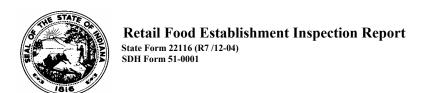
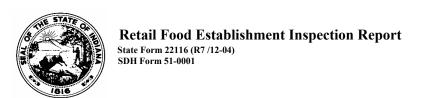


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			mber and street, city, state, zip code)		08/11	/2020		
415 M	lain S	t.,	Evansville, Indiana, 47713	<pre><redacted></redacted></pre>				
Owner			,	Purpose:	Follow-u	p Releas	e Date	
Penel	ope N	leja	ad	✓ Routine	Yes	08/	21/2020	
Owner's Ac	-			Follow-up	Summary	of Violation		
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Person in C	harge			Pre-Operational	$_{\rm c}$ 1	NC_	, b ()	
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	oe (See addi	tional page)	
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Certified F	ood Handle	er		Other (list)	$1\bigcirc 2$	$\bigcup_3 \mathbf{e}$	$0_4 \bigcirc 5 \bigcirc$	
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• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATEL	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		Bar dish machine not sanitizing. Three compartmen	nt sink must be used until ı	epaired.	08/	8/2020	
291	NC		Establishment lacking sanitizer test strips for di	sh machine and wiping	clothes.	08/	1/2020	
Received by			printed):	Inspected by (name and title pr	rinted):			
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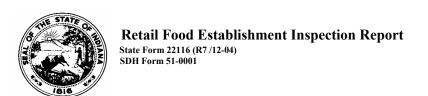
Establishme 2622 N Owner	Marudress Cted> harge Cted> Person's	rds E>	Express @ Member and street, city, state, zip is Dr, Evansville, express Inc	Pu Pu	lephone Number O1-654-0422 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	P Release 08/	23/2020 ns:		
				AND NARRATIVE COLUMNS M NS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	TROM TREVIOUS INSTECTION	Narrative		RI OI VIOLITIONS III	D II. THE I		orrected By	
Section#	CINC	N						10 Ве СС	orrected by	
				No violations	•					
					_					
D : 1:	, -		: D	 	·	. 11 (100	P			
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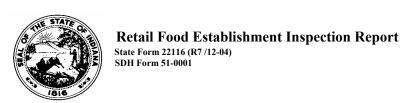
Establishm Meije		re	#287	Telephone Number	Date of Ins (mm/dd/yr		13006
			mber and street, city, state, zip code)	812-647-2200	08/13	/2020	13000
			s Drive, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner	O :			Purpose:	Follow-uj		se Date
		es	Limited Partnership	✓ Routine	Yes	08/	23/2020
Owner's A				Follow-up	Summary	of Violation	ns:
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<reda< td=""><td></td><td>,</td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td>$R_{\underline{}}$</td></reda<>		,		Pre-Operational	C	NC	$R_{\underline{}}$
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
				НАССР			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certified F		er		Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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
116	NC		Staff improperly wearing covering in accor	rdance with the Indiar	na EO.	Co	rrected
193	С		Discard time not marked on ready to eat food	d in deli warmer display	case.	Co	rrected
Received by	`		,	Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
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			CC.		СС.		



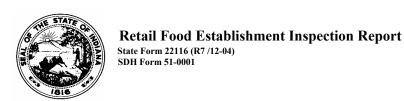
Establishm Missi		RC)	Telephone Number (317-378-9565)	Date of Ins (mm/dd/yr	i	тр# 12393
			mber and street, city, state, zip code)		08/14	/2020	12393
			iver Rd, Evansville, Indiana, 47715	' <redacted></redacted>			
Owner Missic	n BB	QΙ	Evansville, LLC	Purpose:	Follow-up		se Date //24/2020
Owner's A			•	Follow-up	Summary	of Violation	
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Person in C				Pre-Operational		NC ($0_{\rm R}$
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Responsible	e Person's	E-ma	11	HACCP	Menu Typ	e <i>(See addi</i>	tional page)
				Other (list)			
Certified F		er		— Other (list)	1 2		<u>/405</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
			<u> </u>				
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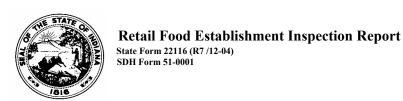
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Establishm DQ G		С	hill	Telephone Number (812-401-2232)	Date of Ins (mm/dd/yr		12344
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	00/11	72020	
		eri	& Logan Nasseri	Purpose:	Follow-uj		se Date 21/2020
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint	\cap	NC_	$)$ \bigcirc
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Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u></u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			All violation from 7/23/202	20 corrected.			
