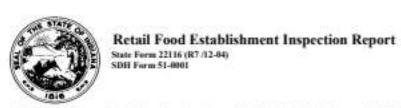


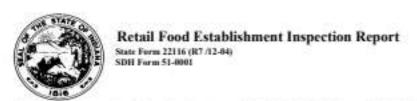
	oods	ss (num	C #2 ther and street, city, state, zip code) e Rd, EVANSVILLE, IN, 47715	812-476-7135 <redacted></redacted>	Date of In (mm/dd/y) 10/06		ть# 11673		
Owner ALDI				Purpose:	No Release Date 10/16/20				
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violatio</td><td>ns.</td></reda<>				Follow-up	Summary	of Violatio	ns.		
Person in C				Complaint	۵,	(0 (
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational Temporary</td><td></td><td>- K-</td></reda<>				Pre-Operational Temporary		- K-			
Responsible	e Person's	E-mai	E	HACCP	Мени Ту	pe (See add)	tional page)		
Certified F		er		Other (list)	1 <u>O</u> 2	<u>O</u> 3C	Q.O		
			STIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE S	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
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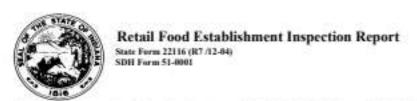
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2131	W Fra	anklin S	St, Evansville, IN, 47712	<redacted></redacted>			eres s	
Owner Chris				Purpose:	Follow-up No	16/2020		
owner's A	cted>			Follow-up Complaint	Summary	of Violatio	277	
Person in 6	harge cted>			Pre-Operational	c_U	I R_I		
Responsibl				HACCP	Menu Type (See additional page)			
Certified F		er		Other (list)	102	<u>O</u> 3 <u>©</u>	Q.Q.	
			D IN THE CHECKLIST AND NARRATIVE COLUMNS PREVIOUS INSPECTIONS ARE DENOTED IN THE "		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be C	orrected By	
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	ucks		ffee Co #8955	Telephone Number (812-401-1771	Date of Inspection (mm/dd/yr) 10/06/2020		11501
6401 E	E Lloy	ss (numb d Ex	er and street, city, state, zip code) pressway, Evansville, IN, 47715	<redacted></redacted>			
Owner Starbi				Purpose:	Follow-u No	F10 000000000	se Dute 16/2020
Owner's A				Follow-up Complaint	43.00	of Violation	20 22
Person in 6	harge cted>	į.		Pre-Operational	c_U	0_{R}	
Responsibl				HACCP	Мени Тур	tional page)	
Certified F		er		Other (list)	102	<u>3C</u>) ₄ O ₅ O
			TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N ROM 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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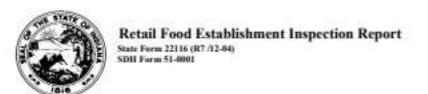
Szec		ı R	estaurant	Telephone Number (812-479-7600)	Date of Inspection (mm/dd/yr) 10/06/2020		ю# 11379
669 N	Gree	en F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	' <redacted></redacted>	10/0	7/2020	
Owner Jingya	an Li			Purpose:	Follow-u No	ET 0 0000770000	16/2020
<reda <<="" td=""><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary</td><td>of Violation</td><td></td></reda>				Follow-up Complaint	Summary	of Violation	
Person in 6				Pre-Operational	c_1	NC_4	2 _R 3
Responsible			II.	Temporary HACCP	Мепи Ту	tional page)	
Certified F		er		Other (list)	102	<u>O</u> 3©) ₄ O ₅ O
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE	SARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		-	_	orrected By
