

Establishm	r Gas	ss (nu	Station #287 Imber and street, city, state, zip code)	Telephone Number (812-647-2229	spection r) /2020	^{ID #} 13011	
2611	Mena	rds	Dr, Evansville, Indiana, 47715	(<redacted></redacted>			
		es	Limited Partnership	Purpose:	Follow-u NO		^{te Date}
Owner's Ac				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			
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с_О</td><td>NC_</td><td>$P_R U$</td></reda<>				Pre-Operational	с_О	NC_	$P_R U$
Responsible			il	Temporary	Menu Ty	pe (See addii	tional page)
				HACCP		$\frown c$	$\sim \sim$
Certified For		er		Other (list)	1 <u>0</u> 2	$\bigcirc_3 \bigcirc$	<u>)4050</u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIC)N(S) REPE	ATEI) 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 violations	j.			
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	v (signature)):		Inspected by (signature):			
cc:			сс:		cc:		

Establi Mei	shment er C	Nar Sa	s Station #287	ss Menards Dr, Evansville, Indiana, 47715	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
		-			
Received	By (Nor	ne °	Title)	Inspected By (Name & Title)	
Received	л бу (Ivaf	וויים מ <	<redacted></redacted>	<redacted></redacted>	Pageof



Establishm	Portal	ss (nui	Grill, Inc. mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	relephone Number (812-475-0566) (<redacted></redacted>	Date of In (mm/dd/y) 07/31		ID# 11961
Owner Mario				Purpose:	Follow-u NO		se Date 10/2020
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td></td></reda<>				Complaint	1		
Person in C				Pre-Operational	1	NC	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-mai	11	НАССР	Menu Ty	pe (See addi	tional page)
Certified Fo		er		Other (list)	102	<u></u> 3	$\underline{)}_{4} \underline{\bigcirc}_{5} \underline{\bigcirc}$
			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				prrected By
443	C		Sanitizer concentration for wiping		, , , , , , , , , , , , , , , , , , ,		
347	NC		Women's restroom lacking dispo	sable paper towel	S,	Co	rrected
Received by	(name and	titla r	rinted).	Inspected by (name and title p	rinted):		
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Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		

Establis	shment Pol	_{Nar}	les Grill, Inc.	Addre 3339	ess N Green River Rd, Evansville, IN, 47715	Inspection Date 07/31/2020
ltem #	C/NC	R			REMARKS	TO BE CORRECTED BY
Received	l By (Nar	ne &	Title)		Inspected By (Name & Title)	
Received	, by (indi	<	<redacted></redacted>		<redacted></redacted>	Pageof



Establishm PIZZ/		T	#316695	Telephone Number Date of (mm/dd (812-867-8540)	ID# 11956
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code) ew Harmony Rd, Evansville, IN, 47725	()Owner	07/27	/2020	
		0	F AMERICA LLC c/o DMA	Purpose:	Follow-uj NO		se Date 06/2020
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	с_ U		$\int_{R} U$
Responsible			31	Temporary	Monu Tur	o (Soo addi	tional page)
Responsible	e rerson s	E-ma	11	НАССР	wienu i yr	se (see aaai	lonal page)
Certified F		er		Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc} 3 \underline{\bigcirc} 4 \underline{\bigcirc} 5 \underline{\bigcirc}$		
• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	B		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	v (signature):		Inspected by (signature):			
cc:			cc:		cc:		

Establis PIZ	shment ZA	Nar		ess Boonville New Harmony Rd, Evansville, IN, 47725	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
		<u></u>			
Received	d By (Nar	ne & <	<redacted></redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm	res (ent Addres N Hig isco H ddress cted> Charge	ss (nu hwa H L	minos ^{mber and street, city, state, zip code)} ay 41 Ste 9, Evansville, IN, 47725 omeli	Purpose: Routine Follow-up Complaint Pre-Operational	Follow-u NO Summary	r) 7/2020 p Releas 08/	ID # 11907 206/2020 ns:
Responsible Certified F <redac< td=""><td>ood Handl</td><td></td><td>il </td><td>Emporary HACCP Other (list)</td><td></td><td>pe (See addi.</td><td>tional page)</td></redac<>	ood Handl		il 	Emporary HACCP Other (list)		pe (See addi.	tional page)
• CRITICAI	L ITEMS AF	RE IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC C	R R	Narrative Potentially hazardous foods r	not date marked			orrected By 27/2020
116	NC		Employees not washing har				rrected
415	C	R		Flies present in facility.			
						0172	27/2020
Received by	acte	d>		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		