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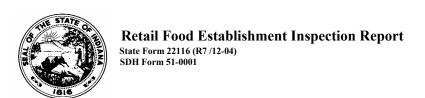
Establishm				Telephone Number	Date of Inspe	ction	ID#	
Azzip	Pizz	a		812-401-0490	(mm/dd/yr) 08/11/2	0020	12286	
			mber and street, city, state, zip code)	() Owner	00/11/2	2020		
	Greer	1 K	ver Rd Ste E, Evansville, IN, 47715					
Owner Brad N	diomo	منما		Purpose:	Follow-up		e Date	
Owner's A		HEI		Routine	No	1	21/2020	
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary of</td><td>Violation</td><td>IS:</td></reda<>				Follow-up	Summary of	Violation	IS:	
Person in C				Complaint	. ()	NC_() _()	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u> </u></td></reda<>				Pre-Operational	C	NC_	<u> </u>	
Responsible			il	Temporary	Menu Type	See addi	tional page)	
				НАССР	\circ			
Certified F	ood Handl	er		Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u></u>	<u> 1405</u>	
• CRITICAL	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		Т	o Be Co	orrected By	
			No noted violation	ons.				
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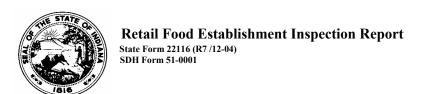
Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#		
Zuki				812-423-9854	(mm/dd/yr)	2020	12201		
			mber and street, city, state, zip code)		08/11/	2020			
222 M	lain S	t, E	Evansville, IN, 47708	<pre><redacted></redacted></pre>					
Owner				Purpose:	Follow-up		se Date		
Rosab	oel Ma	ana	alo-Ibay	Routine Yes 08/21					
Owner's Ac				✓ Follow-up	Summary o	f Violation	ns:		
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Person in C				Pre-Operational	$\bigcup_{C} \mathbf{U}$	NC	I_RU		
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)		
Certified Fo		er		Other (list)	1 <u>U</u> 2 <u>U</u>		<u> 1405</u> 0		
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"					
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			То Ве С	orrected By		
116	NC		Staff wearing mask im	nproperly			rrected		
110	110						1100104		
			Dish wash machine s	anilizing.					
							_		
									
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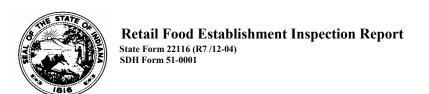
222 M Owner	ent Addres ain S	t, E	mber and street, city, state, zip code) Evansville, IN, 47708	Telephone Number (812-423-9854 (<redacted> Purpose:</redacted>	Date of Ins (mm/dd/yr) 08/13/	/2020	12201 12201 se Date
		ana	alo-Ibay	Routine		08/	23/2020
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint		NC_	\cap
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Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		~ ~	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			All violations from 8/4/2020 and	8/11/2020 correcte	d.		
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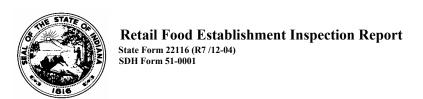
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Break	(Tim	e l	Bar & Grill	812-602-1756	08/13/	2020	12150
			mber and street, city, state, zip code)	<redacted></redacted>	06/13/	2020	
	S Bar	kei	Ave, Evansville, IN, 47712	<re><redacted></redacted></re>			
Owner .	B.A. (1			Purpose:	Follow-up Yes		se Date
Terrie		IS		✓ Routine	23/2020		
Owner's Ac				Follow-up	Summary of	f Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC	$R_{\overline{\mathbf{U}}}$
Responsible			:1	Temporary	Manu Tym	(Saa addi	tional page)
Kesponsibil	e i cison s	L-IIIa	11	НАССР	wichu Type	(see aaai	nonai page)
Certified F	ood Handle	er		Other (list)	1)2 (\bigcirc 3 \bigcirc	$)_4\bigcirc_5\bigcirc$
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					D IN THE N	DD A TIME	DELOW AC "D"
	. ,	_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MIMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	•			orrected By
116	NC		Employee not wearing fa	ice covering.		Co	rrected
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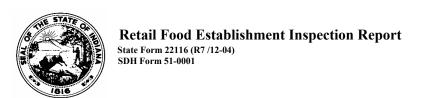
Establishmo 1000 \ Owner Amit A Owner's Ac <redac< th=""><th>ingto Wash Arora Idress Cted></th><th>ing</th><th>Food Mart mber and street, city, state, zip code) gton Ave, Evansville, IN, 47714</th><th>(8 (< Pui</th><th>rpose: Routine Follow-up Complaint</th><th>Follow-u Yes</th><th>r) 8/2020 p Releas 6 08/</th><th>23/2020 ns:</th></redac<>	ingto Wash Arora Idress Cted>	ing	Food Mart mber and street, city, state, zip code) gton Ave, Evansville, IN, 47714	(8 (< Pui	rpose: Routine Follow-up Complaint	Follow-u Yes	r) 8/2020 p Releas 6 08/	23/2020 ns:
Person in C	_				Pre-Operational	$_{\rm C}$	NC_	R = R
Responsible			il	=	Temporary	Menu Tyj	pe <i>(See addii</i>	tional page)
Certified Fo		er		\vdash	HACCP Other (list)	102	<u></u>)4050
• CRITICAL	ITEMS AF	E 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 0.44/0.000				To Be Co	orrected By
		_	Violations from 8/4/2020					
116	NC		Staff not not wearing mask or wearing mask improper	ly in	accordance to the Ind	iana EO.	Col	rrected
		-						
Received by	*				ected by (name and title predacted>	rinted):		
Received by	(signature): 		Inspe	ected by (signature):			
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Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
The I	nflata	abl	e Fun Factory	812-471-5867	08/14/	2020	11975
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	00/14/	2020	
	rito L	ay	Dr. Ste B, Evansville, IN, 47715				
Owner All Blo	wn U	рI	nflatable Rentals	Purpose: Routine	Follow-up NO		se Date 24/2020
Owner's Ac				Follow-up	Summary o	f Violation	ns:
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Person in C	0			Pre-Operational	$C_{\mathbf{C}}$	NC_(J _R U