346	NC	R	Hand soap not provided a	at hand sink.		10/0	06/2020
173 C R Improper storage of raw r				neat in cooler.		10/0	06/2020
177 NC R Food in walk in cooler not stored at least				six inches above the	e floor.	10/0	06/2020
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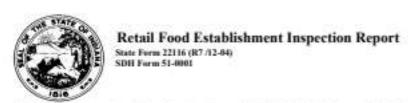
Sam' Establishm 2011	s Piz	ss (numb	a er and street, city, state, zip code) St, EVANSVILLE, IN, 47712	812-423-3160 <redacted></redacted>	Date of Insp (mm/dd/yr) 10/07/		ть# 11295
Owner David Owner's Ar <reda <reda="" c="" in="" person="" responsible<="" td=""><td>Fran ddress cted> harge cted> cted></td><td>K E-mail</td><td>Ot, EVANOVILLE, IIV, 477 12</td><td>Purpose: Routine Follow-up Cumplaint Pre-Operational Temporary HACCP Other (list)</td><td>Follow-up No Summary of C Menu Type 1 2</td><td>NC_</td><td>l R O</td></reda>	Fran ddress cted> harge cted> cted>	K E-mail	Ot, EVANOVILLE, IIV, 477 12	Purpose: Routine Follow-up Cumplaint Pre-Operational Temporary HACCP Other (list)	Follow-up No Summary of C Menu Type 1 2	NC_	l R O
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Section#	NC NC	R	Employee not wearing fa	ce covering.	716		rrected By
Received by Received by	acte	d>	ted):	Inspected by (name and title p <redacted> Inspected by (signature):</redacted>	rinted):		
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Establishm	r of C	ss (number a	lest #30 nd street, city, state, zip code) Ave, Evansville, IN, 47711	812-422-2556 <redacted></redacted>	Date of Ins (mm/dd/yr 10/08	/2020	ть# 11237
Owner		100000000000000000000000000000000000000	S NEST #30	Purpose:	Yes	se Dute 18/2020	
Owner's A <reda g<="" in="" person="" td=""><td>ddress cted></td><td></td><td></td><td>Follow-up Complaint Pre-Operational</td><td>Summary C 0</td><td>of Violatio</td><td></td></reda>	ddress cted>			Follow-up Complaint Pre-Operational	Summary C 0	of Violatio	
<reda Responsible</reda 				Temporary HACCP	Мени Тур	1,500	tional page)
Certified F		er		Other (list)	102	<u>_</u> 3C) ₄ O ₅ O
			ED IN THE CHECKLIST AND NARRATIVE COLUMNS IN 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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				327	2		355
Orde			s Nest #30	812-422-2556	Date of Inspection (mm/dd/yr)		11237
Establishm	ent Addre	ss (num	aber and street, city, state, zip code) an Ave, Evansville, IN, 47711	(YOurse	10/09/	2020	11201
Owner			WLS NEST #30	Purpose:	Follow-up No	19/2020	
Owner's A				✔ Follow-up	Summary o	of Violation	ns:
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>0</td><td>(</td><td>n n</td></reda<>		•		Complaint	0	(n n
<pre>Person in 0 </pre>				Pre-Operational Temporary	c_	NC_	0_{R}
Responsible	e Person's	E-muil	Ē	HACCP	0.000		tional page)
Certified F		er		Other (list)	102	<u>•</u>)3(_)4 <u>U</u> 5 <u>U</u>
	SHOTO HONOY		NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
	e e e e		Follow-up inspection fro	om 10-9-20	119.0		139-2
-			All employees were in compliance		nts.		