Establis	Establishment Name Los Tres Caminos		ne Addre Addre 12100	ess) N Highway 41 Ste 9, Evansville, IN, 47725	Inspection Date 07/29/2020
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	
	- •	<	<redacted></redacted>	<redacted></redacted>	Pageof



801 S Owner MARY Owner's Ad <redae Person in C <redae Responsible Certified Fe <redae< th=""><th>Café ent Addres t Mary / JO E ddress cted> cted> cted> e Person's</th><th>ss (nu Y S BR E-ma</th><th>imber and street, city, state, zip code) 5 Dr, Evansville, IN, 47714 UGMANN il</th><th>(8) (< Pu /</th><th>lephone Number 12-402-6313 Contracted Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) TED "C"</th><th>Follow-u NO Summary C</th><th>r) 7/2020 P Releas 08/ 06 Violation NC</th><th></th></redae<></redae </redae 	Café ent Addres t Mary / JO E ddress cted> cted> cted> e Person's	ss (nu Y S BR E-ma	imber and street, city, state, zip code) 5 Dr, Evansville, IN, 47714 UGMANN il	(8) (< Pu /	lephone Number 12-402-6313 Contracted Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) TED "C"	Follow-u NO Summary C	r) 7/2020 P Releas 08/ 06 Violation NC	
) 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 violations.					
Received by				-	ected by (name and title pr edacted>	rinted):		
Received by	(signature):		Insp	ected by (signature):			
cc:			cc:			cc:		

Establi MJ [′]	shment SC	Nar afe	me Addr Ś 801	^{ess} St Mary´s Dr, Evansville, IN, 47714	Inspection Date 07/27/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	d By (Nar	ne &	Title)	Inspected By (Name & Title)	
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Establishm		_		Telephone Number Date of Inspection (mm/dd/yr)			ID #
1			od Mart #5	(812-422-4339	· ·	., 3/2020	11768
			mber and street, city, state, zip code) Camp Rd, Evansville, IN, 47712	(<redacted></redacted>	01720	, 2020	
Owner	Docn			Purpose:	Follow-u	p Releas	se Date
CET	AYLC	DR	OIL INC	Routine	No		07/2020
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	с <u></u> О		
Responsible			il	Temporary	Menu Ty	pe <i>(See addi</i>	tional page)
				НАССР		\sim	$\sim \sim \sim$
Certified For		er		Other (list)	$1 \underline{\bigcirc} 2$	<u> </u>	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• 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
			No noted violation	ons.			
Received by	(name and	l title		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	v (signature):		Inspected by (signature):			
cc:			cc:		cc:		

Establis Chu	shment ICKI6	Nar	^{ne} Food	Mart	Addre 401 \$	ess S Boehne Camp Rd, Evansville, IN, 47712	Inspection Date 07/28/2020
ltem #	C/NC	R				REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)			Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm 1555 Owner DOLC Owner's Ad <reda Person in C <reda Responsible</reda </reda 	r Ger ent Addres S BOE GENC ddress Cted> Cted> Cted> cted> cted> cted> cted> ood Handle	ss (nu eke OF	ral #11539 mber and street, city, state, zip code) Rd, Evansville, IN, 47714 RP LLC	Telephone Number (812-250-5930 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-uj NO Summary C	p Releas 08/ of Violation NC pe (See addin	
<redac< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>							
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
	0.010		No noted violatic	าทร			<u></u> j
				J10.			
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Received by			· /	Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		

