>8</b> ) | lephone Number<br>8124245536<br>) Owner | Date of In<br>(mm/dd/yr<br>08/04 |                     | ID#<br>11298  |  |
|-------------|-------------|----------|--|--------------|---|----------------------------------|---------------------|---|--|
| Owner       |             |          | House  | Pu           | rpose:<br>Routine                       | Follow-u<br>NO                   | se Date<br>14/2020  |   |  |
| Owner's A   | ddress      |          |  |              | Follow-up                               |                                  | of Violation        |   |  |
| Person in C |             |          |  |              | Complaint<br>Pre-Operational            | <u>с_0</u>                       | (                   | ) <sub>R</sub> _0   |  |
| Responsible | e Person's  | E-ma     | il   |              | Temporary<br>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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| Establishm<br>1824<br>Owner   | City<br>ent Addres<br>W Fra | ank   | agles #4023<br>mber and street, city, state, zip code)<br>(lin St, Evansville, IN, 47712 | Telephone Number<br>(812-422-2956<br>( <redacted><br/>Purpose:</redacted> | Follow-u   | r)<br>5/2020<br>p Releas | ID #<br>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       |
|   |                             |       |  | ge  |            |                          |               |
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| Received by   | (name and                   | title | printed):  | Inspected by (name and title p<br><redacted></redacted>                   | rinted):   |                          |               |
| Received by   | (signature)                 | ):    |  | Inspected by (signature):   |            |                          |               |
| cc:   |                             |       | cc:  |   | cc:        |                          |               |



| Establishm<br>310 N<br>Owner | A HU<br>ent Addres<br>St.Jc<br>A HUT<br>ddress<br>Cted><br>charge<br>cted><br>e Person's | ss (nu<br>DSE<br>O | #316305<br>mber and street, city, state, zip code)<br>ph Ave, Evansville, IN, 47712<br>F AMERICA LLC c/o DMA |   | lephone Number<br>12-424-4433<br><b>Complaint</b><br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | r)<br>5/2020<br>p Releas | ) <sub>R</sub> _0 |
|------------------------------|--|--------------------|--|---|--|--------------------------------|--------------------------|-------------------|
|                              |  |                    | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N<br>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        |
|                              |  |                    |  | JUS   |  |                                |                          |                   |
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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):                       |                          |                   |
| Received by                  | (signature   | ):                 |  | Insp  | ected by (signature):  |                                |                          |                   |
| cc:                          |  |                    | cc:  |   |  | cc:                            |                          |                   |



| Establishme<br>4701 L<br>Owner | ent Addres<br>_incol<br>Enter<br>ddress<br>cted><br>harge<br>cted><br>Person's | s (nui<br>n /<br>pri | Lincoln Ave<br>mber and street, city, state, zip code)<br>Ave., EVANSVILLE, IN, 47715<br>ses LLC      | Telephone Number<br>(812-477-7041<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | )<br>/2020<br>P Releas<br>08/<br>of Violatior<br>NC | 14/2020<br>IS: |  |
|--------------------------------|--|----------------------|---|--|--------------------------------|---|----------------|--|
|                                |  |                      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>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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| Pagainad by                    | (name and  | title r              | vintad).  | Inspected by (name and title p   | cintad):                       |   |                |  |
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| Establishm<br>3100 N<br>Owner | y's C<br>ent Addres<br>N St.Jo<br>ddress<br>cted><br>Charge<br>cted> | arke    | neral Store #2296<br><sup>mber and street, city, state, zip code)</sup><br>ph Ave, EVANSVILLE, IN, 47720<br>eting Company | Telephone Number<br>(812-423-2804<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP</redacted> | Follow-u<br>NO<br>Summary<br>C_1 | p Releas<br>08/ | ) <sub>R</sub> _0 |
|-------------------------------|--|---------|---|---|----------------------------------|-----------------|-------------------|
| Certified Fo                  | cted>  |         |   | Other (list)  | 1_2                              | <u>•</u> 3C     | $)_4 O_5 O$       |
|                               |  |         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>) 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                   | (signature)  | ):      |   | Inspected by (signature):   |                                  |                 |                   |
| cc:                           |  |         | cc:   |   | cc:                              |                 |                   |