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Received by			inted):	Inspected by (name and title po <redacted></redacted>	inted):		
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Owner Thom Owner's A <reda g<="" in="" person="" td=""><td>as A</td><td>Die</td><td></td><td>Purpose: Routine Follow-up Complaint</td><td>and an interest of</td><td>10 00000000</td><td></td></reda>	as A	Die		Purpose: Routine Follow-up Complaint	and an interest of	10 00000000	
<reda Responsible</reda 	cted>		u:	Pre-Operational Temporary HACCP	Мени Тур	e (See addi	tional page)
	Cted>	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M			O3©	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative	MINARI OF VIOLATIONS AN	DIN THE S		orrected By
Section#	C/NC	R	Potentially hazardous food cold holding above 41 degrees. P	rock of some minused hards extends	discorded		rrected
173 C Improper storage of raw a					disciss deca.	-	rrected
Received by Received by	acte	d>		Inspected by (name and title possible conditions) Inspected by (signature):	rinted):		
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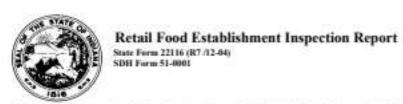
	ral Hi		School nber and street, city, state, zip code)	(812-435-8297 Date of Inspection (mm/dd/yr) 10/08/2020					
5400	First /	Ave	, EVANSVILLE, IN, 47710	<redacted></redacted>			West		
Owner Evans		Var	derburgh School Corp.	Purpose:	No No	10/18/2020			
<reda< td=""><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary o</td><td>of Violation</td><td></td></reda<>				Follow-up Complaint	Summary o	of Violation			
Person in 6		į.		Pre-Operational Temporary	c_ U _) _R U			
Responsibl	e Person's	E-mai	l.	HACCP	Мени Туре	(See add)	tional page)		
Certified F		er		Other (list)	102	<u>_</u> 3C) ₄ O ₅ O		
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "		D IN THE NA	RRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative	<u> </u>		To Be C	orrected By		
-		9	No noted violat	tions.	-				
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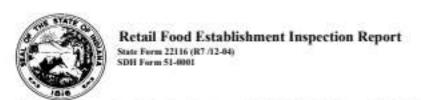
	ent Addre	ss (num	#120 ther and street, city, state, zip code) , Evansville, IN, 47710	812-426-0303 <redacted></redacted>	Date of Ins (max/dd/yr) 10/06	/2020	11116 e Date
Carrol Owner's A <reda <reda="" <redac="" c="" certified="" critical<="" f="" in="" person="" responsible="" td=""><td>ddress cted> harge cted> e Person's ood Handl cted></td><td>E-mail er RE IBEN</td><td>STIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS</td><td>Routine Follow-up Complaint Pre-Operational Femporary HACCP Other (list)</td><td>No Summary C Menu Typ 1 2</td><td>NC_C</td><td>16/2020 15: 1 R 0 10 R 10</td></reda>	ddress cted> harge cted> e Person's ood Handl cted>	E-mail er RE IBEN	STIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	Routine Follow-up Complaint Pre-Operational Femporary HACCP Other (list)	No Summary C Menu Typ 1 2	NC_C	16/2020 15: 1 R 0 10 R 10
Section#	C/NC	R	Narrative				errected By
			No noted violati	ions.			
Received by	acte	d>	inted):	Inspected by (name and title po	rinted):		
Received by	(signature	*		Inspected by (signature):			
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Leroy Establishm	'S Ta	ss (numb	er and street, city, state, zip code)	812-464-8300	Date of Inspe (mm/dd/yr) 10/05/2		ю# 11081		
2659	Mt. V	erno	n Ave., Evansville, IN, 47712	<redacted></redacted>	Serve Vers				
Owner Terri (Carl			Purpose:	Yes	0.000,000,000	15/2020		
Owner's A				Follow-up	Summary of	Violation	ns:		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>0</td><td></td><td>1 0</td></reda<>				Complaint	0		1 0		
Person in C				Pre-Operational	c_U	NC_	I_R_U		
<reda Responsible</reda 				Temporary	Manu Tuna	Kan add	tional page)		
Responsibil	e Person's	E-mint		HACCP					
Certified F		er		Other (list)	1 <u>Q</u> 2 <u>(</u>)₃⊙) ₄ O ₅ O		
			IFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M BOM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			Го Ве С	orrected By		
116	NC	0 10	Employee not wearing fa	ce covering.	110	Co	rrected		
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Leroy		ave	rn	Telephone Number (812-464-8300)	/2020	11081	
2659	ent Addre Mt. V	ern(on Ave., Evansville, IN, 47712	<redacted></redacted>	10/01	12020	
Terri (Carl			Purpose:	a research or reduction		se Dute /17/2020
<reda <="" ri=""></reda>				Follow-up	Summary	of Violatio	20 1000
Person in C				Complaint	۵,	NC (0 (
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>-</td><td>NC_</td><td>- K</td></reda<>				Pre-Operational	-	NC_	- K
Responsible	e Person's	E-mail		HACCP HACCP	Мени Тур	oe (See add)	ttional page)
Certified F		er		Other (list)	1	<u>O</u> 3©) <u>4O</u> 5O
			STIFFED 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
		0 1	Follow up from 10-5	5-2020.	215	50	13-7
		3-1	All violations were co			20	
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Establishm		Bar &	Grill	Telephone Number	form Addition	Date of Inspection ID # (mm/dd/yr) 14076			
			of III ad street, city, state, zip code)	812-437-0171	10/07	/2020	11076		
			St, Evansville, IN, 47710	<redacted></redacted>			eres .		