Establi	^{shment}	Nar Ge	neral #11539	Addre 1555	^{ss} 5 S Boeke Rd, Evansville, IN, 47714	
Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
		-				
		<u> </u>				
Received	d By (Nar	ne & <	<redacted></redacted>		Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishmo	ncent	s (nu	mber and street, city, state, zij	ary Gift Shoppe ^{p code)} sville, IN, 47750	8) (lephone Number 812 ^E -485 ^m 4269) Owner) /2020	id# 11700
^{Owner} St. Vir	ncent	Εv	ansville Auxilia	ry Gift Shoppe		rpose: Routine	Follow-u NO		e Date 06/2020
Owner's Ad	ldress			<u> </u>		Follow-up	Summary	of Violation	15:
<reda< td=""><td>cted></td><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>					Complaint			
Person in C						Pre-Operational	$_{\rm C}$ U		
<redacted> Responsible Person's E-mail</redacted>						Temporary			
Responsible	e Person's	E-ma	11			НАССР	Menu Ty	be (See addi	tional page)
Certified Fo	od Handle	r				Other (list)	$1 \bigcirc 2$	●,	$)_4 \bigcirc 5 \bigcirc$
<redac< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td>12</td><td></td><td><u>+</u></td></redac<>		-					12		<u>+</u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST	AND NARRATIVE COLUMNS M	ARK	XED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIO	ONS ARE DENOTED IN THE "SUN	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
				No violations.					
					<r< td=""><td>ected by (name and title pr edacted></td><td>inted):</td><td></td><td></td></r<>	ected by (name and title pr edacted>	inted):		
Received by	(signature)):			Insp	ected by (signature):			
cc:				cc:			cc:		

Establi St. Vine				ess Washington Ave, Evansville, IN, 47750	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nar	ne &	Title)	Inspected By (Name & Title)	
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Gas &	Establishment Name Gas & Food Mart Establishment Address (number and street, city, state, zip code) 2912 Lincoln Ave, Evansville, IN, 47715 Owner				812-477-2920) Owner	Date of Inspection (mm/dd/yr) 07/27/2020		^{ID#} 11692
^{Owner} Shiva	Hari	Kh	atri	Purpose:Follow-upRelease DateImage: RoutineNO08/06/20				
Owner's A	ddress				Follow-up	Summary	of Violation	
<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	$_{\rm C}$ U	NC L	$\mathbf{D}_{\mathbf{R}}$
<reda< td=""><td></td><td></td><td></td><td>F</td><td>Temporary</td><td></td><td></td><td></td></reda<>				F	Temporary			
Responsible Person's E-mail					НАССР	Menu Ty	pe (See addi	tional page)
Certified Food Handler <redacted></redacted>					Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc} 3 \underline{\bigcirc} 4 \underline{\bigcirc} 5 \underline{\bigcirc}$		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		ZED #C"			
			PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	วทร	6.			
Received by		-		Inspected by (name and title printed): <redacted></redacted>				
Received by	(signature):		Inspected by (signature):				
cc:			cc:			cc:		

Establis Gas	shment	Nar O	ne Addre 2912	2 Lincoln Ave, Evansville, IN, 47715	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	d By (Nar	ne & <	<redacted></redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



Establishm 1620 N Owner	Boy S ent Addres N Gre WHE ⁻ ddress cted> Charge cted>		aved Ice mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 TINE II	Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C_1	r) 3/2020 p Releas	<u>0</u> <u>R</u> <u>0</u>
Certified Fo			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	Other (list)	1 <u>U</u> 2		<u>14050</u>
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
443	С		Concentration of sanitizer spray for w	iping clothes too st	trong.		rrected
				1 0			
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	v (signature):		Inspected by (signature):			
cc:			сс:		cc:		

