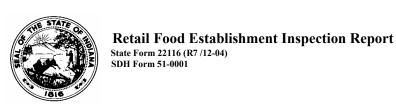
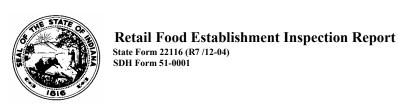


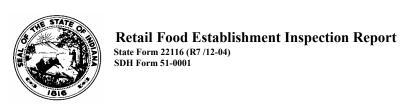
Establishm	ent Name				Telephone Number	Date of Ins	pection	ID#
		pre	ess #2906		626-372-8203	(mm/dd/yr)	13770
Establishm	ent Addres	s (nu	nber and street, city, state, zip code)		<pre>(<redacted></redacted></pre>	08/17	/2020	
	Mena	rds	Drive, Evansville, IN	N, 4//15				
Owner Panda	а Ехр	res	s Inc		Purpose:	Follow-uj		se Date 27/2020
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		RE IDI	NTIFIED IN THE CHECKLIST AND NARR	RATIVE COLUMNS I	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DE			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				orrected By
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			Violation no	111 0/ 1-1/2020	o dorrected.			
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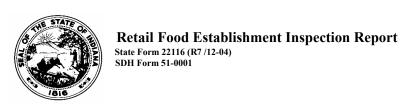
907 N Owner	Lou Ent Addres Fare	s (nui	e The street, city, state, zip code) Ave., Evansville, IN, 4 Enterprises LLC	7711	Telephone Number (812-425-4929 (<redacted> Purpose: Routine</redacted>	Date of Ins (mm/dd/yr) 08/21 Follow-up	/2020 Releas	10872 se Date 31/2020	
Owner's A	ddress		'		✓ Follow-up	Summary	of Violation		
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Responsible	e Person's	E-ma	ll .		НАССР	Menu Type (See additional page)			
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• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS N	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DEN	OTED 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	
			Employee we	aring mask	as required.				
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4830 l	Que ent Addres Unive Hood	rsi	mber and street, city, state, zip ty Dr., Evansville Lara Medicis		relephone Number (812-423-6400 (<redacted> Purpose: Routine</redacted>	Date of Insp (mm/dd/yr) 08/19/	2020 Releas 08 /	10893 10893 se Date 29/2020
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Certified Fo		er			Other (list)	102	<u></u>	<u>4</u> 050
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST A	AND NARRATIVE COLUMNS M	IARKED "C"			
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Section#	C/NC	R		Narrative		,	Го Ве Со	orrected By
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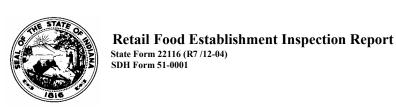


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J&C		ı In	С	<u> </u>	Routine	No		29/2020
Owner's Ad				F	Follow-up	Summary	of Violation	_
Person in C				╬	Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_)
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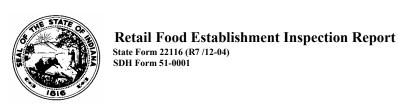


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Establishma 1300 S Owner E`-VIL Owner's Ad <reda c<="" in="" person="" th=""><th>no's ent Addres Gre LE P ddress cted></th><th>en IZZ</th><th>zza #2571 mber and street, city, state, zip code) River Rd, Evansville ZA, INC</th><th>, IN, 47715</th><th>Telephone Number (812-477-5544 () Owner Purpose: Routine Follow-up Complaint Pre-Operational</th><th>Date of Insp (mm/dd/yr) 08/17/2 Follow-up NO Summary o</th><th>2020 Releas 08/</th><th></th></reda>	no's ent Addres Gre LE P ddress cted>	en IZZ	zza #2571 mber and street, city, state, zip code) River Rd, Evansville ZA, INC	, IN, 47715	Telephone Number (812-477-5544 () Owner Purpose: Routine Follow-up Complaint Pre-Operational	Date of Insp (mm/dd/yr) 08/17/2 Follow-up NO Summary o	2020 Releas 08 /	
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Certified Fo	ood Handl	er		Other (list)	102	<u></u>	<u>4</u> 050	
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• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE D	DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative		,	Го Ве С	orrected By
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			mber and street, city, state, z		' <redacted></redacted>	00/18/2	.020	
	reen	ΚIV	er Rd, Evansv	ille, IIV, 47715				
Owner CHRIS		ИP	F		Purpose: Routine	Follow-up No	Releas 08/2	29/2020
Owner's Ac					Follow-up	Summary of	Violation	is:
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Owner's Ac		VII	ı		Follow-up	Summary o			
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• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST	T AND NARRATIVE COLUMNS M	AARKED "C"	•			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIO	ONS 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	rrected By	
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SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

