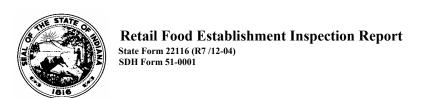
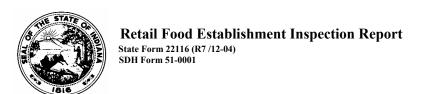


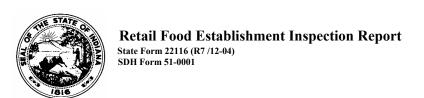
| Establishme   | 57 N       | s (nui | ket, LLC  mber and street, city, state, zip code)  Ed, Vanderburgh, Indiana, 47725 | (8)<br>( <b>v</b> | 12-430-5945<br>credacted>           | Date of In<br>(mm/dd/y)<br>11/09<br>Follow-u | e)<br>0/2023  | 1D#<br>12966    |
|---|------------|--------|--|-------------------|-------------------------------------|--|---------------|-----------------|
| Aaron   | & Ste      | eph    | nanie Peckenpaugh  |                   | Routine                             |  |               | 19/2023         |
| Owner's Ad  | ldress     |        | ·  |                   | Follow-up                           | Summary                                      | of Violation  | is:             |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math>\mathbf{O}</math></td><td>4</td><td><math>\cap</math></td></reda<> |            |        |  |                   | Complaint                           | $\mathbf{O}$                                 | 4             | $\cap$          |
| Person in C   |            |        |  |                   | Pre-Operational                     | $_{\rm C}$ $_{\rm C}$                        | NC            | $\lfloor_{R} 0$ |
| <reda< td=""><td></td><td></td><td>2</td><td></td><td>Temporary</td><td>M T</td><td></td><td></td></reda<>                                      |            |        | 2  |                   | Temporary                           | M T  |               |                 |
| Responsible   | e Person's | E-mai  | ll .   |                   | НАССР                               | Menu Iy                                      | pe (See addii | ional page)     |
| Certified Fo  |            | er     |  |                   | Other (list)                        | 102  | $\bigcirc_3$  | $0_4$ $0_5$     |
| • CRITICAL  | ITEMS AR   | E IDE  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                                  | ARK               | ED "C"                              |  |               |                 |
| • VIOLATIO  | N(S) REPE  | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                                   | ММА               | RY OF VIOLATIONS" AN                | D IN THE N                                   | ARRATIVE      | BELOW AS "R"    |
| Section#  | C/NC       | R      | Narrative  |                   |                                     |  | To Be Co      | rrected By      |
| 218   | NC         |        | observed dish machine not dispen   | sin               | g sanitize soluti                   | on.  | Co            | rected          |
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| Danier dhe  | (          | 4:41   |  | T                 |                                     | -i4- 4).                                     |               |                 |
| Received by   |            | _      |  |                   | ected by (name and title predacted> | inteu):                                      |               |                 |
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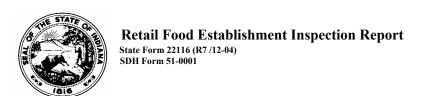
| Establishme  | _           |  |  | Telephone Number Date of Inspect |                              |                |                       | ID#          |
|--|-------------|--|--|----------------------------------|------------------------------|----------------|-----------------------|--------------|
| Drear  | n Ce        | nte  | er   | (8                               | 312-401-5558                 | `              | )/2023                | 12085        |
|  |             |  | mber and street, city, state, zip code)          |                                  | <redacted></redacted>        | 1 1/10         | <b>//2023</b>         |              |
|  | Morga       | <u>an</u>  | Ave, Evansville, IN, 47710                       |                                  |                              |                |                       |              |
| Owner  | . 00.       | ~~   |  |                                  | ırpose:                      | Follow-u       |                       | se Date      |
| jeremy<br>Owner's Ad   |             | 15   |  | <u> </u>                         | Routine                      | No             |                       | 20/2023      |
| <reda< td=""><td></td><td></td><td></td><td>L</td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>18:</td></reda<>      |             |  |  | L                                | Follow-up                    | Summary        | of Violation          | 18:          |
| Person in C  |             |  |  | ╄                                | Complaint                    | $\cap$         | NC_(                  | ) ()         |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>c</td><td>NC_</td><td><u>R</u></td></reda<>           |             |  |  |                                  | Pre-Operational              | c              | NC_                   | <u>R</u>     |
| Responsible  |             |  | il   | ┺                                | Temporary                    | Menu Ty        | pe (See addi          | tional page) |
|  |             |  |  | _                                | HACCP                        |                | $\bigcirc$ $\bigcirc$ |              |
| Certified Fo   |             | er   |  | ┺                                | Other (list)                 | $1 \bigcirc 2$ | $\bigcirc_3$          | <u>)4U5U</u> |