Owner				Purpose:	Follow-up Release Date				
Amy V				✓ Routine	No	10/	17/2020		
<pre>Owner's Ac</pre>				Follow-up	Summary	of Violatio			
Person in (9		Complaint	1		1 1		
<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	e Person's	E-mail		HACCP	Мени Тур	e (See add)	tional page)		
Certified F	and Hand	les.		Other (list)	.0.	0,6	0.0.0		
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			D IN THE CHECKLIST AND NARRATIVE COLUMNS PREVIOUS INSPECTIONS ARE DENOTED IN THE "S		D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative	CV 1/2 CV 27		To Be C	orrected By		
173	С	10 10	Improper storage of raw	animal product.	212	Co	rrected		
431 NC R Inside the front line prep				cooler is soiled.		Co	rrected		
00000	Since-	30 TV				o	200-20-20		
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		a k				0			
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Krisp Establishm 727 N	y Kre	ss (nun	ber and street, city, state, zip code) dt Rd, Evansville, IN, 47715	812-475-8419 <redacted></redacted>	Date of Ins (mm/dd/yr 10/06	/2020	ть# 11074
Owner Krispy Owner's A <reda <reda="" <redac="" c="" certified="" critical<="" f="" in="" person="" responsible="" td=""><td>/ Krenddress cted> Charge cted> cted> cod Handle cted></td><td>ne E-mail er</td><td>Doughnut Corporation</td><td></td><td>C 0 Menu Typ 1 0 2 2</td><td>10/ of Violation NC_ or (See add)</td><td>0 R 0</td></reda>	/ Krenddress cted> Charge cted> cted> cod Handle cted>	ne E-mail er	Doughnut Corporation		C 0 Menu Typ 1 0 2 2	10/ of Violation NC_ or (See add)	0 R 0
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	Otis.			
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	st Av	/e ss (numb	er and street, city, state, zip code) EVANSVILLE, IN, 47710	812-435-8611 <redacted></redacted>	Date of In (mm/ddy) 10/06	spection r) 8/2020	11021		
Evans	ville '	Vano	derburgh School Corp.	Purpose:	Follow-u No	F10 0000779990	Release Dute 10/16/2020		
Owner's A <reda g<="" in="" person="" td=""><td>ddress cted></td><td></td><td></td><td>Follow-up Complaint Pre-Operational</td><td>Summary C 0</td><td></td></reda>	ddress cted>			Follow-up Complaint Pre-Operational	Summary C 0				
<reda Responsible</reda 				l'emporary	Menu Type (See additional page)				
Certified F	cted>		TIFHED IN THE CHECKLIST AND NARRATIVE COLUMN	Other (list)	1	<u>O</u> 3C	0,00		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	SUMMARY OF VIOLATIONS' AN	D IN THE S				
Section#	C/NC	R	Narrative No noted viola	27		To Be Co	orrected By		
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G.D. Establishn 4320	Ritzy sent Addre	ss (number	and street, city, state, zip code) EVANSVILLE, IN, 47711	812-421-1300 <redacted></redacted>	Date of Inspection (mm/dd/yr) 10/06/2020		10979
Owner Dan C	Gruno	w/Cha	ad Grunow	Purpose:	Follow-up No	16/2020	
Owner's A <reda 6<="" in="" person="" td=""><td>cted></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary O</td><td></td><td>2 _R1</td></reda>	cted>			Follow-up Complaint	Summary O		2 _R 1
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational l'emporary</td><td></td><td>_ K</td></reda<>	cted>			Pre-Operational l'emporary		_ K	
Responsibl	e Person's	E-mail		HACCP	0.000		tional page)
Certified F		er		Other (list)	102	<u>3C</u>) ₄ O ₅ O
			TIED IN THE CHECKLIST AND NARRATIVE COLUMN OM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	cs tw		To Be Co	orrected By
116	NC	S 10	Staff not wearing ma	ask properly.	.1194	Co	rrected
218 NC R Seals on refrigeration u				need repair/replaced.		10/	16/2020
Received by Received by	acte	d>	d):	Inspected by (name and title pi <redacted> Inspected by (signature):</redacted>	rinted):		
eertmoteriste	eratomore, 1907	60()		ಬಳಕೆ ಬರುವಾಗಿ ಕೆ. ಕೆ. ಬರುವಾಗಿ ನಿ			
ec			ce:	200	ec.		