| Establishm<br>300 S<br>Owner<br>Mac´s<br>Owner's Ac<br><redac<br>Person in C<br/><redac<br>Responsible<br/>Certified Fe<br/><redac< th=""><th>e K #4<br/>ent Addres<br/>Gree<br/>Conv<br/>Idress<br/>Cted&gt;<br/>Cted&gt;<br/>Cted&gt;<br/>e Person's</th><th>er</th><th>00093<br/>mber and street, city, state, zip code)<br/>River Rd, Evansville, IN, 47715<br/>mience Store LLC<br/>a<br/>ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M</th><th>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</th><th>Follow-u<br/>NO<br/>Summary<br/>C</th><th>5)<br/>5/2020<br/>p Releas</th><th>15/2020</th></redac<></redac<br></redac<br> | e K #4<br>ent Addres<br>Gree<br>Conv<br>Idress<br>Cted><br>Cted><br>Cted><br>e Person's | er      | 00093<br>mber and street, city, state, zip code)<br>River Rd, Evansville, IN, 47715<br>mience Store LLC<br>a<br>ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | Purpose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | 5)<br>5/2020<br>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<br><b><redacted></redacted></b>  | rinted):                       |                          |              |
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| 8401 Owner   | ya G<br>ent Addres<br>N Ker<br>GU TR<br>Idress<br>Cted><br>harge | s (nu<br>ntu (<br>AC | Cery<br>mber and street, city, state, zip code)<br>Cky Ave, Evansville, IN, 47725<br>DING INC | (8<br>(<br>Pu | Pre-Operational        | Follow-u<br>NO | .)<br>5/2020<br>p Releas |   |
|--------------|--|----------------------|---|---------------|------------------------|----------------|--------------------------|---|
| Responsible  |  |                      | 1   | ┢             | Temporary              | Menu Ty        | pe (See addi             | tional page)                                      |
| Certified Fo |  | er                   |   |               | HACCP<br>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           | <b>.</b>               |                |                          |   |
|              |  |                      |   |               |                        |                |                          |   |
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| Establishm<br>8401<br>Owner<br>CHUE<br>Owner's A<br><reda<br>Person in C</reda<br> | ent Addres<br>N Ker<br>N Ker<br>BU TR<br>ddress<br>cted><br>Charge |           | taurant<br><sup>mber and street, city, state, zip code)</sup><br>cky Ave, Evansville, IN, 47725<br>DING INC | Telephone Number<br>(812-868-0830<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational</redacted> | Follow-u<br>NO<br>Summary | r)<br>5/2020<br>p Releas<br>08/                     | ID #<br>11054<br>se Date<br>15/2020<br>ns:<br>2R_2            |  |  |
|--|--|-----------|---|---|---------------------------|---|---|--|--|
| <reda<br>Responsibl</reda<br>  |  |           | 11  | Temporary<br>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<br>R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU<br>Narrative   | MMARY OF VIOLATIONS" AN   | D IN THE N                | IN THE NARRATIVE BELOW AS "R'<br>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   |  |  |
|  |  |           | •   | 5   |                           |   |   |  |  |
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| Received by  |  |           |   | Inspected by (name and title p  | rinted):                  |   |   |  |  |
| Received by  | y (signature   | ):        |   | Inspected by (signature):   |                           |   |   |  |  |
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| 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><math>1 \underline{\bigcirc} 2</math></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"   |                            |              |             |  |
|  |            |        |  |  |                            |              |             |  |
|  | -          |        | ) 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  |            |        |  | Inspected by (name and title p <redacted></redacted> | rinted):                   |              |             |  |
| Received by  | (signature | ):     |  | Inspected by (signature):                            |                            |              |             |  |
|  |            |        |  |  |                            |              |             |  |
| cc:  |            |        | cc:  |  | cc:                        |              |             |  |



| 2700 S<br>Owner<br>Martha<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible</reda<br></reda<br> | e of (<br>ent Address<br>S Ker<br>a Hag<br>ddress<br>cted><br>charge<br>cted><br>e Person's | ss (nu<br>)tu(<br>)<br>ge<br>E-ma | mber and street, city, state, zip code)<br>CKY Ave, Evansville, IN, 47714                                | Telephone Number<br>(812-422-0572<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | p Releas<br>08/<br>of Violation<br>NC |              |
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|  |   |                                   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>) 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<br>800 N<br>Owner<br>Agape<br>Owner's Ac<br><redac<br>Person in C<br/><redac<br>Responsible</redac<br></redac<br> | Ame<br>ent Address<br>Gree<br>Bake<br>barge<br>Cted><br>harge<br>Cted><br>Person's | erie    |   | ( <b>4</b><br>( <b>4</b><br>Pu | lephone Number<br>312-471-1774<br><redacted><br/>rpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | r)<br>5/2020<br>P Releas<br>08/<br>of Violation<br>NC 0<br>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                                   |
|   |  |         |   | 113                            | ).  |                                |   |   |
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| Received by   | (name and  | title 1 | nrinted).   | Insp                           | bected by (name and title pr  | inted):                        |   |   |
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| Establishm   | SVIIIe      | s (nu | ountry Club<br><sup>mber and street, city, state, zip code)</sup><br>vn Rd, Evansville, IN, 47711 | relephone Number<br>(812-425-2243<br>( <redacted></redacted> | Date of Ins<br>(mm/dd/yr<br>08/04                 |              | id#<br>10951                  |
|--|-------------|-------|---|--|---|--------------|-------------------------------|
| <sup>Owner</sup><br>Evans  | ville (     | Σοι   | untry Club  | Purpose:   | Follow-u<br>NO                                    |              | <sup>te Date</sup><br>14/2020 |
| Owner's Ac   | ldress      |       |   | Follow-up  | -   | of Violation |                               |
| Person in C  | harge       |       |   | Complaint<br>Pre-Operational                                 | <sub>c</sub> 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<br><redacted></redacted>     | rinted):  |              |                               |
| Received by  | (signature) | ):    |   | Inspected by (signature):                                    |   |              |                               |
| cc:  |             |       | cc:   |  | cc:   |              |                               |