3901 I Owner	ort Ir ent Addres N Hig sville I ddress cted> Charge cted> e Person's	nn E-ma	nber and street, city, state, zip cod ay 41, Evansville, & Suites		Telephone Number (812-423-5818 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up NO Summary of C Menu Type	Release 08/	<u>0</u> <u>R</u> <u>0</u>
• CRITICAL	. ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS M	MARKED "C"			
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Section#	C/NC	R		Narrative		7	To Be Co	orrected By
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SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

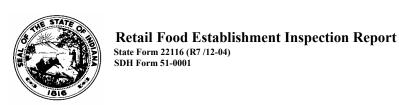
Owner Los Br Owner's Ac < redac Person in C	ent Address V Lloy Cavos Idress Cted> Charge Cted>	Ind		712	Telephone Number (812-464-3163 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary	Pollow-up NO Summary C	Release 08/	_
Certified Fo	ood Handle		•		HACCP Other (list)	1 2	3	<u>4</u> 050
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLU	JMNS N	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrati		1.0000		To Be Co	orrected By
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			All violations we	re co	orrected.			
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SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

	JSE ent Addres		nber and street, city, state, z Ave., Evansvill		Telephone Number (812-479-6388 Date of Inspection (mm/dd/yr) 08/19/2020 11 (<redacted></redacted>					
Owner Dilip F	atel				_	rpose: Routine	Follow-up Yes		e Date 29/2020	
Owner's Ac	ddress				-	Follow-up	Summary of	Violation	ns:	
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Person in C						Pre-Operational	$_{\rm C}$	NC_	$R \cup R$	
Responsible			il			Temporary	Menu Type	(See addii	tional page)	
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Certified Fo		er				Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u> </u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS I	MARK	ŒD "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTI	IONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative			7	Го Ве Со	orrected By	
116	NC		Two employe	es in kitchen not we	arir	ng face covering	gs.	08/1	9/2020	
Received by	(name and	title r	printed):		Insp	ected by (name and title pr	rinted):			
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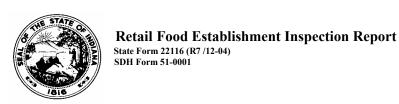
Establishmonth 1800 l	es D	ss (nu	by Post #2953 mber and street, city, state, zip Ave., Evansville	code)	(812-477-3141 (<redacted></redacted>	Date of Inspe (mm/dd/yr) 08/20/2		11138	
Owner Charle	es De	nb	y Post #2953		Purpose: Routine	Follow-up NO		e Date 30/2020	
Owner's A	ddress		,		Follow-up	Summary of			
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Certified Fo	ood Handl	er			Other (list)	$1 \bigcirc 2$	$\underline{)}_3\underline{\mathbb{C}}$	0_4 0_5	
• CRITICAL	. ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST A	AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIO	NS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative		7	To Be Co	orrected By	
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SDH Form 51-0001

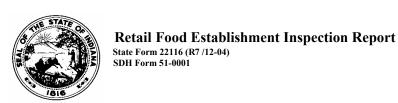
Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