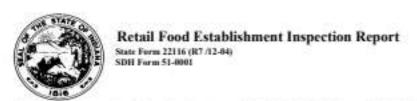
G.D. Establishm	Ritzy ent Addre	es (nun	aber and street, city, state, zip code) , EVANSVILLE, IN, 47711	812-421-1300 <redacted></redacted>	Date of Ins (mm/dd/yr 10/07		10979
Owner	Gruno ddress cted>	w/C	had Grunow	Purpose: Routine Follow-up Complaint Pre-Operational	No Summary		20 1000
Certified F	e Person's ood Handl cted>	E-mail er	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	Temporary HACCP Other (list)	0.4501017	e (See addi	10nal page) 04 <u>0</u> 50
VIOLATIO			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS* AN	D IN THE N		
Section#	C/NC	R	Follow-up inspection	F 40 C 00	77	To Be Co	orrected By
			All employees were in compliance	e of mask requireme	ents.		
Received by Received by	acte	d>	rinted):	Inspected by (name and title p <redacted> Inspected by (signature):</redacted>	rinted):		
revisitas estado		60(1		STATE STATE OF THE PROPERTY OF			
cc			ce:		oc.		



Establishm	r Ger Bark	nera ss (nom	al #959 ber and street, city, state, zip code) ve, Evansville, IN, 477	12	812-423-1906 <redacted> Purpose:</redacted>	Date of Ins (mm/dd/yr 10/05 Follow-u NO	/2020	10918 se Date /15/2020
Owner's A					Follow-up	Summary	of Violatio	ns:
<reda< td=""><td></td><td>•</td><td></td><td></td><td>Complaint</td><td>0</td><td>NC (</td><td>) ()</td></reda<>		•			Complaint	0	NC () ()
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>c_O</td><td>NC_</td><td>, R_O</td></reda<>					Pre-Operational	c_O	NC_	, R_O
Responsible					Temporary	Мени Тур	e (See add)	tional page)
Certified F		ler		_	HACCP Other (list)	1	<u>_</u> 3C) <u>4O</u> 5O
			TIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTE:			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	N _i	arrative			To Be C	orrected By
		20 10	No note	d violation	ns.	114	0	
		81-93					81	
		0 18						
		0.30						
		8-18					2	
		8-8					2	
		- K K						
		0=35					0	
		9:					4:	
		4:					4:	
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							2	
				101			e e	
Received by	acte	d title pri	nted):	1	redacted by (name and title pr	rinted):		
Received by	(signature	*		,i	rspected by (signature):			
ec			cer	1.5		oc.		



Establishm 1015	s Tav	ss (nu	rn of Evansville LLC unber and street, city, state, zip code) n Ave, EVANSVILLE, IN, 47710		10/00	5/2020	10880	
Bucks	Tave	ern	of Evansville LLC	Purpose:	No.			