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| • CRITICAL   | ITEMS AR    | E IDF  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  | KED "C"                          |                              |                |                       |              |
| • VIOLATIO   | N(S) REPE   | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SO | J <b>MM</b> A                    | ARY OF VIOLATIONS" AN        | D IN THE N     | ARRATIVE              | BELOW AS "R" |
| Section#   | C/NC        | R  | Narrative  |                                  |                              |                | To Be Co              | orrected By  |
|  |             |  | no violations no                                 | otec                             | <u> </u>                     |                |                       |              |
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| Received by  | (signature) | ):   |  | Insp                             | pected by (signature):       |                |                       |              |
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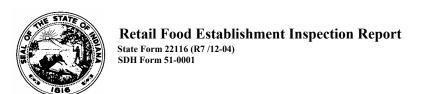
| Establishme   |            | .  _    | a Francisco  | Telephone Number   | Date of Ir<br>(mm/dd/y |                     | ID#                        |
|---|------------|---------|--|--|------------------------|---------------------|----------------------------|
|   |            |         | e Fun Factory  | (812-471-58  | 671                    | 0/2023              | 11975                      |
|   |            |         | mber and street, city, state, zip code) Dr. Ste B, Evansville, IN, 47715 | <pre>(<redacted< pre=""></redacted<></pre>               | d>                     |                     |                            |
| Owner<br>All Blo  | wn U       | pΙ      | nflatable Rentals/Tommy Hall   | Purpose:   | Follow-u               |                     | se Date 20/2023            |
| Owner's Ad  | ldress     |         |  | Follow-up  | Summary                | of Violation        | ns:                        |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td></td></reda<>          | cted>      |         |  | Complaint  |                        | _                   |                            |
| Person in C   |            |         |  | Pre-Operational  |                        | _ NC_(              | $\mathcal{F}_{\mathbf{R}}$ |
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| Responsible   | Person's   | E-ma    | il   | НАССР  | Menu Ty                | pe <i>(See addi</i> | tional page)               |
|   |            |         |  | Other (list)   |                        |                     |                            |
| Certified Fo  |            | er      |  |  | $1 \bigcirc 2$         | <u>3</u>            | <u>/4</u> <u>/</u> 5       |
| • CRITICAL  | ITEMS AR   | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                        | ARKED "C"  |                        |                     |                            |
| • VIOLATIO  | N(S) REPE  | ATED    | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                         | MMARY OF VIOLATION                                       | S" AND IN THE          | NARRATIVE           | BELOW AS "R"               |
| Section#  | C/NC       | R       | Narrative  |  |                        | To Be Co            | orrected By                |
|   |            |         | no violations no   | ted  |                        |                     |                            |
|   |            |         |  |  |                        |                     |                            |
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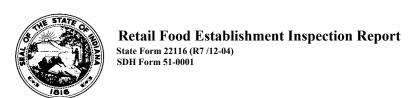
| Establishme   | _                  |                |   |                 | Telephone Number  Date of Inspection (mm/dd/yr) |                |              | ID#                                |
|---|--------------------|----------------|---|-----------------|---|----------------|--------------|------------------------------------|
| Resid   |                    |                |   |                 | 812-471-7191                                    | `              | )/2023       | 11831                              |
| Establishmo 8283  | ent Addres<br>E Wa | is (nui<br>Inu | mber and street, city, state, zip code)<br>t, Evansville, IN, 47715 |                 | <pre><redacted></redacted></pre>                | 11/10          |              |                                    |
|   |                    | TR             | RS EVANSVILLE III LLC   |                 | Purpose:  Routine                               | Follow-uj      |              | se Date<br>20/2023                 |
| Owner's Ad  |                    |                |   |                 | Follow-up                                       | Summary        | of Violation | ns:                                |
| <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                                 | C              | (            | <u> </u>                           |
| Responsible   |                    |                | <u> </u>  |                 | Temporary                                       | Menu Tv        | ne (See addi | tional page)                       |
| responsible   | , 1 015011 5       |                | -   |                 | НАССР   |                |              |                                    |
| Certified Fo  |                    | er             |   |                 | Other (list)                                    | $1 \bigcirc 2$ | <u>3</u>     | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |
