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	187 C Potentially hazardous hot food not held at 135 degrees or higher in						rrected
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M			D IN THE N	JARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative					orrected By	
Section# C/NC R 116 NC Employees not wearing mask properly.								rrected	
191	С	R Ready to eat foods lacking date marking.						Corrected	
345	С	R Hand sink being used for other purposes.					Co	rrected	
346	NC		No soap at the hand wa	No soap at the hand washing sink.					
347	NC		No paper towels provided at h	anc	washing sink.		Co	rrected	
171	С	R	Employees not washing har	nds	as required.		Co	rrected	
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			All violations from 9-9-20 insp	ections corrected.			
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			mber and street, city, state, zip code)	(<redacted></redacted>	03/03	12020	
	asnin	gtor	n Square Mall, Evansville, IN, 47715				1	
^{Owner} Kerry	Ches	ser	- Jr		rpose: Routine	Follow-u NO		^{e Date} 19/2020
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Establishm 1601 S Owner	kles ent Addres S Gree AYLC Idress Cted> Cted> cted> e Person's	en PR	od Mart #12 ^{mber and street, city, state, zip code)} River Rd, Evansville, IN, 47715 OIL INC	(8) (~ Pu	lephone Number 12-477-2218 (Pedacted> urpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	r) B /2020 p Releas 09 / of Violation NC pe (See addited)	18/2020
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
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			mber and street, city, state, z River Rd, Evans	^{ip code)} sville, IN, 47715	(<	redacted>	00,00	,2020				
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G						Other (list)	$(\bigcirc$		\square			
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			mber and street, city, state, zip code) Ave, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>	09/11	/2020		
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Owner's A				Follow-up	Summary	of Violation	IS:	
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
116	116 NC Employee not wearing face covering.						To Be Corrected By Corrected	
257	NC	R	Facility lacking a food produ	ct thermometer.	09/11/2020			
173	С	R	Improper storage of raw a	nimal product.		Co	rrected	
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			All violations were co	orred	cted.				
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110 W	/abas	h /	Ave., Evansville, IN, 47712					
Owner VFW	Post ²	111	4		irpose: Routine	Follow-u NO		te Date 18/2020
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310	Section#         C/NC         R         Narrative           310         NC         R         Heavy grease accumulation on hood vents.							олестей ву 10/2020	
431	NC	R					09/16/2020		
	431 NC R Floors, walls, and equipment are soiled.							0/2020	
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^{Owner} RIVEF	R BEN		ASSOCIATION, INC.	Pu	rpose: Routine	Follow-u NO		se Date 20/2020
Owner's A					Follow-up	Summary	of Violation	ns:
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4814 V		ss (nu	mber and street, city, state, zip code) Expressway, Evansville, IN, 47712		00/00	^{r)} 9/2020	ID # 11249
^{Owner}	Enterr	oris	ses Inc	Purpose:	Follow-u NO		^{se Date} 19/2020
Owner's A	ddress			Follow-up		of Violation	
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			mber and street, city, state, zip code)	(	) Owner	00/00	12020	
	wasr	nn	gton Sq, Evansville, IN, 47715					-
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Certified Fo		er			Other (list)	1 <u>U</u> 2		$\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP	MMA	RY 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	5.			