Establishmo China		de	en		Telephone Number (812-422-6699)	Date of Insp (mm/dd/yr)		ID# 11146	
			mber and street, city, state, z	zin code)		08/18/	2020	11170	
501 N			i, Evansville, IN		' <redacted></redacted>				
Owner Yim W	/an Le	ее			Purpose:	Follow-up NO		e Date 28/2020	
Owner's Ac					✓ Follow-up	Summary o	f Violation	1S:	
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Responsible	e Person's	E-ma	il		HACCP	Menu Type	(See addii	tional page)	
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• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	IONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative			То Ве Со	rrected By	
			Follow up from 8-18-20) follow up. Operation in ful	Il compliance with face co	vering.	Co	rrected	
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Fax 812-435-5871

Establishment Name McDonalds #11291=AMB M	anagement LLC	Telephone Number (812-421-0569	Date of Ins (mm/dd/yr)	ъ# 11197
Establishment Address (number and street, city, state,	zip code)	() Owner .	08/19	/2020	11191
115 S Rosenberger Ave, Eva	nsville, IN, 47712	<re></re>			
Michael Burrell		Purpose: Routine	Follow-up No		e Date 29/2020
Owner's Address		Follow-up	Summary	of Violation	ns:
<redacted></redacted>		Complaint	$\mathbf{\hat{\Gamma}}$		
Person in Charge		Pre-Operational	$_{\rm C}$ U	NC	l _R I
<redacted></redacted>		Temporary			
Responsible Person's E-mail		НАССР	Menu Typ	e (See addi	tional page)
	Other (list)	-		\bigcirc	
Certified Food Handler <redacted></redacted>			1 2	<u> </u>	<u> 1405</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIS	MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECT	IONS 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
431 NC R Cleaning needed	in and around equip	ment. Hood vents	soiled.	08/2	21/2020
Received by (name and title printed):		Inspected by (name and title pr	rinted):		
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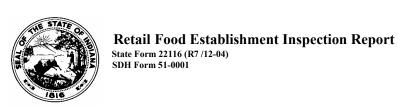
Establishm				Telephone Number	Date of Inspe	ID#	
Memo	orial	Hig	gh School/Aramark	812-476-4973	(mm/dd/yr)	2020	11211
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	()Owner	08/19/2	2020	
1500 l	Lincol	n A	Ave., EVANSVILLÉ, IN, 47714	' <redacted></redacted>			
Owner MEMC	ORIAL	_ H	IGH SCHOOL/Aramark	Purpose:	Follow-up NO		e Date 29/2020
Owner's Ac				Follow-up	Summary of	Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	$_{\rm NC}$	J _R U
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative National Control of the Co		1	To Be Co	orrected By
			No noted violati	ons.			
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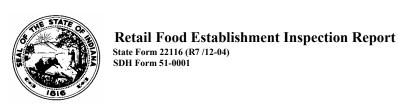
SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

1400 N	rty's ent Addres N Gre tys In ddress cted> Charge cted> e Person's	en c/[mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 Dan Davis ii	Telephone Number (812-471-0024 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-up Yes Summary	Release 08/	110# 11273 11273 12 0 0 115: 1273 12 1273 1273 1273 1273 1273 1273 1273 1273	
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			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		1	To Be Co	orrected By	
116	NC		Staff not not wearing mask or wearing mask improper	ly in accordance to the Ind	iana EO.		rrected	
430	NC			le floor in walk in cooler at freezer door in need of repair.				
				io neer in wait in occier at neezer acer in need or repair.				
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				v up from 8-5					
			All viola	tions were co	orre	ected.			
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St Ber	nedict	s F	Parish		Routine	No		e Date 29/2020
Owner's A	ddress				Follow-up	Summary of		
Person in C	harge				Complaint	l . ()	NC_() _ ()
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SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