| • CRITICAL  | ITEMS AR           | RE IDF         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COI                         | LUMNS M         | IARKED "C"                                      |                |              |                                    |
|   |                    |                | FROM PREVIOUS INSPECTIONS ARE DENOTED IN                            |                 | MMARY OF VIOLATIONS" AN                         | D IN THE N     |              |                                    |
| Section#  | C/NC               | R              | Narra   |                 |   |                | To Be Co     | orrected By                        |
|   |                    |                | No noted v  | <u>/iolatic</u> | ons.  |                |              |                                    |
|   |                    |                |   |                 |   |                |              |                                    |
|   |                    |                | <u> </u>  |                 |   |                |              |                                    |
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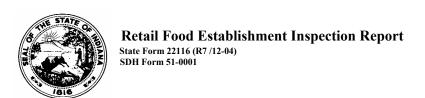
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| Establishm   |              | \ +h   | lotio Club  | Telephone Number                 | Date of Ins<br>(mm/dd/yr) |             | ID#              |
|  |              |        | letic Club  | 812-479-3111                     | 11/10                     | /2023       | 11763            |
|  |              |        | mber and street, city, state, zip code)<br>INE, Evansville, IN, 47715 | <pre><redacted></redacted></pre> |                           |             |                  |
| Owner  | 0111110      |        | no, Evanovino, nv, 17710  | Purpose:                         | Follow-up                 | Relea       | se Date          |
| Andre  | a My         | ers    |   | Routine                          | No                        |             | 20/2023          |
| Owner's A  | ddress       |        |   | Follow-up                        | Summary                   | of Violatio | ns.              |
| <reda< td=""><td>cted&gt;</td><td>•</td><td></td><td>Complaint</td><td>l</td><td>_</td><td></td></reda<> | cted>        | •      |   | Complaint                        | l                         | _           |                  |
| Person in C  |              |        |   | Pre-Operational                  | $ _{c}$                   | NC (        | J <sub>R</sub> U |
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| Responsible  | e Person's   | E-ma   | il  | НАССР                            | Menu Typ                  | e (See addi | itional page)    |
| C (C IE  | 1 77 11      |        |   | Other (list)                     |                           |             | $\bigcirc$       |
| Certified F  |              | er     |   |                                  |                           | <u> </u>    | <u> 1405</u>     |
|  |              | DE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                     | AADVED "C"                       |                           |             |                  |
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|  |              |        | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                      | MMARY OF VIOLATIONS" AN          | D IN THE N.               |             |                  |
| Section#   | C/NC         | R      | Narrative   |                                  |                           | To Be C     | orrected By      |
|  |              |        | no violations no  | oted                             |                           |             |                  |
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| Received by  |              |        | orinted):   | Inspected by (name and title p   | rinted):                  |             |                  |
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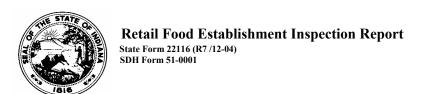
| Establishme   |             |         |   | Telephone Number                  | Date of Insp                 | ection       | ID#                     |
|---|-------------|---------|---|-----------------------------------|------------------------------|--------------|-------------------------|
|   |             |         | Pass Golf Course  | 812-426-2166                      | (mm/dd/yr)                   |              | 11719                   |
|   |             |         | mber and street, city, state, zip code) urg Rd, Evansville, IN, 47711 | <pre>(<redacted></redacted></pre> | 11/10/                       | 2020         |                         |
| Owner   | ,           | ,       |   | Purpose:                          | Follow-up                    |              |                         |
|   |             | /ar     | nderburgh Airport Authority   | <b>✓</b> Routine                  | No                           | 11/          | 20/2023                 |
| Owner's Ad  |             |         |   | Follow-up                         | Summary                      | of Violation | IS:                     |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>                |             |         |   | Complaint                         |                              | (            | ) ()                    |
| Person in C   |             |         |   | Pre-Operational                   | $C_{\underline{\mathbf{U}}}$ | NC_          | $R_{\rm R}$             |
| Responsible   |             |         | :1  | Temporary                         | Monu Tym                     | Saa addi     | tional page)            |