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Responsible	e Person's	E-ma	ll	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	or		Other (list)	$1_1\bigcirc_2$	\bigcirc	$)_4\bigcirc_5\bigcirc$
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		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations				
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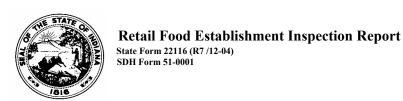
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Establishm Aihua		rna	ational Market	Telephone Number (812-479-7168)	Date of Ins (mm/dd/yr	·j	то# 11898
			mber and street, city, state, zip code)		08/11	/2020	11000
			River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner	_			Purpose:	Follow-u	p Releas	se Date
Aihua	Sun			Routine	No	08/	21/2020
Owner's Ac	ddress			✓ Follow-up	Summary	of Violation	ns:
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Person in C	harge				$\int_{\Omega} \int_{\Omega} \int_{\Omega} du$	NG ($0_{\rm R}$
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Responsible			il	Temporary	Menu Tvi	oe (See addi	tional page)
•				НАССР			
Certified F	ood Handle	er		Other (list)	$1 \bigcirc 2$	\bigcirc 3(\bullet)4()5()
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		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Violation from 08/05/202	n corrected			<i>J</i>
			VIOIATIOTI 110111 00/03/202	o corrected.			
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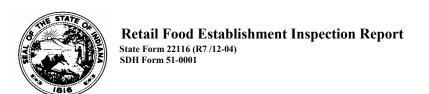
Sonic Drive-In #111 Stabilishment Address (umber and street, city, state, zip code) 3433 N Green River Rd, Evansville, IN, 47715 Sectore Dute	Establishme				Telephone Number	Date of Ins (mm/dd/yr		ID#
Establishment Address (number and street, city, stats, zip code) 3433 N Green River Rd, Evansville, IN, 47715 Credacted Convers Address Purpose: Routine No 08/22/2020 Surmary of Violations: Convers Address Complaint Preson in Charge Complaint Preson in Charge Complaint Preson in Charge Convers Address Convers Addres	Sonic	: Driv	e-	In #111	812-476-7730	,		11604
Owner Sonic Drive-In of Evansville Inc Purpose: Routine Sonic Drive-In of Evansville Inc Routine Sonic Incarge Sonic Drive-In of Evansville Inc Sonic Incarge Sonic Complaint Co					() Owner	00/12	/2020	
Sonic Drive-In of Evansville Inc Owaer's Address -redacted> - Feron in Charge - redacted> - Responsible Person's E-mail - Inacce - Certified Food Handler - redacted> - Certified Food Handler - Other (list) - Certified Food Handler - redacted> - Certified Food Handler - redacted> - Certified Food Handler - Other (list) - Certified Food Handler - Other (list) - Certified Food Handler - Certified Food Handler - VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" - Section		v Gre	en	River Rd, Evansville, IN, 47715				
Onner's Address Follow-up Complaint		Drive	ما	of Evanovilla Inc				
Complaint Charge Complaint Pre-Operational Temporary HACCP Other (list) Temporary Temporary HACCP Other (list) Temporary	l .		-	of Evansville inc	 			
Person in Charge <pre></pre> <pre></pre> <pre></pre> <pre> Person Charge Person Perso</pre>					<u> </u>	Summary		
Responsible Person's E-mail Certified Food Handler Certified Food						0		1 0
Responsible Person's E-mail Certified Food Handler Dither (list) 102 03 04 05 0						C	NC	R
Certified Food Handler <pre> credacted></pre>				il		Menu Typ	e (See addi	tional page)
*Credacted> *CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" *Section# C/NC R Narrative To Be Corrected By Violation from 7/9/2020 corrected. 116 NC Employee not wearing and improperly wearing masks per executive order. Corrected								
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" **Section# C/NC R			er		Other (list)	1 2	<u> </u>	<u>)4</u> <u>0</u> 5 <u>0</u>
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Section# C/NC R Violation from 7/9/2020 corrected. 116 NC Employee not wearing and improperly wearing masks per executive order. Corrected	• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
NC Employee not wearing and improperly wearing masks per executive order. Corrected Corrected Inspected by (signature): NC Employee not wearing and improperly wearing masks per executive order. Corrected Corrected Inspected by (name and title printed): Inspected by (signature):	• VIOLATIO	N(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
116 NC Employee not wearing and improperly wearing masks per executive order. Corrected Corrected Inspected by (name and title printed): Credacted> Received by (signature): Inspected by (signature):	Section#	C/NC	R	Narrative			To Be Co	orrected By
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Establishm		·O-	 n #111	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-476-7730	08/13	/2020	11604
			River Rd, Evansville, IN, 47715	' <redacted></redacted>			
Owner	<u> </u>			Purpose:	Follow-up		se Date
		:-In	of Evansville Inc	Routine	No	08/	23/2020
Owner's A				Follow-up	Summary	of Violation	ns:
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Responsible				- Temporary	Menu Tyn	e (Saa addi	itional page)
Kesponsion	e i eison s	L-ma	1	НАССР	wienu ryp	c (See addi	tional page)
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3 (\blacksquare	$)_4\bigcirc_5\bigcirc$
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• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	MINIMI OF VIOLATIONS IN	DIN THE IN		orrected By
Sectiona	Circ	IX	Violation from 08/12/202	n corrected		ТОВСС	Trected By
			VIOIATION 100/ 12/202	.o conected.			