Owner's A	ddress			Follow-up Complaint		of Violation	and the control of the	
Person in 6	Charge cted>			Pre-Operational	c_3	NC_U) _R U	
Responsibl	le Person's	E-ma	till	Temporary HACCP	0.00000	pe (See addi		
Certified F	ood Handle cted>	er		Other (list)	1 2	<u>O</u> 3©) ₄ O ₅ O	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE S	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
173	С	0	Improper storage of raw ar	animal product. Correcte				
343	С	50	Inadequate number of hand sir	nks in the facility.		10/1	13/2020	
345	С	2	Hand sink obstructed by equipment an	d boxes. Not acces	sible.	10/1	13/2020	
<red< td=""><td>y (name and acted y (signature</td><td>d></td><td>printed):</td><td>Inspected by (name and title pr <redacted> Inspected by (signature):</redacted></td><td>inted):</td><td></td><td></td></red<>	y (name and acted y (signature	d>	printed):	Inspected by (name and title pr <redacted> Inspected by (signature):</redacted>	inted):			
)	eranesas mod	5043						
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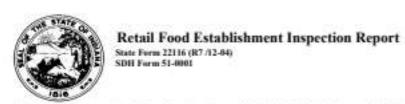
Arby Arby Establishin 3600 Owner	S #72	s (number a	nd street, city, state, zip code) vansville, IN, 47710	**Relephone Number** (812-421-1200) <redacted> Purpose:</redacted>	10/07/	Follow-up Release Dr		
Arby's	s Res	tauran	t Group	Routine	No	10/	17/2020	
<pre>Owner's A</pre>				Follow-up	Summary of	of Violation	ns.	
Person in (Complaint	0		10	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>6</td><td>NC_</td><td>. R_</td></reda<>				Pre-Operational	6	NC_	. R_	
Responsible	e Person's	E-mail		HACCP	Мени Турс	See addi	tional page)	
Certified F		er		Other (list)	102	<u>)</u> 3©	0.50	
• VIOLATIO	ON(S) REPE	ATED FROM	ID IN THE CHECKLIST AND NARRATIVE COLU PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" A				
Section#	NC NC	R	Narrativ Employees not wearin	72.1	-	_	rrected By	
Received by Received by	acte			Inspected by (name and title) <redacted> Inspected by (signature):</redacted>	printed):			
ec			ce:		ce:			



Arby Arby Establishm 3600	S #7	ss (no	5 mber and street, city, state, zip code) e, Evansville, IN, 47710	812-421-1200 <redacted></redacted>	Date of In (mm/dd) 10/08		10848
Owner	s Res		ırant Group	Purpose:	Follow-u	10/	18/2020
<reda< td=""><td></td><td></td><td></td><td>✓ Follow-up</td><td>Summary</td><td>of Violation</td><td>20 000</td></reda<>				✓ Follow-up	Summary	of Violation	20 000
Person in (harge			Complaint	$_{\rm c}$ 0 $_{\rm NC}$) _R 0
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational Femporary</td><td>-</td><td>т</td><td></td></reda<>	cted>			Pre-Operational Femporary	-	т	
Responsible	e Person's	E-mi	ii .	HACCP	Menu Ty	pe (See addi	tional page)
Certified F		er		Other (list)	102	<u>O</u> 3C	0.O
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE	SARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrati		-	To Be Co	orrected By
		-	Conducted follow-up inspection from 10-7				
-		-	Employees were not in compliance of	properly wearing face cov	erings.	9	
-		-				9	
-						4	
		0				0	
		0				9	
		8				2	
		8				2	
						3	
		9:				9:	
		3:-					
						30	
				16			
<pre>Received by </pre>				Inspected by (name and title po <redacted></redacted>	rinted):		
Received by	(signature	*		Inspected by (signature):			
cc			ce:	A.	oc.		



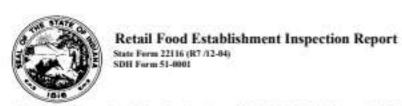
Arby Arby Establishm 3600	S #72	es (nu	5 mber and street, city, state, zip code) e, Evansville, IN, 47710	812-421-1200 <redacted></redacted>	Date of Inc (mm/dd/ye 10/09		10848
Owner's A	ddress		ırant Group	Purpose: Routine	No Summary	P. C.	19/2020
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>0</td><td>-</td><td></td></reda<>	cted>			Complaint	0	-	
Person in C				Pre-Operational	_c U	NC ($\int_{R} U$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td>- 12 M</td><td>-49%</td></reda<>				Temporary		- 12 M	-49%
Responsible	e Person's	E-ma	at a second	HACCP	Menu Typ	e (See addi	tional page)
Certified F		er		Other (list)	1	<u>O</u> 3C) ₄ O ₅ O
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM 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
			Conducted follow-up inspection from 10-7-3	20 inspection for mask com	pliance.	S	
			All employees were in complian	ce of mask requireme	ents.		