| Responsible   | e i cisum s | L-IIIA  | ı   | HACCP                             | Wichu Typ                    | - (see aaan  | tonai page)             |
| Certified Fo  | od Handle   | er      |   | Other (list)                      | $ _{1}\bigcirc_{2}($         | $\bigcirc_3$ | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL  | ITEMS AR    | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                     | AARKED "C"                        |                              |              |                         |
| • VIOLATIO  | N(S) REPE   | ATED    | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                      | MMARY OF VIOLATIONS" AN           | D IN THE N                   | ARRATIVE     | BELOW AS "R"            |
| Section#  | C/NC        | R       | Narrative   |                                   |                              | To Be Co     | orrected By             |
|   |             |         | no violation not  | ted                               |                              |              |                         |
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| Received by   | (nama and   | title r | printed):   | Inspected by (name and title p    | rintad):                     |              |                         |
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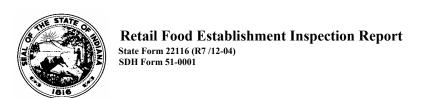
| Establishme  |           |       | "2   |              | elephone Number        | Date of In      |              | ID#             |
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| Aldi F   |           |       |  | 3)           | 312-909-9181           | ` •             | 3/2023       | 11673           |
|  |           |       | mber and street, city, state, zip code)          |              | <redacted></redacted>  | 1 1/00          | 72023        |                 |
|  | Jak G     | ro۱   | e Rd, EVANSVILLE, IN, 47715                      |              |                        |                 |              |                 |
| Owner<br>ALDI I  | -00[      | os    | INC  |              | rpose:<br>Routine      | Follow-u<br>No  |              | te Date 18/2023 |
| Owner's Ac   |           |       |  |              | Follow-up              | Summary         | of Violation | 15:             |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math>\mathbf{\cap}</math></td><td>(</td><td>) (</td></reda<> |           |       |  |              | Complaint              | $\mathbf{\cap}$ | (            | ) (             |
| Person in C  |           |       |  |              | Pre-Operational        | $_{\rm C}$ U    | NC_(         | , RO            |
| <reda< td=""><td></td><td></td><td></td><td>厂</td><td>Temporary</td><td>-</td><td></td><td></td></reda<>                             |           |       |  | 厂            | Temporary              | -               |              |                 |
| Responsible  | Person's  | E-mai | il   | $\vdash$     | НАССР                  | Menu Ty         | pe (See addi | tional page)    |
| Certified Fo   |           |       |  | ┢            | Other (list)           | 100             | $\bigcirc$   | $\bigcirc$      |
| <redac< td=""><td></td><td>er</td><td></td><td></td><td></td><td>102</td><td><u> </u></td><td><u>/4050</u></td></redac<>             |           | er    |  |              |                        | 102             | <u> </u>     | <u>/4050</u>    |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS   |           |       |  |              | KED "C"                |                 |              |                 |
| • VIOLATIO   | N(S) REPE | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMA          | ARY OF VIOLATIONS" AN  | D IN THE N      | ARRATIVE     | BELOW AS "R"    |
| Section#   | C/NC      | R     | Narrative  |              |                        |                 | To Be Co     | orrected By     |
|  |           |       | no violations to re                              | epc          | ort                    |                 |              |                 |
|  |           |       |  | <del>'</del> |                        |                 |              |                 |
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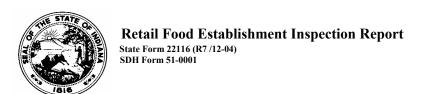
| Establishm   |             |       | <u>_</u>  | Telephone Number                | Date of Inspe<br>(mm/dd/yr) | ection           | ID#                     |
|--|-------------|-------|---|---------------------------------|-----------------------------|------------------|-------------------------|
| Roun   | ders        | Pi:   | zza Too   | 812-867-7172                    | 11/08/2                     | 2022             | 11631                   |
|  |             |       | mber and street, city, state, zip code)           | () Owner                        | 1 1/00/2                    | 2023             |                         |
| 12731  | N Gre       | eer   | River Rd, Evansville, IN, 47725                   | <re><redacted></redacted></re>  |                             |                  |                         |
| Owner  |             |       |   | Purpose:                        | Follow-up                   |                  | se Date                 |
| Josep  |             | IS    |   | <b>✓</b> Routine                | No                          | 11/              | 18/2023                 |
| Owner's Ad   |             |       |   | Follow-up                       | Summary of                  | f Violation      | is:                     |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td><math>\boldsymbol{c}</math></td><td>) (</td></reda<> |             |       |   | Complaint                       | $\cap$                      | $\boldsymbol{c}$ | ) (                     |