Received by			,	Inspected by (name and title p < redacted>	rinted):		
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Establishm		40	052	Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)					
Subw				812-401-4545	08/11	/2020	11590		
			mber and street, city, state, zip code) Lite A, Evansville, IN, 47711	<pre>(<redacted></redacted></pre>					
Owner	IVIAII	S	THE A, Evalisville, IIV, 477 11	Purpose:	Follow-up	Dalage	se Date		
Pathil	Amin	l		Routine	No		21/2020		
Owner's A		'		Follow-up	_	of Violation			
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Person in C			_	Pre-Operational	$\bigcup_{i \in I} U_i$	NC (0_{R}		
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Responsible	e Person's	E-ma	a e e e e e e e e e e e e e e e e e e e	Temporary	Menu Typ	e (See addi	tional page)		
				HACCP		\bigcirc G			
Certified F	ood Handl	er		Other (list)	1 2		<u> 14U5U</u>		
• CRITICAI	L ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
			No noted violation	ons.					
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			_						
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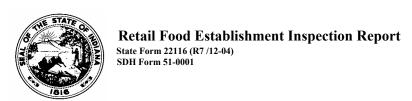
Establishm			#22222	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			#28908	<u> </u>	08/11/	2020	11555
			mber and street, city, state, zip code) River Rd, Evansville, IN, 4771	5 <redacted></redacted>			
Owner Bell In	diana	ı Ll	_C	Purpose:	Follow-up NO		se Date //21/2020
Owner's Ac				Follow-up	Summary o	f Violatio	ns:
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Person in C				Pre-Operational	$ _{\rm C}$ U	NC_(J _R U
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handle	er		Other (list)	1()2(),(•),(),()
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted viola	ntions.			
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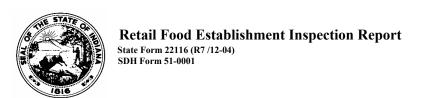
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T Min				8)	312-473-2585	` .	3/2020	11476
			ton Ave., Evansville, IN, 47714	(<	<redacted></redacted>		72020	
Owner Pash I	B Tar	nar	าg		rpose: Routine	Follow-u		e Date 23/2020
Owner's Ad				m	Follow-up	Summary	of Violation	1S:
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Responsible	Person's	E-mai	il en	=	НАССР	Menu Tyj	e (See addi	tional page)
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ММА	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
			All violations from 7/30/202	20	corrected.			
								
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White				812-474-9901	08/12	2/2020	11449
			mber and street, city, state, zip code) Pr, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner	01	1 _		Purpose:	Follow-u		se Date
White		е		Routine	No	08/	22/2020
Owner's A				Follow-up	Summary	of Violation	18:
Person in C				Complaint	1	NC_	
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Responsible			il	Temporary	Menu Ty	pe (See addi	tional page)
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Certified F	ood Handl	er		Other (list)	1 2	\bigcirc_3) ₄ <u>0</u> 5 <u>0</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
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Section#	C/NC	R	Narrative			To Be Co	orrected By
324	С		Lacking grease trap log. Emai	il copy for new log		08/	12/2020
146	NC		Salt container unlabeled to identify produ	08/	12/2020		
			Has 3 months to obtain new certified manage	gers food safety certifi	cation.	11/	11/2020
Received by			-	Inspected by (name and title p	rinted):		
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Establishmo Walm		#1 :	341	Telephone Number (812-424-5475)	Date of Ins (mm/dd/yr	·)	ъ# 11430	
			mber and street, city, state, zip code)	1	08/13	3/2020	11430	
			nk Rd, Evansville, IN, 47712	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-u		se Date	
Wal-m	nart S	tor	es East, LP	✓ Routine	Yes	08/	23/2020	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	$_{\rm c}$ 1	NC 4	$\frac{2}{R}$	
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Responsible	e Person's	E-ma	il	НАССР	Menu Tyj	pe (See addi	tional page)	
Certified Fo	ood Hondl	0.10		Other (list)	100	\bigcirc),(),()	
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		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIC	ON(S) REPE	ATEL	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		Chemical sanitizer concentration at three compartment sink in the	e Seafood/Meat department was	too weak.			
218	NC		Chemical sanitizer dispenser at three compartment sink in Seafood/I	emical sanitizer dispenser at three compartment sink in Seafood/Meat department not functioning as designed.				