Establi Roy	shment ' Bo	Nar Y	Shaved Ice Addre	N Green River Rd, Evansville, IN, 47715	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	d By (Nar	ne & <	<redacted></redacted>	Inspected By (Name & Title) <redacted></redacted>	Pageof



	r 8 M ent Addres E MOI I PAT ddress Cted> Cted> cted> cted> cted> ood Handl	ss (nu rga E-ma	mber and street, city, state, zip code) In Ave, Evansville, IN, 47715	(0) (V Pu V	lephone Number 12-476-4008 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 08/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS 1 D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations				20 00	
Received by	/ (name and	l title	printed):	Insp	ected by (name and title pr	inted).		
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Received by	(signature):			ected by (signature):			
cc:			cc:	I		cc:		

Establi Sup	Establishment NameAddressSuper 8 Motel4600 E Morgan Ave, Evansville, IN, 47715				
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l d By (Nar	ne &	Title)	Inspected By (Name & Title)	
		<	<redacted></redacted>	<redacted></redacted>	Pageof



	nimar ent Addres	ss (nu	mber and street, city, state, zip code) Iton Ave., Evansville, IN, 47714	Telephone Number (812-473-2585 (<redacted> Purpose:</redacted>	07730/2020		ID # 11476 se Date	
Pash	B Tar	nai	ng	✔ Routine	Yes	6 08/	09/2020	
Owner's A				Follow-up	Summary	of Violation	15:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td></td></reda<>				Complaint	1			
Person in C				Pre-Operational	1	NC		
<reda Responsible</reda 			9	Temporary	Monu Tu	pe <i>(See addi</i>		
Responsion	e i ei son s	L-ma		НАССР	Wienu Ty			
Certified F		er		Other (list)	1 <u>0</u> 2	<u></u> 3	<u>)4050</u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	-			
• VIOLATIO	ON(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	ND IN THE N	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
256							07/30/2020	
324	С		Hand sink located by three compartme	ent sink in need of	repair.	r. 08/06/2020		
Received by				Inspected by (name and title p	orinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			

Establi TM	shment	Nar N a l	ne Addre 2400	washington Ave., Evansville, IN, 47714	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	d By (Nar	ne &	Title)	Inspected By (Name & Title)	
		<	credacted>	<redacted></redacted>	Pageof



Establishm	mill E ent Address Highw SCHI ddress Cted> cted> cted> cted> a Person's	<u>ss (nu</u> /ay _0		Telephone Number (812-425-6107 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 08/ of Violation NC_	
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	•		
VIOLATIC	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
415	С		Flies present in fa	icility.		07/2	28/2020
		_					
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		

Establi	shment dmi	Nar	Dairy Queen 680	^{ess} 1 Highway 41, Evansville, IN, 47725	Inspection Date
Item #	C/NC	R		REMARKS	TO BE
item#	0/110	ĸ		REMARKS	CORRECTED BY
Received	d By (Nar	ne &	Title)	Inspected By (Name & Title)	
		<	<redacted></redacted>	<redacted></redacted>	Pageof