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Establishm 1617 Owner Kelsey Owner's Ad <reda Person in C <reda Responsible Certified F <redac< th=""><th>onald ent Addres Bartle y Han ddress cted&gt; cted&gt; cted&gt; e Person's</th><th>ss (nu htt / nle E-ma</th><th>il</th><th>Telephone Number (812-425-5922 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u NO Summary C</th><th>r) B/2020 P Releas 09/ of Violation NC</th><th></th></redac<></reda </reda 	onald ent Addres Bartle y Han ddress cted> cted> cted> e Person's	ss (nu htt / nle E-ma	il	Telephone Number (812-425-5922 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) B/2020 P Releas 09/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N 9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
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650 S ^{Owner}	ÍN C ent Address Hebr EN M ddress Cted> Charge Cted> cted> cted> cted> cted> cted> cted> cted>	ss (nui ON I BI	mber and street, city, state, zip code) Ave, Evansville, IN, 47714 ENNETT		elephone Number 312-479-6974 <b>Credacted&gt;</b> rrpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C_1	r) D/2020 p Releas 09/ v of Violation	L <u>R</u> 1
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	—				
413	NC	R	Door sweep needed on ba	To Be Corrected back entrance. 09/17/202				
415	C		Flies present during in			09/17/2020		
					00110111		00/	.,_0_0
			[					
	1							
Received by				-	bected by (name and title proceeded)	rinted):		
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5412   ^{Owner}	stick ent Addres E Indi & Ka ddress cted> Charge cted> e Person's	rer	mber and street, city, state, zip code) a St, Evansville, IN, 47715 n Kung	Telephone Number (812-473-5551 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_1	r) B/2020 P Releas 09/ of Violation NC	$\frac{ID \#}{11151}$ $\frac{10 \times 10^{10}}{11151}$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N		DIMPHES		DELOW 40 4D*
		ATED R	P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	WIWIARY OF VIOLATIONS" AN	D IN THE N		
Section# 191	C/NC C	к R	Narrative Walk in refrigerator bulk rice and other items	not date marked to id	antify		orrected By
191	C		production date nor discard		entity	03/0	10/2020
177	NC	R	Bulk containers of product not eleva		loor	00/0	08/2020
		к					
146	NC		Unlabeled food containers such as salt, sugar, etc	ntainers	09/0	08/2020	
			which are unidentifiab	ie. Labei.			
	Received by (name and title printed): <redacted></redacted>			Inspected by (name and title pr <redacted></redacted>	rinted):	1	
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	choic ent Addres	s (nu	mber and street, city, state, zi a St, EVANSV	) ILLE, IN, 47712	( <b>8</b> )	<b>Biphone Number</b> 312 ^E 428-3055 ) Owner	Date of In: (mm/dd/yr 09/09		ID# 11088
^{Owner} LIFE (		CE				irpose: Routine	Follow-u NO		^{e Date} <b>19/2020</b>
Owner's Ac	ldress					Follow-up Complaint		of Violation	15:
Person in C						Pre-Operational	<u>с</u> 0	(	$\mathbf{U}_{\mathbf{R}}$
Responsible			il			Temporary HACCP	Menu Tyj	oe (See addi	tional page)
Certified Fo		er				Other (list)	1 <u>02</u>	<u>•</u> 3C	$\underline{0}_{4} \underline{0}_{5} \underline{0}$
	CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE						D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
				No noted violation	ons	5.			· ·
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Establishm 900 S Owner Bell Ir Owner's A <reda Person in C <reda Responsibl</reda </reda 	#C11 ent Addres Gree ndiana ddress cted> Charge cted> e Person's	E-mail	Évansville, IN, 47715	Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) 	Follow-u Yes Summary C	) /2020 Releas 09/ of Violation NC	
			CHECKLIST AND NARRATIVE COLUMNS N 5 INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