218	NC		Excessive ice accumulation	Excessive ice accumulation in main freezer.				
Received by				Inspected by (name and title p	rinted):			
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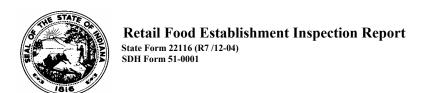
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Varie		lad	ne II	(812-423-4869	(mm/dd/yr)		11422
			mber and street, city, state, zip code)		08/11/2	2020	11122
			ia St., Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner		_		Purpose:	Follow-up		e Date
RHON		· R	OSS	✓ Routine	No	08/	21/2020
Owner's Ac				Follow-up	Summary of	Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC	$R_{\underline{}}$
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Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	9)3(_	$_{4}\bigcirc_{5}\bigcirc$
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
116	NC		Employees not wearing ma	isk as required.		08/1	1/2020
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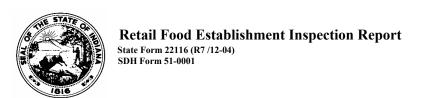
Establishm				Telephone Number	Date of Ins		ID#
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			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	00/13	/2020	
600 E	Colu	<u>mb</u>	oia St., Evansville, IN, 47711	<re><redacted></redacted></re>			
Owner	.D.A. E	,	000	Purpose:	Follow-up		se Date
RHON		· K	OSS	Routine	No	08/	23/2020
Owner's A				✓ Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$C_{\underline{\mathbf{U}}}$	NC_	\mathcal{L}_{R}
Responsible			9	Temporary	М Т	- (C 11:	tional page)
Kesponsibio	e rerson s	L-IIIA		НАССР	Menu Typ	e (see aaai	iionai page)
Certified F	ood Handle	er		Other (list)	100	(•) ₃ ($)_4\bigcirc_5\bigcirc$
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		e ini	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"	<u> </u>		
	` '		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Conducted follow-up inspection & found all staff	in compliance at the time	of visit.		
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Establishm		440) <i>A</i>	Telephone Number	Date of Ins (mm/dd/yr)		ID#
Thorr				812-425-0035	08/12	/2020	11404
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>			
Owner	St 30:	sep	oh Ave, EVANSVILLE, IN, 47712		Follow-up	D-1	se Date
THOR	NTO	NS	, LLC	Purpose: Routine	No		22/2020
Owner's A				Follow-up	Summary	of Violation	ns:
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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Establishm TACC		LL	#28898	Telephone Number (812-475-1895)	Date of Ins (mm/dd/yr)	тр# 11383	
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code) e., Evansville, IN, 47714	<pre><redacted></redacted></pre>	08/11	/2020		
	vaiiii	<u></u>	C., Evansvine, IIV, 77717		T. 11	D 1	<u> </u>	
Owner Bell In	diana	a LI	_C	Purpose: Routine	Follow-up No	08/	se Date 21/2020	
Owner's Ac				✓ Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational		NC ($0_{\rm R}$	
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Responsible	e Person's	E-ma	il	Temporary	Menu Tyr	e (See addi	tional page)	
				НАССР		_		
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>	
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	AARKED "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	
			Violation from 7/27/2020) corrected				
			7101010111101111172172020	7 0011001001				
Received by		_		Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
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Establishm	ont Name			Telephone Number	Date of Ins	nation	ID#	
		Spo	orts Bar & Grill	⁽ 812-401-4630	(mm/dd/yr)		11322	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	' <redacted></redacted>	00/11/	2020		
Owner				Purpose:	Follow-up	Releas	se Date	
O'Bria		por	ts Bar & Grill	Routine	Yes		21/2020	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Person in C	harge				~ 0	NC_	3 _n U	
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC</td><td> R</td></reda<>	cted>			Pre-Operational	<u> </u>	NC	R	
Responsible	e Person's	E-mai	il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР				
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative		-	To Be Co	orrected By	
430	NC		Damaged floor tiles at fryer in need	of repair/replacem	nent.	09/0	08/2020	
431	NC		Floor and walls at fryer in ne	eed of cleaning.		08/11/2020		
431	NC		Hood vent in need of	08/	11/2020			
Received by	(name and	l title r	printed):	Inspected by (name and title pr	rinted):			
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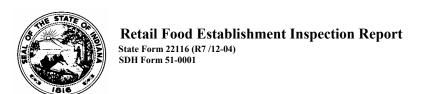
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Howa	ard Jo	ohr	nson	812-476-9626		2020	11318
			mber and street, city, state, zip code)	() Owner	08/13/	2020	
1101 N	V Gre	en	River Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner	O: 1			Purpose:	Follow-up		se Date
Peter)		Routine	No	08/	23/2020
Owner's Ad				Follow-up	Summary o	f Violatio	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>М Т</td><td></td><td></td></reda<>			2	Temporary	М Т		
Responsible	e Person's	L-ma	II.	НАССР	Menu Type	(See aaai	tional page)
Certified F	ood Handle	or		Other (list)	102	$)_{3}$	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>,1</td><td></td><td></td><td></td><td><u></u></td><td><u>/43_</u></td></redag<>		, 1				<u></u>	<u>/43_</u>
		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	AADKED "C"	<u></u>		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			Fo Be Co	orrected By
			No noted violation	ons.			