Establishm	DBE ent Addres	s (nu	#C119005 mber and street, city, state, zip code) Expressway, Evansville, IN, 47712	Telephone Number (812-422-2153 (<redacted> Purpose:</redacted>	Date of In (mm/dd/yn 07/28 Follow-u	^{rj} 8/2020	ID # 11384 se Date
Bell In	diana	a Ll	LC	Routine	Yes		07/2020
Owner's A	ddress			Follow-up	Summary	of Violation	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>(</td><td></td></reda<>				Complaint	1	(
Person in C				Pre-Operational	<u>с</u> 1		
Responsible				- Temporary	Menu Tv	ne <i>(See addi</i>	tional page)
responsion			-	НАССР			
Certified F		er		Other (list)	1 <u>0</u> 2	<u></u> 3) ₄ <u>0</u> 5 <u>0</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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
343	343 C Hand washing sink turned off in ware washing area.				a.	07/2	29/2020
-							
Received by	(name and	title		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	v (signature):		Inspected by (signature):			
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Establis	shment	Nar BE	ne LL #C	C11900	Addre 4422	ss W Lloyd Expressway, Evansville, IN, 47712	
Item #	C/NC	R				REMARKS	TO BE CORRECTED BY
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Section#	C/NC	R	Narrative				orrected By
415	С	Ī	Live gnats at beverage	ge rack.			28/2020
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Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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	<u>´s #5</u> ent Addres <u>E Virc</u> J Ass ddress cted> Charge cted>	is (nui gini OCi		Telephone Number (812-425-8) (<redacte Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacte 		Follow-u NO Summary C	r) D/2020 P Releas 08/ r of Violation NC	ID # 11276 See Date 08/2020 Ins:
Certified F		er		Other (list) 		1 <u>U</u> 2		<u>/4_5</u>
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIO	NS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
116	NC		Employees not wearing ma	isk as required	•			
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Establia Ral	Establishment Name Ac Rally's #58 12		me Addre 58 1201	ess E Virginia St., Evansville, IN, 47711	
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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	mart ent Addres N Gre Dil Co ddress Cted> Charge Cted> e Person's	en E-ma	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Telephone Number (812-473-0028 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C Menu Ty	r) B/2020 P Releas 08/ 08/ r of Violation NC_	<u>R</u> <u>O</u> tional page)
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
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Section#	C/NC	R	Narrative			To Be Co	orrected By
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	istablishment Name Aotomart #4202			ess N Green River Rd, Evansville, IN, 47715	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
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Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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	Ice C ent Addres W Vir Smith ddress Cted> Charge Cted> e Person's	ss (nu gin E-ma	mber and street, city, state, zip code) ia St., Evansville, IN, 47712	Telephone Number (812-423-4173 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 08/ of Violation NC_	<u>R</u> <u>O</u> tional page)
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ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Person in C	harge			Complaint Pre-Operational	1		$\mathbf{J}_{\mathbf{R}}\mathbf{U}$
<reda Responsible</reda 			il	- Temporary			tional page)
Certified F	ood Handl			HACCP Other (list)	1 <u>0</u> 2	<u></u> 3) <u>4</u> 050
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) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
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294	С		Chemical dishwasher no	n sahilizing.		0	rrected
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					lephone Number 12-459-0333 (redacted> rpose: Routine Follow-up Complaint Pre-Operational	Follow-u NO Summary	r) 3/2020 p Releas	
1					Temporary			
Responsible	e Person's	E-ma	il		НАССР	Menu Ty	pe (See addii	tional page)
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u> 3	$)_4 O_5 O$
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Establia Jim	shment my ´	Nar S	Jna Pizza 471	_{ess} 1 Pollack Ave., Evansville, IN, 47714	Inspection Date 07/28/2020
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Establishment Name		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID #	
Jaya's Authen	tic Foods	(812-422-6667	(mm/dd/yr) 07/29/	2020	11058	
Establishment Address (number	r and street, city, state, z		<pre>(<redacted>)</redacted></pre>	07729/	2020	
119 SE Fourth S	St, EVANSVI			_		
^{Owner} Jaya Dodd		Purpose:	Follow-up NO		e Date 08/2020	
Owner's Address		Routine				