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-	6						
-	0	2				81	
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Received by				inspected by (name and title po <redacted></redacted>	rinted):		
Received by	(signature	×:		Inspected by (signature):			
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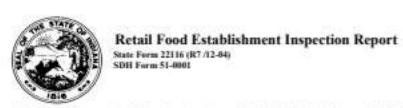
Twist Establishm 2333	ed T	ss (num	ato ther and street, city, state, zip code) ge Rd., Evansville, IN, 47711	**Redacted**	10/03/	2020	13712
Evans	sville '	Twis	sted Tomato Pizza Co.	Purpose:	Follow-up No		15/2020
Owner's A <reda g<="" in="" person="" td=""><td>ddress cted></td><td></td><td>nos romato rizza co.</td><td>Follow-up Complaint Pre-Operational</td><td>Summary of</td><td></td><td></td></reda>	ddress cted>		nos romato rizza co.	Follow-up Complaint Pre-Operational	Summary of		
<reda< td=""><td></td><td></td><td></td><td>l'emporary</td><td></td><td></td><td>_ K</td></reda<>				l'emporary			_ K
Responsible	e Person's	E-mail		HACCP	0.532111733		tional page)
Certified F		er		Other (list)	1 <u>Q</u> 2 <u>(</u>	<u>)</u> 3(_) <u>4O</u> 5O
			STIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS: FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	To Be Co	errected By
			No noted violati				
Received by Received by	acte	d>	inted):	Inspected by (name and title precised) Inspected by (signature):	rinted):		
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Establishm	egov	ss (nur	Inc. DBA Foodmart	812-411-4380	Date of Inc (mm/dd/ye 10/07		13801
600 N	Burk	har	dt Rd, Evansville, IN, 47715	' <redacted></redacted>			67e-5
Patel	Ajitku	ma	Γ	Purpose:	No.	Release Dute 10/17/2020	
Owner's A				Fallow-up Complaint	Summary	of Violatio	s. 0
Person in C				Pre-Operational	_c U	$\int_{\mathbb{R}} U$	
<reda Responsibil</reda 				Temporary	Menu Tvi	e (See addi	tional page)
responsion	c reison s	E-min	•	HACCP	_		
Certified F		er		Other (list)	102	O_3)4050
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
	1	-0 -3 -0 -3	No noted violati	ions.	715	S	190
		30-3	7				
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	8					9	
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		,		9:			
Received by	(name and	title p	rinted):	Inspected by (name and title po <redacted></redacted>	rinted):		
Received by	(signature	*		Inspected by (signature):			
ec			ce		oc.		



Yak & Yeti Establishment Address (number and street, city, state, zip code) 815 S. Green River Rd., Evansville, IN, 47715					Telephone Number 812-909-2022	Date of Inst (mm/dd/yr) 10/06/		ю# 14041	
					<redacted></redacted>	10/00/2020			
Owner					Purpose:	No Release Date 10/16/202 Summary of Violations:			
	cted>				Follow-up	encoulding a			
Person in C					Complaint Pre-Operational	. 4	No 4	$2_{R}0$	
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Responsible	le Person's E	-mail			HACCP	Мени Тур	ype (See additional page)		
Certified F	ood Handler				Other (list)	102	\bigcirc_3) ₄ O ₅ O	
			THE CHECKLIST AND NARRATI	S. DANGER ST. CO.		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	22	Narrative	1200		To Be Co	orrected By	
173	C	S 167 S 163	Improper storage	e of raw m	neat in cooler.	Corrected			
177	C		Food containers	s not cover	red in cooler.		10/06/2020		
191	С		Ready to eat food lacking date marking.				10/06/2020		
281	NC		Dish machine not dispensing sanitizer.				10/06/2020		
344	С		Hand sink obstructed.				10/06/2020		
116	NC	E	mployees in kitchen	not weari	not wearing face coverings.			rrected	
-									
<red< td=""><td>y (name and t acted y (signature):</td><td> ></td><td></td><td>0.00</td><td>Inspected by (name and title pr <redacted> Inspected by (signature):</redacted></td><td>inted):</td><td></td><td></td></red<>	y (name and t acted y (signature):	>		0.00	Inspected by (name and title pr <redacted> Inspected by (signature):</redacted>	inted):			
necessed by	y (signamic).				inspected by (signature).				