| Person in C  |             |       |   | Pre-Operational                 | $_{\rm C}$                  | $_{\rm NC}$      | $\mathcal{L}_{R}$       |
| Responsible  |             |       | 9   | Temporary                       | Menu Type                   | (C 11:           | 4; I \                  |
| Kesponsible  | e Person's  | L-ma  | 11  | НАССР                           | Menu Type                   | (See aaan        | nonai page)             |
| Certified F  | ood Handle  | er    |   | Other (list)                    | 10,0                        | $)_3$            | $)_4\bigcirc_5\bigcirc$ |
| <redag< td=""><td></td><td>-</td><td></td><td></td><td>1</td><td><u></u></td><td><u> </u></td></redag<>                                      |             | -     |   |                                 | 1                           | <u></u>          | <u> </u>                |
|  |             | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C"                      | <u>I</u>                    |                  |                         |
|  |             |       |   |                                 | ID IN THE NA                | DD A TIVE        | DELOW AC "D"            |
|  | C/NC        |       | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | WIMARY OF VIOLATIONS" AN        |                             |                  |                         |
| Section#   | C/NC        | R     | Narrative   | 0 10 0 Hz                       | -                           | го ве Со         | orrected By             |
|  |             |       | no violations to re                               | ероп                            |                             |                  |                         |
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| Establishm  | ent Name      |             |  | Telephone Number                           | Date of Ins        |                    | ID#                         |
|---|---------------|-------------|--|--|--------------------|--------------------|-----------------------------|
| Unite   | d Me          | tho         | odist Youth Home                                   | 812-479-7535                               | (mm/dd/yr)         |                    | 11625                       |
|   |               |             | mber and street, city, state, zip code)            | <pre>(<redacted></redacted></pre>          | 11/10              | /2023              |                             |
|   | N Bur         | <u>kh</u> a | ardt Rd, Evansville, IN, 47715                     | <re><redacted></redacted></re>             |                    |                    |                             |
| Owner   |               | 11 -        | _  | Purpose:                                   | Follow-up          |                    | se Date                     |
| Desha   |               | ITO         | າ  | Routine                                    | No                 | 11/                | 20/2023                     |
| Owner's Ac  |               |             |  | Follow-up                                  | Summary            | of Violation       | as:                         |
| <reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>(</td><td><math>\cap</math></td></reda<>              |               | 1           |  | Complaint                                  |                    | (                  | $\cap$                      |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><math>R_{\rm R}</math></td></reda<> |               |             |  | Pre-Operational                            | C                  | NC_                | $R_{\rm R}$                 |
| Responsible   |               |             | il   | Temporary                                  | Menu Tvn           | e <i>(See addi</i> | tional page)                |
| responsi  | 0 1 01 5011 5 |             | -  | НАССР                                      |                    |                    |                             |
| Certified F   | ood Handl     | er          |  | Other (list)                               | $_{1}\bigcirc_{2}$ | $\odot_3$          | $)_{4}\bigcirc_{5}\bigcirc$ |
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| • CRITICAL  | ITEMS AF      | RE IDE      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | MARKED "C"                                 |                    |                    |                             |
|   |               |             | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU   |  | D IN THE N         | ARRATIVE           | BELOW AS "R"                |
| Section#  | C/NC          | R           | Narrative  |  | <u> </u>           |                    | orrected By                 |
|   |               |             | no violations no                                   | oted                                       |                    |                    | <u> </u>                    |
|   |               |             | The Violationio no                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |                    |                    |                             |
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| Danis dhe   | . (           | 1 4:41      |  | T  | -i-4- 1\.          |                    |                             |
| Received by   |               | _           | orinted):  | Inspected by (name and title p < redacted> | rintea):           |                    |                             |
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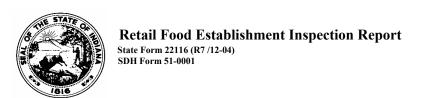