347NCHand drying provisions not provided at hand sinks.							10/2020
116	NC			09/14/2020			
413	NC	Door sweep needed on back entrance.					17/2020
402	NC		Tiles need replaced in fryer area.				
402         NC         Tiles need replaced in fryer area.							
Dessive 41	(non	title minted):		Inspected by (reserved to 1	untad):		
Keceivea by	(name and	title printed):		Inspected by (name and title provided by (name and title p	inited):		
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1120 Owner Adam Owner's Ad Person in C <redat Responsible Certified Fo <redat< th=""><th>Cook ent Address Wash Cain ddress charge cted&gt; e Person's ood Handlo cted&gt;</th><th>ss (nu ning E-ma er</th><th>mber and street, city, state, zip code) gton Sq, Evansville, IN, 47715</th><th>(8) ( &lt; Put ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )</th><th>ephone Number 12-476-7884 (redacted) rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary C</th><th>p Releas 09/ of Violation NC 0 NC 0</th><th></th></redat<></redat 	Cook ent Address Wash Cain ddress charge cted> e Person's ood Handlo cted>	ss (nu ning E-ma er	mber and street, city, state, zip code) gton Sq, Evansville, IN, 47715	(8) ( < Put ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ephone Number 12-476-7884 (redacted) rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 09/ of Violation NC 0 NC 0	
			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				To Be Co	orrected By
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	Ritzy	s (nu	mber and street, city, state, zip code)	3) (	slephone Number 812-474-6259 <redacted></redacted>	Date of In (mm/dd/y) 09/09		ID # 10980
601 N	Greer	۱R	iver Rd, EVANSVILLE, IN, 47715	<	redacted>			
		w/(	Chad Grunow		ırpose: Routine	Follow-u NO	1	se Date 19/2020
Owner's A					Follow-up	Summary	of Violation	15:
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>ſ</td><td>) 1</td></reda<>					Complaint	1	ſ	) 1
Person in C					Pre-Operational	1		
Responsible			1		Temporary	Menu Tu	na (Saa addi	tional page)
Responsion	e i ci son s	L-ma	1		НАССР	Wienu Ty		
Certified F		er			Other (list)	1 <u>0</u> 2	<u></u> 3	$)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
• CRITICAI	L ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARI	KED "C"			
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Section#	C/NC	R	Narrative				To Be Co	orrected By
345	С	R	Hand sink used for othe	rp	urposes.			)9/2020
Received by	v (name and	title	printed):	-	redacted>	rinted):		
Received by	(signature	):		Insp	bected by (signature):			
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Establishme	lo Wi ent Addres	s (nu	Wings #50 mber and street, city, state, z , Evansville, IN		relephone Number (812-423-9464 ( <redacted></redacted>	pection ) )/2020	id# 10888		
^{Owner} Buffalo					Purpose:	Follow-uj NO		^{e Date} 19/2020	
Owner's Ad					Follow-up	Summary	of Violation	IS:	
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Person in C					Pre-Operational	C	NC_1	R	
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Responsible	e Person's	E-ma	11		НАССР	Menu Type (See additional page)			
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS 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	rrected By	
187	С	R	Potentially hazardous	entially hazardous food cold holding above 41 degrees. Product was moved.					
218	NC	R	Refrigeration draw	rigeration drawer under the grill is not functioning as designed.					
Received by		-	printed):		Inspected by (name and title p <redacted></redacted>	rinted):			
Received by	(signature)	):			Inspected by (signature):				
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4901 N Owner	Arc L ent Address Monrc BOWL dress Cted> harge Cted> Person's	s (nui De 7 _IN	nber and street, city, state, zip co Ave., Evansville, G CENTERS IN(	Telephone Number (812-476-3003 ( <redacted> Purpose: Purpose: Purpose: Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	.) /2020 p Releas	<u> </u>	
			NTIFIED IN THE CHECKLIST AN FROM PREVIOUS INSPECTIONS			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
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D 11	/ 1		· 1)		X (11 ( 1))	1		
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11th Frame LoungeEstablishment Address (number and street, city, state, zip code)1801 W Franklin St, Evansville, IN, 47712					elephone Number 312-423-5355 <redacted> urpose:</redacted>	Date of In (mm/dd/yn 09/10 Follow-u	^{r)} )/2020	ID # 10824 se Date	
Frank	lin La	ne	s Inc		Routine	No		20/2020	
Owner's A			<u> </u>		Follow-up		of Violatior		
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Person in C				╠──	Pre-Operational	1			
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		PE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		ZED "(C")				
			) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE M	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	orrected By	
173	С	R	Improper storage of raw a	nimal product.			Corrected		