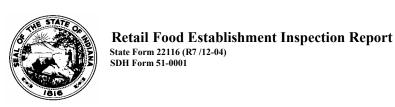
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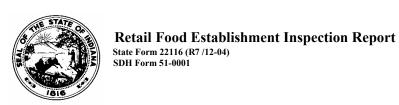
SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

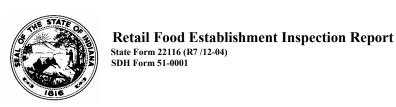
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			ve, Evansville, IN		<pre><<redacted></redacted></pre>			
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Shante	•	C.			✓ Routine	Yes	08/	29/2020
Owner's Ad					Follow-up	Summary of	Violation	S:
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Section#	C/NC	R		Narrative		Т	o Be Co	rrected By
116	NC		Employe	ees not wearing fa	ace covering.		08/1	9/2020
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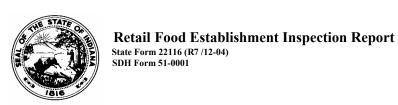
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Section#	C/NC	R	Narrati					orrected By
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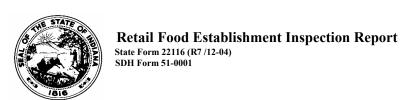
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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			All violations were o	orre	ectea.			
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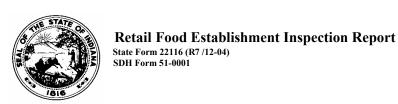
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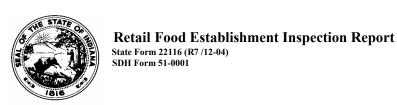
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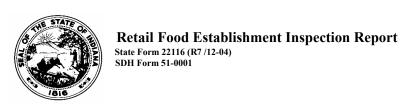
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Horizo	n Ho	me	es		_	Routine	No		27/2020
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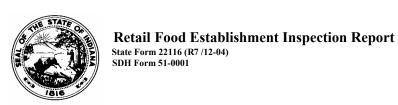
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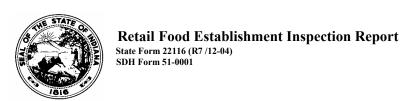
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			mber and street, city, state, zip code)		08/20/2	2020	11011
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Section#	C/NC	R	Narrative		ŗ	Го Ве Со	orrected By
118	С	R	Establishment is lacking certif	ied food handler.		11/2	20/2020
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			nber and street, city, state, zip code)			08/19	/2020	11770
			ach Ave, Évansville, IN	N, 47714	<pre><redacted></redacted></pre>			
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Penn Station East Coast Subs Establishment Address (number and street, city, state, zip code) 4827 Davis Lant Dr, Evansville, IN, 47715 Owner Tri-State Cheesesteaks LLC Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU</redacted></redacted></redacted>						lephone Number 12-402-7366 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	P Release 08/	
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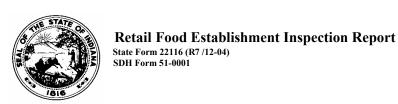
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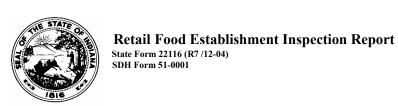
SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

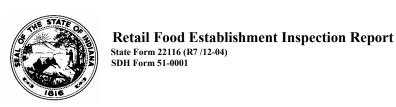
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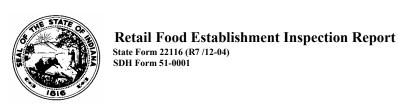
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			Follow up from 8-17-20. Operation in full	comp	oliance wearing face co	ering.	Co	rrected
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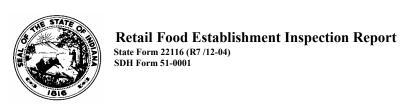
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Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