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
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Received by	(signature)):		Inspected by (signature):			
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Establishm		_		Telephone Number	ID#		
Rosie	e's D	ine	er	812-421-1121	(mm/dd/yr) 08/12/		11289
			mber and street, city, state, zip code)	<pre> </pre>	00/12/	2020	
	vv ivia	ıryı	and St., Evansville, IN, 47710				
Owner Rose	Ciboo	'n		Purpose:	Follow-up NO		se Date // 22/2020
Owner's Ac		ווע		Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary o</td><td>f Violation</td><td>1S:</td></reda<>				Follow-up	Summary o	f Violation	1S:
Person in C				Complaint	L ()	NC_() _()
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Responsible			il	Temporary	Menu Type	(See addi	tional page)
				НАССР	$I \sim \ell$	~ 6	
Certified F		er		Other (list)	$1 \bigcirc 2$		<u> 14U5U</u>
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• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Follow up from 7-22	2-2020.			
			All violations were co	orrected.			
Received by	(name and	l title 1	printed):	Inspected by (name and title p	rinted):		
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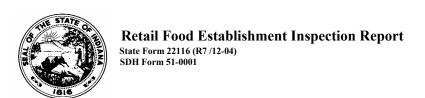
Establishm	ont Name			Telephone Number Date of Inspection ID #					
Papa		าร		812-477-7700	(mm/dd/yr	•)	11250		
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	() Owner	08/11	/2020			
			ch Ave., Evansville, IN, 47711	<pre>(<redacted></redacted></pre>					
Owner				Purpose:	Follow-u		se Date		
KGK E	Enterp	<u>oris</u>	ses Inc	✓ Routine	No	08/	21/2020		
Owner's A				Follow-up	Summary	of Violation	ns:		
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Person in C				Pre-Operational	$_{\rm C}$ \cup	NC ($0_{\rm R}$		
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addi	itional page)		
Certified F	1 11 11			Other (list)	100	\bigcirc	\bigcap_{i}		
Certified F	ood Handi	er			$1 \cup 2$		<u>/4050</u>		
• CRITICAL	, ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"					
					D IN THE N	ADDATIVE	DELOW AC "D"		
			PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	IVIIVIAKY OF VIOLATIONS" AN	DINTHEN				
Section#	C/NC	R	Narrative			10 Ве С	orrected By		
			No noted violation	ons.					
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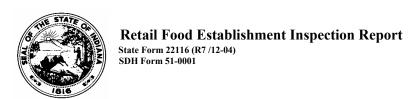
Establishm Ozan		ar	nily Shelter	(T	'elephone Number) Establishment	Date of In (mm/dd/y	r)	то# 11241
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code) , Evansville, IN, 47710	() Owner	08/14	1/2020	
Owner OZAN			,	I	urpose:	Follow-u No	p Releas	se Date 24/2020
Owner's Ac				╬	Follow-up		of Violation	
D	YL			<u> </u>	Complaint		() ()
Person in C					Pre-Operational	C	NC_	0_{R}
Responsible			il	┰┞	Temporary HACCP	Menu Ty	pe <i>(See addi</i>	tional page)
Certified F	and Handl	0.84		_	Other (list)	10°	(1),(),(),()
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• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	IS MAR	KED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	'SUMM	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted viola	ation	S.			
Received by	(name and	l title 1	orinted):	Ins	spected by (name and title p	rinted):		
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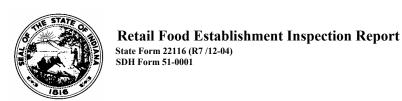
Establishmo 2400 I	e K #4 ent Addres E Rive Conv ddress cted>	ers ven	02414 mber and street, city, state, zip code) ide Dr, Evansville, IN, 47714 nience Store LLC	Telephone Number (812-477-6352 (<redacted> Purpose: Routine Follow-up Complaint</redacted>	Follow-uj) /2020 Releas	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td> C</td><td>NC</td><td> R</td></reda<>				Pre-Operational	C	NC	R
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	102	<u>O</u> 3 <u>C</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
116	NC		Using non-disposable tongs f	or roller dog grill.		Co	rrected
Received by	(name and	title r	printed):	Inspected by (name and title p	rinted):		
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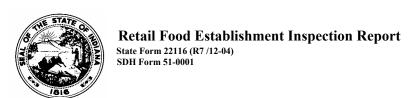
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Establishm North		۸r	nnex Gourmet Catering & Deli	Telephone Number	Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	1 0 1 2 2 0 1 0 0 1	08/14	/2020	11229	
			Evansville, IN, 47711	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Narda		S		✓ Routine	No	08/	24/2020	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	C	NC_	0_{R}	
Responsible			il	Temporary	Menu Tyr	oe (See addi	tional page)	
•				НАССР			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
					<u> </u>			
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violation	ons.				