	1								
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	+								
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				Inspected by (name and title printed):					
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270 N Owner France Owner's Ad <redae Person in C <redae< th=""><th>o's M ent Addres Gree o Mar ddress cted&gt; Charge cted&gt;</th><th>ss (nu en F nine</th><th>mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 D</th><th>Telephone Number (812-604-8850 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted></th><th>Follow-u NO Summary C_</th><th>r) D/2020 P Releas 09/ of Violation NC</th><th><u> </u></th></redae<></redae 	o's M ent Addres Gree o Mar ddress cted> Charge cted>	ss (nu en F nine	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 D	Telephone Number (812-604-8850 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C_	r) D/2020 P Releas 09/ of Violation NC	<u> </u>
Responsible Certified Fe				HACCP Other (list)	Menu Type $1 \bigcirc 2$	pe (See addi	tional page)
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP		D IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
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Establishm 2818 Jennif Owner's Ad <redat Person in C <redat Responsible Certified Fd <redat< th=""><th>appy ent Addres B Mt. er La ddress cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt;</th><th>ss (nu Ve mb E-ma</th><th>il</th><th>8) (</th><th>Performe Number 312-449-7718 <b>Complaint</b> Pre-Operational Femporary HACCP Other (list)</th><th>Follow-u NO Summary C</th><th>p Releas 09/ of Violation NC_</th><th></th></redat<></redat </redat 	appy ent Addres B Mt. er La ddress cted> cted> cted> cted> cted> cted> cted> cted> cted> cted>	ss (nu Ve mb E-ma	il	8) (	Performe Number 312-449-7718 <b>Complaint</b> Pre-Operational Femporary HACCP Other (list)	Follow-u NO Summary C	p Releas 09/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI			D IN THE N	ARRATIVE	BELOW AS "R"
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Establishm	sel Bi ent Addres Wab Mills ddress cted> Charge cted>	ss (nu asl	w Pub Imber and street, city, state, zip code) h Ave., Evansville, IN, 47712	Telephone Number (812-909-1956 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C	p Releas 09/ v of Violation	<u> </u>	
Certified Fo		er		HACCP Other (list)	102	<u></u> 3	)_45	
• CRITICAL	L ITEMS AR	RE IDH	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE N			
Section# 345	C/NC C	R	Narrative Hand sink used for purposes othe	ar than hand washi	na	To Be Corrected By Corrected		
545					ng.		necleu	
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2403 Owner Jason Owner's Ac <reda Person in C <reda< th=""><th>z-N-S Mash Dicke Idress Cted&gt; harge Cted&gt;</th><th>ing en</th><th>mber and street, city, state, zip code) ton Ave, Evansville, IN, 47714</th><th>Telephone Number (812-402-7783 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted></th><th>Follow-u NO Summary C</th><th>r) D/2020 P Releas 09/ of Violation NC</th><th>19/2020 </th></reda<></reda 	z-N-S Mash Dicke Idress Cted> harge Cted>	ing en	mber and street, city, state, zip code) ton Ave, Evansville, IN, 47714	Telephone Number (812-402-7783 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C	r) D/2020 P Releas 09/ of Violation NC	19/2020 		
Responsible Certified Fo	ood Handle			HACCP Other (list)	$1 \boxed{2}$	Menu Type (See additional page) $1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 5$			
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N				
Section#	C/NC	R	Narrative			To Be Corrected By			
			Employees within compliance f	for face coverings.		Co	rrected		
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Section#	C/NC	R	Narrative	MWART OF VIOLATIONS A			orrected By
				act in coolor			•
173	С	R	Improper storage of raw m	leat in cooler.		0	rrected
		-					
Dessionally		441-		I			
Received by		-		Inspected by (name and title p	rinted):		
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Establishme 101 O Owner	en ( akley en Se daress cted> harge cted>	s (nu St ervi	Berry Plastics nber and street, city, state, zip code) , Evansville, IN, 47710 ce Company	Telephone Number ( ) Establishment ( < redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u NO Summary C	) /2020 P Releas 09/ of Violatior NC_	$\frac{ID \#}{14080}$ se Date $\frac{18/2020}{R}$ hs: $\frac{10}{R}$ $\frac{10}{R}$ tional page)	
Certified Fo	ood Handle	er			HACCP Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc} 3 \underline{\bigcirc} 4 \underline{\bigcirc} 5 \underline{\bigcirc} 5$		
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE (	COLUMNS N	AARKED "C"			
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Section#	C/NC	R		rrative			To Be Co	orrected By
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					Inspected by (name and title pr <redacted></redacted>	rinted):		
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