| Establishme   |             | 241     |  |           | elephone Number              | Date of In<br>(mm/dd/yr       |               | ID#                       |
|---|-------------|---------|--|-----------|------------------------------|-------------------------------|---------------|---------------------------|
| Arby'   |             |         |  | 8) [      | 312-475-1176                 | 11/09                         | 9/2023        | 11589                     |
|   |             |         | mber and street, city, state, zip code) xpressway, Evansville, IN, 47715 | (<        | <redacted></redacted>        |                               |               |                           |
| Owner<br>RTM (  | Opera       | atin    | g Company  |           | rpose:<br>Routine            | Follow-u<br>No                | •             | te Date 19/2023           |
| Owner's Ad  | ldress      |         |  | ▐         | Follow-up                    | Summary                       | of Violation  | ns:                       |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td></td></reda<> | cted>       |         |  |           | Complaint                    |                               | _             |                           |
| Person in C   |             |         |  | ⊨         | Pre-Operational              | $ _{\mathbf{C}}$ $\mathbf{U}$ | _ NC_         | $\mathcal{F}_{R}$ $U_{R}$ |
| <reda< td=""><td></td><td></td><td></td><td>=</td><td>Temporary</td><td></td><td></td><td></td></reda<>         |             |         |  | =         | Temporary                    |                               |               |                           |
| Responsible   | Person's    | E-mai   | il   | ┢         | НАССР                        | Menu Ty                       | pe (See addii | tional page)              |
|   |             |         |  |           | Other (list)                 |                               | $\bigcirc_3$  |                           |
| Certified Fo  |             | er      |  |           |                              | 1 <u>0</u> 2                  | <u>3</u>      | <u>/405</u>               |
| • CRITICAL  | ITEMS AR    | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                        | ARK       | KED "C"                      |                               |               |                           |
|   |             |         | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                         | ММА       | ARY OF VIOLATIONS" AN        | D IN THE N                    |               |                           |
| Section#  | C/NC        | R       | Narrative  |           |                              |                               | To Be Co      | orrected By               |
|   |             |         | No noted violation   | <u>ns</u> | <b>5.</b>                    |                               |               |                           |
|   |             |         |  |           |                              |                               |               |                           |
|   |             |         |  |           |                              |                               |               |                           |
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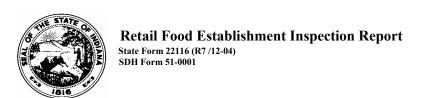
| Establishmo<br>504 N<br>Owner<br>Starbu<br>Owner's Ad<br><redac<br>Person in C</redac<br>                 | ucks ent Addres Gree  Icks (Idress Cted> harge | n F           | offee Co #9759  mber and street, city, state, zip code) River Rd, Evansville, IN, 47715  fee Company | (8)<br>(~<br>Pu           | lephone Number 312-476-7385 < redacted> rpose: Routine Follow-up Complaint Pre-Operational | Follow-u   | 5/2023  Releas | 18/2023      |  |
|---|--|---------------|--|---------------------------|--|------------|----------------|--------------|--|
| <redag< td=""><td></td><td></td><td></td><td>厂</td><td>Temporary</td><td></td><td></td><td></td></redag<> |  |               |  | 厂                         | Temporary  |            |                |              |  |
| Responsible   | Person's                                       | E-mai         | il   |                           | HACCP Menu Type (See additional page   |            |                |              |  |
| Certified Fo  |  | er            |  |                           | Other (list)   | 102        | <u></u>        | 04050        |  |
| • CRITICAL  | ITEMS AR                                       | E IDE         | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M   | IARK                      | KED "C"  |            |                |              |  |
| • VIOLATIO  | N(S) REPE                                      | ATED          | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU   | MMA                       | ARY OF VIOLATIONS" AN  | D IN THE N | ARRATIVE       | BELOW AS "R" |  |
| Section#  | C/NC   | R             | Narrative  |                           |  |            | To Be Co       | rrected By   |  |
|   |  |               | no violations to re  | эpo                       | ort  |            |                |              |  |
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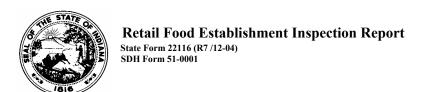
| Establishm  |             |             |   |            | ephone Number              | Date of In<br>(mm/dd/y |                          | ID#                        |
|---|-------------|-------------|---|------------|----------------------------|------------------------|--------------------------|----------------------------|