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Yak & Yeti Establishment Address (number and street, city, state, zip code)				812-909-2022 <redacted></redacted>	Date of Inspection (mm/dd/yr) 10/08/2020		14041	
	. Gree	en R	iver Rd., Evansville, IN, 47715			Inc		
Sagar	Tam	ang		Purpose:	No.	ET 0 0000000000000000000000000000000000	18/2020	
Owner's A	ddress	,		✓ Follow-up	Summary of Violations:			
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>0</td><td>(</td><td>) _R 0</td></reda<>		•		Complaint	0	() _R 0	
Person in C	harge cted>			Pre-Operational	c_U	NC_	R_U	
Responsibl				l'emporary	Menu Ty	pe (See add)	tional page)	
- 83				HACCP	1020304050			
Certified F	ood Handl	er		Other (list)	1 2	\bigcirc_3	14050	
			TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE S	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative	STATE - N. 12 T. 1 - 12 T. 1		To Be Co	errected By	
-			All violations from inspection on 1	0/06/2020 correcte	ed.	8		
-	-	2				4		
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	-	81 13				\$1		
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				Inspected by (name and title printed): <redacted></redacted>				
Received by				Inspected by (signature):				
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				30	1		300		
The 1			Gonz'z Steak Burger	Telephone Number 618-518-1395	10/07/2020		14157		
Establishm	ent Addre	ss (numbe	r and street, city, state, zip code) Rd Ste 113, Evansville, IN, 47715	(YOurse			14107		
Owner Adriar				Purpose:	Follow-up No		se Dute 17/2020		
Owner's A				Follow-up	Summary of				
<reda< td=""><td>cted></td><td>•</td><td></td><td>Complaint</td><td colspan="4">1 1 1</td></reda<>	cted>	•		Complaint	1 1 1				
Person in C				Pre-Operational	$c_1 NC_1 R_1$				
Responsible	e Person's	E-mail		Temporary HACCP	Мени Туре	Menu Type (See additional page)			
Certified Fe <redac< p=""></redac<>		ler		Other (list)	1020304050				
			OM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be C	orrected By		
347	NC	R	Hand drying provisions not prov	ided at hand sinks	2 110	10/	07/2020		
345	С		Hand washing sink used for		10/07/2020				
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Received by	(name an	d title print		Inspected by (name and title pr <redacted></redacted>	rinted):				
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Establishm	Zone	ss (numbe	nsville er and street, city, state, zip code)	1812-730-4759	Date of Inspection (mm/dd/yr) 10/07/2020		њ# 14241	
41 N Green River Rd., Evansville, IN, 47720								
Owner Craig	Love			Purpose:	Follow-up NO		17/2020	
Owner's A	ddress			Follow-up	Summary of			
<reda< th=""><th></th><th></th><th></th><th>Complaint</th><th>Ω</th><th>-</th><th>1 0</th></reda<>				Complaint	Ω	-	1 0	
Person in C <reda< p=""></reda<>		į.		Pre-Operational	c_U	NC_	_ R_U	
Responsible				Temporary	Мепи Туре	(See adds	tional page)	
83				HACCP Other (list)	1020304050			
Certified F	ood Handl	er			1 2	<u></u>	14050	
• VIOLATIO	ON(S) REPE	ATED FR	IFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M OM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI					
Section#	C/NC	R	Narrative	2121112 1221 121212			errected By	
347	NC	-	Hand drying provisions not prov	rided at hand sinks	i.	Co	rrected	
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		30 10						
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Received by	(signature	*		Inspected by (signature):				
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