| Establishm   | I Joh                    | ss (nu  | on/Canteen<br>mber and street, city, state, zip code)<br>Expressway, Evansville, IN, 47712 | relephone Number<br>(812-429-7337<br>( <redacted></redacted>   | Date of Ins<br>(mm/dd/yr<br>08/05 |              | <sup>ID #</sup><br>10947                  |
|--|--------------------------|---------|--|--|-----------------------------------|--------------|---|
| Owner<br>Gary S<br>Owner's Ad<br><reda< td=""><td>Schro<br/>ddress<br/>cted&gt;</td><td>ad</td><td>· · ·</td><td>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint</td><td>Follow-u<br/>NO<br/>Summary</td><td>of Violation</td><td></td></reda<> | Schro<br>ddress<br>cted> | ad      | · · ·  | Purpose:<br>Routine<br>Follow-up<br>Complaint  | Follow-u<br>NO<br>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<br>Other (list)  | 1 <u>0</u> 2                      | <u>_</u> 3   | <u>)</u> <sub>4</sub> <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<br>ent Address<br>208 M<br>Howe<br>ddress<br>cted><br>charge<br>cted><br>e Person's |       | Ice Cream<br>Imber and street, city, state, zip code)<br>St, Evansville, IN, 47708                       | <u> </u> | ephone Number<br>12-422-3026<br>redacted><br>rose:<br>Routine<br>Follow-up<br>Complaint<br>Pre-Operational<br>Temporary<br>HACCP<br>Other (list) | Follow-u<br>NO<br>Summary<br>C | p Releas<br>08/<br>of Violation<br>NC_ |              |
|---|---|-------|--|----------|--|--------------------------------|--|--------------|
|   |   |       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>) 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<br>(mm/dd/yr |   | ID #             |
|--|-------------|-------|--|-----------------------------------|--------------------------|---|------------------|
|  |             |       | A #453   | <sup>(</sup> 812-467-7255         | · ·                      | /2020   | 10881            |
|  |             |       | mber and street, city, state, zip code)<br>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&gt;</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&gt;</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)   | $1 \underline{\bigcirc} 2$        | $\bigcirc_3 \bigcirc$    | $\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$ |                  |
|  |             |       |  |                                   |                          |   |                  |
| 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  | (signature) | ):    |  | Inspected by (signature):         |                          |   |                  |
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| Establishm  | ent Addres  | s (nu  | 00142<br><sup>mber and street, city, state, zip code)</sup><br>nbia St, Evansville, IN, 47710 | Telephone Number<br>(812-424-5313<br>( <redacted></redacted> |                | r)<br>8/2020  | ID #<br>10866   |
|---|-------------|--------|---|--|----------------|---------------|---|
|   | Conv        | ver    | nience Store LLC  | Purpose:   | Follow-u<br>NO |               | 16/2020   |
| Owner's A   | ddress      |        |   | Follow-up  |                | of Violation  |   |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math display="block">\cap</math></td><td>1</td><td></td></reda<> |             |        |   | Complaint  | $\cap$         | 1             |   |
| Person in C   |             |        |   | Pre-Operational  | с_ <b>U</b>    | 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<br><redacted></redacted>     | rinted):       |               |   |
| Received by   | (signature) | ):     |   | Inspected by (signature):                                    |                |               |   |
| cc:   |             |        | cc:   |  | cc:            |               |   |



|  |            |       |  | -                                 |                          |                       |                           |  |
|--|------------|-------|--|-----------------------------------|--------------------------|-----------------------|---------------------------|--|
|  |            | 47(   | 00104  | Telephone Number<br>(812-425-1686 | Date of Ins<br>(mm/dd/yr | r)                    | ID#<br>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><math display="block">\cap</math></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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|  |            |       |  |                                   |                          |                       |                           |  |
|  |            |       |  |                                   |                          | ·                     |                           |  |
|  |            |       |  | Inspected by (name and title pr   | rinted):                 |                       |                           |  |
| Received by  |            |       |  | Inspected by (signature):         |                          |                       |                           |  |
|  |            |       |  |                                   |                          |                       |                           |  |
| cc:  |            |       | cc:  |                                   | cc:                      |                       |                           |  |