<redacted></redacted>		Follow-up	Summary c			
Person in Charge			Complaint	$\int_{C} 0$	NC	LR_1
<redacted></redacted>			Pre-Operational	t	NC	<u> </u>
Responsible Person's E-mail			- Temporary HACCP	Menu Type	(See addi	tional page)
			Other (list)	\cap		$\cap \cap$
Certified Food Handler				1 <u>0</u> 2		<u>4050</u>
• CRITICAL ITEMS ARE IDENTI	FIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS N	MARKED "C"			
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234 NC R	Impi	roper storage of in-ι	use utensils.		Co	rrected
Received by (name and title printe	ed):		Inspected by (name and title p	rinted):		
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ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
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	540, ent Address Burk mmec ddress cted> cted> cted> cted> cted> a Person's	ss (nur hai d Ift E-ma		Telephone Number (812-471-0510 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u Summary C1	r) D/2020 P Releas 08/ of Violation NC	$\frac{ID \#}{11050}$ se Date $\frac{09/2020}{100}$ ns: $\frac{2}{R}$ $\frac{2}{R}$ tional page) $\frac{405}{5}$
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N				
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	IMMARY OF VIOLATIONS" AN	D IN THE N		
Section# 294	C/NC C	R R	Narrative Chemical sanitizer to	o strong			orrected By
116	NC		Employees not wearing ma			Corrected Corrected	
430	NC	R	Floor tile in need of repa	•		08/28/2020	
-100		1				00/2	-0/2020
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	k Mar ent Addres Wash A Pate ddress cted> Charge cted> e Person's	ss (nu ing el E-ma	mber and street, city, state, zip code) ton Ave., Evansville, IN, 47714 il	Telephone Number (812-477-7588 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 7/2020 P Releas 08/ 06 Violation NC	
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Establi Qui	Establishment NameAddressQuick Mart2508 Washington Ave., Evansville, IN, 47714				
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1501 ^{Owner}	ent Addres NBOE / SAS ddress cted> Charge	so	mber and street, city, state, zip code) e Rd., Evansville, IN, 47711 ciates Inc	Telephone Number (812-477-6743 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	^{Follow-u} NO	r))/2020 p Releas	
Responsible Certified F	e Person's	E-ma	il	Temporary HACCP Other (list)		pe (See addi	tional page)
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Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Establishme EL RI		ΕX	ICAN REST	AURANT		lephone Number 12-471-1400	Date of Inspection (mm/dd/yr) 10942		
Establishme	ent Addres	s (nu	mber and street, city, state, z		() Owner	07/31	/2020	
^{Owner} Gusta		oto				rpose: Routine	Follow-u NO		^{e Date} 10/2020
Owner's Ad						Follow-up	Summary	of Violation	15:
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Person in C						Pre-Operational	с <u></u> О		
Responsible			il			Temporary	Menu Tv	e (See addi	tional page)
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Certified Food Handler						Other (list)	$1 \bigcirc 2$	<u>3</u>	$\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$
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Item #	C/NC	R			REMARKS	TO BE CORRECTED BY
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Establishm 12250 Owner	r Ger ent Addres N Hi GENC ddress cted> Charge cted>	ss (nur ghv OR	ral #9430 ^{mber and street, city, state, zip code)} way 41, Evansville, IN, 47725 RP LLC	Telephone Number (812-228-8149 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	r) 9/2020 p Releas	<u>0</u> <u>R</u> <u>0</u>	
Certified F	ood Handlo	er		Other (list)	1 <u>0</u> 2	<u> </u>	<u>)4050</u>	
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Establis	Stablishment Name			ess 50 N Highway 41, Evansville, IN, 47725	
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1340 N Owner Arby's Owner's Ac <redae Person in C <redae Responsible</redae </redae 	s #5' ent Address N Gree Rest dress cted> harge cted> e Person's	en tau	nber and street, city, state, zip code) River Rd, Evansville, IN, 47715 rant Group		Interpretation in the second s	Follow-u NO Summary C	p Releas 08/ of Violation NC_	$\frac{ID \#}{10846}$ se Date 07/2020 hs: $\mathbf{D} \mathbf{R} \mathbf{O}$ tional page) $\mathbf{A} \mathbf{O} 5 \mathbf{O}$
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Establishm 6001 N Owner	ican ent Addres New H	ss (nu Iar	gion Post #8 mber and street, city, state, zip code) mony Rd., Evansville, IN, 47720	Telephone Number (812-963-5391 (<redacted> Purpose:</redacted>	ID # 10840		
		eg	ion Post # 8	✔ Routine	No	08/	07/2020
Owner's Ac				Follow-up	Summary	of Violation	ns:
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ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