| Yen (   | Ching       | 1           |   | (8)        | 12-474-0181                |                        | )/2023                   | 11458                      |
|   |             |             | mber and street, city, state, zip code)           | (          | redacted>                  | 1 1/10                 | 1/2023                   |                            |
|   | Gree        | <u>n Ի</u>  | River Rd, Evansville, IN, 47715                   | <u> </u>   | redacted>                  |                        |                          |                            |
| Owner   | D., L.:.    | - 10        | Ole and at Direct Ole and                         |            | pose:                      | Follow-u               |                          | e Date                     |
|   |             | <u> 1/C</u> | Chang Ping Chen                                   | <u> </u>   | Routine                    | Yes                    | 3   11/                  | 20/2023                    |
| Owner's Ac  |             |             |   |            | Follow-up                  | Summary                | of Violation             | ns:                        |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>2</td><td>(</td><td><math>\cap</math></td></reda<>   |             |             |   |            | Complaint                  | 2                      | (                        | $\cap$                     |
| Person in C   |             |             |   | F          | Pre-Operational            | C                      | NC_                      | R = R                      |
| Responsible   |             |             |   | - <b>-</b> | Temporary                  | Menu Tv                | pe (See addi             | tional nage)               |
| Responsible   | , i cison s | L-IIIai     |   |            | НАССР                      | - Wichu Ty             | pc (See addi             | ionai page)                |
| Certified Fo  | ood Handle  | er          |   |            | Other (list)               | $_{1}\bigcirc_{2}$     | $\bigcirc_3$ ( $\bullet$ | $_{4}\bigcirc_{5}\bigcirc$ |
| <redac< td=""><td></td><td></td><td></td><td>I —</td><td></td><td>-<u>-</u>-</td><td><u> </u></td><td><u></u></td></redac<> |             |             |   | I —        |                            | - <u>-</u> -           | <u> </u>                 | <u></u>                    |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  |             |             |   |            | ED "C"                     |                        |                          |                            |
|   |             |             | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI |            |                            | D IN THE N             | JARRATIVE                | BELOW AS "R"               |
| Section#  | C/NC        | R           | Narrative   |            | TO VIOLATIONS THE          | D IIV IIIE I           |                          | orrected By                |
| 189   | С           | K           | Potentially hazardous food im                     | onro       | nerly cooled               |                        |                          | rected                     |
|   |             |             |   |            |                            |                        |                          |                            |
| 191   | C           |             | Ready to eat food not da                          | ale i      | markeu.                    |                        | 1 1/                     | 0/2023                     |
|   |             |             |   |            |                            |                        |                          |                            |
|   |             |             |   |            |                            |                        |                          |                            |
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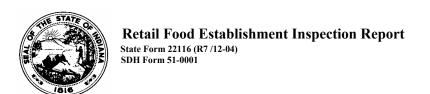
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|   |  |         | NTIFIED IN THE CHECKLIST AND I<br>FROM PREVIOUS INSPECTIONS AI        |                  |  |                             | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section#  | C/NC   | R       |   | Narrative        |  |                             |            |          | rrected By   |
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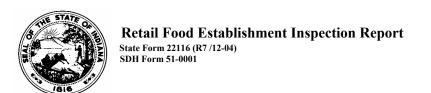
|             | r-Go- ent Addres N Far aebe dress cted> harge cted> Person's | es (nui<br>es<br>r | nber and street, city, state, zip cod<br>Ave., Evansville, |                  | Telephone Number  (812-423-6388  ( <redacted> Purpose:</redacted> |                                     |             |          |              |
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| Section#    | CINC   | N                  |  |                  | <b>40</b> d   | <u> </u>                            |             | 10 Ве Со | Trected by   |
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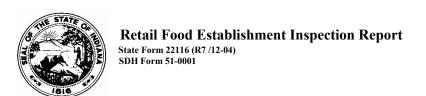
| Establishme   |             | - W     | ral Old Carratury Stana #246  |          | lephone Number              | Date of In<br>(mm/dd/yr |              | ID#                     |
|---|-------------|---------|---|----------|-----------------------------|-------------------------|--------------|-------------------------|
|   |             |         | el Old Country Store #216   | 8) [     | 12-479-8788                 | ,                       | /2023        | 11174                   |
|   |             |         | mber and street, city, state, zip code)<br>ake Dr., Evansville, IN, 47715 | (<       | <redacted></redacted>       |                         | ,            |                         |