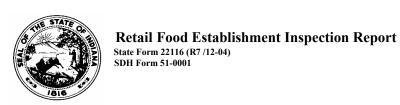
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. **Date of Inspection** Telephone Number (mm/dd/yr) Washington Food Mart 11999 812-402-2101 08/17/2020 Establishment Address (number and street, city, state, zip code) '<redacted> 1000 Washington Ave. Evansville, IN, 47714 Owner Purpose: Follow-up Release Date Amit Arora Yes 08/27/2020 Routine Owner's Address Summary of Violations: **✓** Follow-up <redacted> Complaint Person in Charge Pre-Operational <redacted> Temporary Responsible Person's E-mail Menu Type (See additional page) HACCP Other (list) **Certified Food Handler** <redacted> • 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 To Be Corrected By R Narrative NC R | Staff not not wearing mask or wearing mask improperly in accordance to the Indiana EO. Corrected 116 Received by (name and title printed): Inspected by (name and title printed): <redacted> Inspected by (signature): Received by (signature):

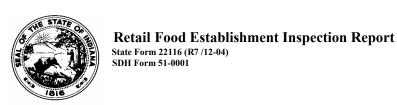
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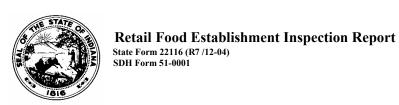
Highland Inn Establishment Address (number and street, city, state, zip code) 6620 N First Ave, Evansville, IN, 47710 Owner Rodney & Paige Miller Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS Not the Columns of th</redacted></redacted></redacted>						rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) ED "C"	Follow-u No Summary	P Release 08/	_
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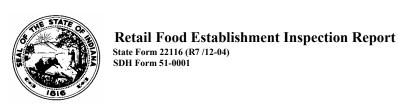
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Break Break		e l	Bar & Grill		Telephone Number (812-602-1756)	Date of Inspection (mm/dd/yr) 08/18/2		ъ# 12150
			mber and street, city, state, zi Ave, Evansvil		(<redacted></redacted>	00/10/2	.∪∠∪	
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				Follow up from 8-13	3-2020.			
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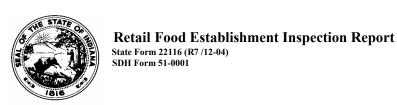
Establishm	ent Name			Telephone Number	Date of Insp	ection	ID#
Xpres	ss Pa		ry - ASR Petroleum Inc.	812-401-3668	(mm/dd/yr) 08/18/		12157
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			Follow up from 7-22	2-2020.			
257	NC	R	Food thermometer not			08/	19/2020
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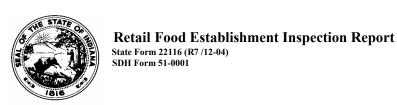
Establishment Name Franklin Street Tavern Establishment Address (number and street, city, state, zip code) 2126 W Franklin St, Evansville, IN, 47712 Owner FST Properties LLC Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail</redacted></redacted>						Plephone Number 312-401-1313) Owner Prose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u No Summary	P Release 08/	_
Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M.</redacted>					- MARI	Other (list)	102	<u></u>	04050
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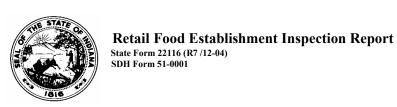
	Side		ood Mart	Telephone Number (812-431-5373 Date of In (mm/dd/s) (08/1/2)			12366
			mber and street, city, state, zip code) Cky Ave, Evansville, IN, 47714	' <redacted></redacted>	00/10		
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Section#	C/NC	R	Narrative			To Be Co	orrected By
116	NC		Employees not wearing fa	ice coverings.		Corrected	
257	NC	R		Food thermometer not available.			
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
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Establishment Name Meijer Store #287 Establishment Address (number and street, city, state, zip code) 2622 Menards Drive, Evansville, IN, 47715 Owner Meijer Stores Limited Partnership Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted></redacted></redacted></redacted>						lephone Number 312-647-2200 <redacted> redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	c_ 0	Release 08/	27/2020 ns:
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			All violations from 8/11/20	20	corrected.			
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