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	STOAC	ss (nu	IGA ^{mber and street, city, state, zip code)} ver Rd, Evansville, Indiana, 47725	Telephone Number (812-867-0828 (<redacted> Purpose:</redacted>	Date of In: (mm/dd/yr 07/31 Follow-u	^{.)} /2020	ID # 13440
	nen's	Fo	od Group	Routine	I ONOW U		10/2020
Owner's A				Follow-up	Summarv	of Violation	
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Section#	C/NC	R	Narrative			To Be Co	orrected By
136	С		Cell phones stored in foo				rrected
294	С		Sanitizer for wiping clothe			Corrected	
-							
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):		
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ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Establishm 664 E Owner	rack	ss (nu DS S	Evansville LLC ^{mber and street, city, state, zip code)} St, Evansville, IN, 47711	Telephone Number (812-491-0091 (<redacted> Purpose:</redacted>	Follow-u) /2020 p Releas	ID # 13854
Deanr	na He	rbe	ert	✔ Routine	No	08/	09/2020
Owner's A				Follow-up	Summary	of Violation	ıs:
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Responsible	e Person's	E-ma	il	НАССР	Menu Tyj	e (See addi	tional page)
Certified F	ood Handl	er		Other (list)	102	<u>•</u> 3 <u>C</u>	$)_4 \bigcirc 5 \bigcirc$
• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
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	Establishment Name Address Sidetrack of Evansville LLC 664 E Illinios St, Evansville, IN, 47711 (
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY	
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	Blam ent Address etro A Mitcl ddress cted> Cted> Cted>	hel	mber and street, city, state, zip code) , Evansville, IN, 47715	Telephone Number (812-204-1736 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	p Releas 08/ of Violation NC	ID # 13994 ie Date 10/2020 is: D R O tional page)	
Certified For		er		Other (list)	1 <u>U</u> 2	<u>U</u> 3 <u></u>	<u>14050</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"	
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	Establishment Name The Glam Bar			ress 3 Metro Ave , Evansville, IN, 47715	
ltem #	C/NC	R		REMARKS	TO BE CORRECTED BY
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Establishment Name Swonder Ice Rink Establishment Address (number and street, city, state, zip code) 209 N Boeke Rd, Evansville, IN, 47711 Owner Robert Russell Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted></redacted></redacted></redacted>					lephone Number 12-479-0989 Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C_	r) B /2020 P Release 08 / of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	BELOW AS "R"
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	r Petro ent Addres Delma der Ka Idress Cted> harge Cted> e Person's	ar A aur	mber and street, city, state, zip code) Ave, Evansville, IN, 47712	Telephone Number (812-774-0946 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-uj NO Summary C	.) 8/2020 p Releas	<u>R</u> <u>O</u> tional page)
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
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Establi: Delmar			ne Addre b dba Broadway Foodmart 1401	ess 1 Delmar Ave, Evansville, IN, 47712	Inspection Date 07/28/2020
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710 S. Owner	tos ent Addres . Gree	en l	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Purpose:	Follow-u	r) 3/2020 p Releas	
Sean		;		✔ Routine	No	00/	07/2020
Owner's Ad				Follow-up	Summary	of Violation	
Person in C				Complaint	_c 0	1	0
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Responsible			il	Temporary	Menu Ty	pe (See addit	tional page)
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Certified Fo	ood Handlo	er		Other (list)	$1 \underline{\bigcirc} 2$	$\underline{\bigcirc}_3\underline{\bigcirc}$	$\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$
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Section#	C/NC	R	Narrative			To Be Co	orrected By
116	NC		Employees not wearing ma	sk as required.		Co	rrected
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Spud				(812-867-7783	07/27/2020 14258		14258			
Establishm 601 E		ss (nu -NH	mber and street, city, state, zip code) H Rd, Evansville, IN, 47725	() Owner						
Owner				Purpose:	Follow-upRelease DateNo08/06/2020					
Owner's A	ddress			Follow-up	Summary of Violations:					
Person in C	Charge			Complaint Pre-Operational	$\begin{bmatrix} \underline{0} & \underline{1} & \underline{R} \end{bmatrix}$					
Responsibl	e Person's	E-ma	il	Temporary	Menu Type (See additional page)					
_				НАССР						
Certified F	ood Handl	er		Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc} 3 \underline{\bigcirc} 4 \underline{\bigcirc} 5 \underline{\bigcirc}$					
	 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				orrected By			
116	NC		Employees not wearing mask as required.			Corrected				
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