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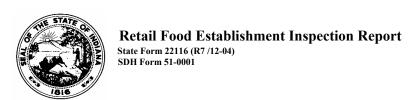
Establishm		·4~	n	Telephone Number	Date of Ins (mm/dd/yr		ID#
China				812-422-6699	08/11	/2020	11146
			mber and street, city, state, zip code) 1, Evansville, IN, 47711	' <redacted></redacted>			
Owner			, -, -, ,	Purpose:	Follow-u		se Date
Yim W	/an L∘	ee		Routine	No	08/	21/2020
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$\frac{1}{c}$	NC	$\frac{1}{R}$
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	se (See addi	tional page)
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Certified F		er			$1 \bigcirc 2$	<u> </u>	<u> 1405</u>
-		EIDI	ENTERIED IN THE CHECKLIST AND NADDATINE COLUMNS A	A A DIVED 4/CM			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
116	NC		Employees not wearing ma	· · · · · · · · · · · · · · · · · · ·		Co	rrected
345	С	R	Hand washing sink used for	other purposes.		Co	rrected
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
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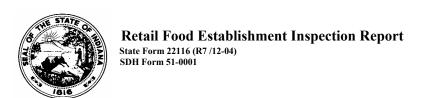
Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
Los B				(8	12-464-3163	` .	, /2020	11103
			mber and street, city, state, zip code) expressway, Evansville, IN, 47712	(<	redacted>	00/11	72020	
Owner		ا ما		I	rpose:	Follow-u		e Date
Los B		in	<u> </u>	V Routine Yes 08/21/2				
Owner's Ad					Follow-up	Summary	of Violation	IS:
Person in C		1		ᆫ	$\frac{2}{R}$			
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Responsible			il	=	Temporary	Menu Ty	pe (See addi	tional page)
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Certified Food Handler <redacted></redacted>					Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	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
346	NC	R	No soap at the hand washing	g sir	nk in kitchen.		Co	rrected
294	С	R	Chemical sanitizer concentration to	o lo	ow in dish mach	nine.	08/1	1/2020
189	С	R	Improper cooling methods	s be	eing used.		Corrected	
187	С	R	Potentially hazardous food cold he	eld	above 41 degre	es.	Corrected	
234	NC		Ice cream scoop improperly stored in	n w	ater in between	use.	Co	rrected
Received by	(name and	l title p			ected by (name and title predacted>	rinted):		
Received by	Received by (signature):				Inspected by (signature):			
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Establishm Hillcr	est H			Telephone Number (812-428-0698	Date of Ins (mm/dd/yr		11030
2700 \	ent Addres W Ind	iar	mber and street, city, state, zip code) na St, EVANSVILLE, IN, 47712	() Owner	00, 12	,, 2020	
Owner HILLC		Τŀ	HOME	Purpose: Routine	Follow-uj		se Date 22/2020
Owner's A	ddress			Follow-up Complaint	Summary	of Violation	_
Person in C				Pre-Operational	c_0	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible			il	Temporary HACCP	Menu Typ	oe (See addi	tional page)
Certified F	ood Handl	er		Other (list)	102	<u></u>)4050
• CRITICAI	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	(name and	l title		Inspected by (name and title predacted>	rinted):		
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Establishm		· ~ ~	vanianaa		Telephone Number	Date of Ins (mm/dd/yr		ID#
			venience		812-429-1137	08/13	/2020	10933
			mber and street, city, state, zip code) Ave., Evansville, IN, 4	7712	' <redacted></redacted>			
Owner					Purpose:	Follow-up		se Date
KMT I	nc				Routine	No	08/	23/2020
Owner's Ac					Follow-up	Summary	of Violation	ns:
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Person in C	_				Pre-Operational	\mathbf{c}	NC (J _R I
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)	
				Other (list)	\bigcirc			
Certified Fo		er			1 2	<u>3</u>	<u> 1405</u>	
<1 E uat	ileu>							
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS N	MARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENO	TED 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
191	С	R	Ready to eat, potentially ha	zardous fo	ood lacking date ma	arkina.	Co	rrected
								_
		L						
Received by	(name and	title j	printed):		Inspected by (name and title properties)	rinted):		
Received by	(signature):			Inspected by (signature):			
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Establishm Bob's		na	A	Telephone Number	Date of Ins (mm/dd/yr		10# 10872
			mber and street, city, state, zip code)	812-425-4929	08/11	/2020	10072
			ve., Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
L & D	Willia	ıms	s Enterprises LLC	✓ Routine	No	08/	21/2020
Owner's Ac				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td></td><td>\cap</td></reda<>		1		Complaint	\cap		\cap
Person in C				Pre-Operational	C_{C}	NC_	$\frac{2}{R}$
Responsible			il	Temporary	Menu Tvr	ne (See addi	tional page)
				НАССР			
Certified F		er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
116	NC		Employees not wearing ma	isk as required.		Co	rrected
218	NC		Sandwich make table not main	taining 41f or less.		08/	14/2020
Received by	(name and	l title 1	arinted):	Inspected by (name and title pr	rinted):		
<red< td=""><td></td><td></td><td><i>y</i></td><td><redacted></redacted></td><td>inicu).</td><td></td><td></td></red<>			<i>y</i>	<redacted></redacted>	inicu).		