| Angelo's Italian Restaurant<br>Establishment Address (number and street, city, state, zip code)<br>305 Main St, Evansville, IN, 47708              |           |          |  |                            | (8)<br>(<  | 12-428-6666<br>redacted>    |                 | ;<br>/2020    | id#<br>10843             |  |
|--|-----------|----------|--|----------------------------|--|-----------------------------|-----------------|---------------|--------------------------|--|
| owner<br>Anaelo  | o Bas     | sa       | m Jawabreh   |                            |  | rpose:<br>Routine           | Follow-u<br>Yes |               | e Date<br><b>14/2020</b> |  |
| 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 <sub>R</sub> 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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| 628 E<br>Owner<br>MHD<br>Owner's Ad<br><redae<br>Person in C<br/><redae<br>Responsible</redae<br></redae<br>  | s Etc<br>ent Addres<br>Diam<br>Holdin<br>ddress<br>cted><br>cted><br>cted><br>cted><br>a Person's | is (nui<br>ION<br>Igs<br>E-mai | mber and street, city, state, zip code)<br>d, Evansville, IN, 47710<br>s Evansville | Telephone Number<br>(812-909-2945<br>( <redacted><br/>Purpose:<br/>Purpose:<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>NO<br>Summary<br>C | r)<br>1/2020<br>p Releas | 14/2020      |  |
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| <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<br>(mm/dd/yr          | spection     | ID #                            |  |
|---|--------------|--------|--|---------------------------------|-----------------------------------|--------------|---------------------------------|--|
| Comfort By the Cross Eyed-Cricket   |              |        |  | (812-760-7167                   | · ·                               | /2020        | 13774                           |  |
|   |              |        | mber and street, city, state, zip code)<br>Evansville, IN, 47708 | ( <redacted></redacted>         |                                   |              |                                 |  |
| <sup>Owner</sup><br>Joshu   |              |        |  | Purpose:                        | Follow-uj<br>NO                   |              | <sup>e Date</sup><br>16/2020    |  |
| JUSIIU<br>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<br>Pre-Operational    | $\begin{bmatrix} 0 \end{bmatrix}$ | NC_          | <b>3</b> <sub>R</sub> 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)                    | $1 \bigcirc 2$                    |              | $)_{4} \bigcap_{5} \bigcap_{7}$ |  |
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| • 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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|             | ent Addres<br>N Firs<br>N Firs<br>Adress<br>Cted><br>Cted><br>Cted><br>cted><br>cted><br>a Person's | ss (nu<br>st A<br>Sin | mber and street, city, state, zip code)<br>Ne, Evansville, IN, 47710<br>Igh                              | Telephone Number<br>(812-492-0012<br>( <redacted><br/>Purpose:<br/>Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)</redacted> | Follow-u<br>No<br>Summary<br>C | r)<br>5/2020<br>p Releas | ) <sub>R</sub> 0 |
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|             |   |                       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>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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| 1601  <br>Owner<br>Amrine<br>Owner's Ad<br><reda<br>Person in C<br/><reda<br>Responsible<br/>Certified Fe</reda<br></reda<br> | ssma<br>ent Address<br>N Firs<br>derjit<br>ddress<br>cted><br>cted><br>cted><br>cted><br>cted><br>a Person's | s (nun<br>t A<br>Ka<br>E-mai<br>er | il<br>ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M |  | Follow-u<br>NO<br>Summary<br>C<br>Menu Ty<br>12 | r)<br>5/2020<br>p Releas<br>08/<br>of Violation<br>NC | $\frac{2}{1000} \frac{1}{1000} \frac{1}{1000$ |  |
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|   |  |                                    | 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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| 303 M<br>Owner<br>Sharo<br>Owner's Ac<br><redae<br>Person in C<br/><redae<br>Responsible</redae<br></redae<br> | ned<br>ent Addres<br>ain S<br>n Len<br>Idress<br>cted><br>harge<br>cted><br>e Person's | t.,<br>nor<br>E-mai |  | Telephone Number<br>(812-550-1393<br>( <redated><br/>Purpose:<br/>✓ Routine<br/>Follow-up<br/>Complaint<br/>Pre-Operational<br/>Temporary<br/>HACCP<br/>Other (list)<br/>MARKED "C"</redated> | Follow-u<br>NO<br>Summary<br>C | )<br>/2020<br>P<br>Releas<br>08/<br>of Violation<br>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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| Establishm   | ont Namo   |        |   | Τ¢   | elephone Number                | Date of In                 | snection     | ID #   |  |
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| 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><math>1 \underline{\bigcirc} 2</math></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):<br><redacted></redacted> |      |                                |                            |              |  |  |
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