Received by				Inspected by (signature):			
	(=-0-141410)	, .		-F-11112 27 (2.81111112).			
cc:			cc:		cc:		



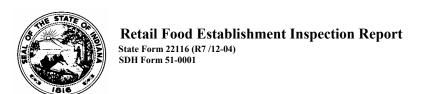
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Chick				812-477-9370	08/11	/2020	10813
			mber and street, city, state, zip code) et, Evansville, IN, 47708	<pre><redacted></redacted></pre>			
Owner	6'1 A	, -	- 4 124	Purpose:	Follow-uj		se Date
		at E	Eastland Mall	✓ Routine	No	08/	21/2020
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>		1		Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	0_{R}
Responsible			:1	- Temporary	Menu Tyr	ne (Saa addi	tional page)
Responsible	c i ci son s	L-ma		НАССР	wichu Typ	c (see aaai	nonai page)
Certified F	ood Handl	er		Other (list)	102	\bigcirc_3	$)_4$ \bigcirc_5 \bigcirc
GD.101.6.1	*********						
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by		_		Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishment Name				Telephone Number	Date of Insp		ID#	
Panda Express #2906				626-372-8203	08/14/2020 13		13770	
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	06/14/	2020		
2445 I	<u> Mena</u>	rds	S Drive, Evansville, IN, 47715	<redacted></redacted>				
Owner	_			Purpose:	Follow-up		se Date	
Panda		res	s inc	✓ Routine	Yes 08/24/202			
Owner's Ad				Follow-up	Summary of Violations:			
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td colspan="3">$\begin{bmatrix} 0 \end{bmatrix}_{NC} \begin{bmatrix} 1 \end{bmatrix}_{R} \begin{bmatrix} 0 \end{bmatrix}$</td></reda<>				Complaint	$\begin{bmatrix} 0 \end{bmatrix}_{NC} \begin{bmatrix} 1 \end{bmatrix}_{R} \begin{bmatrix} 0 \end{bmatrix}$			
Person in C	0			Pre-Operational	$_{\rm C}$	NC	$\frac{1}{R}$	
<reda< td=""><td></td><td></td><td>,</td><td>Temporary</td><td colspan="3"></td></reda<>			,	Temporary				
Responsible	e Person's	E-ma	11	НАССР	Menu Type (See additional page)			
Certified F	ood Handle	nr.		Other (list)	10,0304050			
<redag< td=""><td></td><td>CI.</td><td></td><td></td><td></td><td><u>3</u></td><td><u>/4030</u></td></redag<>		CI.				<u>3</u>	<u>/4030</u>	
		E INI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"				
					ID IN THE N		DELOW AC "D"	
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	UMMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative			To Be Corrected By		
116	NC		Staff improperly wearing covering in acco	ordance with the India	na EO.	Co	rrected	
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):			
<redacted></redacted>				<redacted></redacted>				
				Inspected by (signature):				
cc:			cc:	<u>I</u>	cc:			



							T	
Spudz-N-Stuff				Telephone Number	Date of Ins (mm/dd/yr		то# 13878	
•				812-402-7783	08/10/2020		13070	
Establishment Address (number and street, city, state, zip code) 2403 Washington Ave, Evansville, IN, 47714				<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-uj		se Date	
Jason	Dick	en		✓ Routine	No	08/	20/2020	
Owner's Ac				Follow-up	Summary	of Violatio	ns:	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>_</td><td></td><td></td></reda<>	cted>			Complaint	_			
Person in C				Pre-Operational	$_{\rm C}$	NC 4	$\frac{2}{R}$	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td>. 1,0</td><td></td></reda<>				Temporary		. 1,0		
Responsible	e Person's	E-ma	il	HACCP	Menu Type (See additional page)			
Certified Fo		er		Other (list)	1 2	$\bigcirc 3$	<u> 1405</u> 0	
<redac< td=""><td>ileu></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ileu>							
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
116	NC		Employees not wearing ma	sk as required.		Co	rrected	
218	NC		Prep table not maintaining	g 41F or less.	08/14/2020			
187	С		Food not maintained at 41F or	under as required.	ı	Corrected		
Received by				Inspected by (name and title p	rinted):			
<redacted></redacted>				<redacted></redacted>				
				Inspected by (signature):				
cc:			cc:		cc:			



Establishment Name				Telephone Number	Date of Insp		ID#
Lollys Pops/Amuse Bakery				812-205-0828	08/12/2020 14		14035
Establishment Address (number and street, city, state, zip code)				() Owner	00/12/	2020	
1	S We	ınb	ach Ste I, Evansville, IN, 47714				
Owner	11000	<u>,</u>		Purpose:	Follow-up		se Date
Todd		<u>[</u>		Routine	No		22/2020
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint		$_{\rm NC}$	\mathcal{O}
<reda< td=""><td></td><td>,</td><td></td><td>Pre-Operational</td><td>c_O_</td><td>NC_</td><td>$\frac{1}{R}$</td></reda<>		,		Pre-Operational	c_ O _	NC_	$\frac{1}{R}$
Responsible			1	Temporary	Menu Type (See additional page)		
F			-	НАССР			
Certified F	ood Handl	er		Other (list)	$10_{2} 30_{4} 50$		
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			<u> </u>
				51101			
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
				Inspected by (signature):			
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