| Owner<br>Crack  | er Ba       | rre     | l Old Country Store, Inc  | <b>_</b> | rpose:<br>Routine           | Follow-u<br>No          |              | 20/2023                 |
| Owner's Ad  |             |         |   |          | Follow-up                   | Summary                 | of Violation | ns:                     |
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| Person in C   |             |         |   |          | Pre-Operational             | $_{\rm C}$ ${f U}$      | NC_          | $R \cup R$              |
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| Responsible   | e Person's  | E-ma    | 11  |          | НАССР                       | Menu I y                | se (See addi | tional page)            |
| Certified Fo  | ood Handle  | r       |   | ┖        | Other (list)                | 102                     | $\bigcirc_3$ | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL  | ITEMS AR    | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                         | 1ARK     | ED "C"                      |                         |              |                         |
| • VIOLATIO  | N(S) REPE   | ATED    | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI                         | MMA      | RY OF VIOLATIONS" AN        | D IN THE N              | ARRATIVE     | BELOW AS "R"            |
| Section#  | C/NC        | R       | Narrative   |          |                             |                         | To Be Co     | orrected By             |
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| <red< td=""><td>`</td><td>- *</td><td>,</td><td></td><td>edacted&gt;</td><td>,</td><td></td><td></td></red<>                  | `           | - *     | ,   |          | edacted>                    | ,                       |              |                         |
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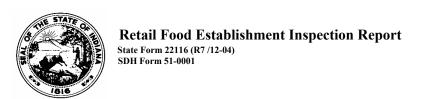
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| Establishm   |            | `~r    | oral Stora #2                                       | 220                        | Telephone Number  Date of Inspection (mm/dd/yr)  Date of Inspection (mm/dd/yr) |                                 |             |                 |  |
|  |            |        | neral Store #2                                      |                            | 812-473-3523   | 11/08                           | 2023        | 11130           |  |
|  |            |        | mber and street, city, state, zi<br>Rd, Evansville, |                            | ' <redacted></redacted>  | ,                               |             |                 |  |
| Owner<br>CASE  | Y'S N      | ИΑ     | RKETING CO  |                            | Purpose:  Routine  | Follow-up                       |             | se Date 18/2023 |  |
| Owner's Ac   |            |        |   |                            | Follow-up  | Summary                         | of Violatio | ns:             |  |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<> | cted>      |        |   |                            | Complaint  |                                 | _           | _               |  |
| Person in C  |            |        |   |                            | Pre-Operational  | $ C \cup C $                    | NC_(        | J b O           |  |
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| Responsible  | e Person's | E-ma   | il  |                            | Temporary  | Menu Type (See additional page) |             |                 |  |
|  |            |        |   |                            | HACCP  |                                 |             |                 |  |
| Certified Fo   |            | er     |   |                            | Other (list)   | $1 \bigcirc 2$                  | <u>J</u> 3  | <u> 1405</u>    |  |
| • CRITICAL   | LITEMS AF  | RE IDE | ENTIFIED IN THE CHECKLIST                           | AND NARRATIVE COLUMNS      | MARKED "C"   | •                               |             |                 |  |
| • VIOLATIO   | ON(S) REPE | ATED   | FROM PREVIOUS INSPECTIO                             | ONS ARE DENOTED IN THE "SU | UMMARY OF VIOLATIONS" A  | ND IN THE NA                    | ARRATIVE    | BELOW AS "R"    |  |
| Section#   | C/NC       | R      |   | Narrative                  |  |                                 | To Be Co    | orrected By     |  |
|  |            |        |   | no violations to r         | eport  |                                 |             |                 |  |
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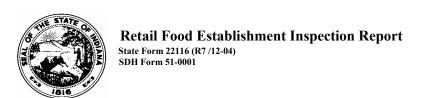
| Establishme<br>320 N<br>Owner  | norn<br>ent Addres<br>Gree | n F   | eakhouse 5221  mber and street, city, state, zip code) River Rd, Evansville, IN, 4771  ty International Inc | 5 ·        | Purpose:                            | Date of Internal (mm/dd/yr 11/08) Follow-u | 5/2023  Releas | 110#<br>11099<br>se Date<br>18/2023 |  |
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| Owner's Ad   |                            |       |   |            | Follow-up                           | Summary                                    | of Violation   | ns:                                 |  |
| <redag< td=""><td></td><td></td><td></td><td><b>—</b>С</td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) (</td></redag<> |                            |       |   | <b>—</b> С | Complaint                           | $\cap$                                     | (              | ) (                                 |  |
| Person in C  |                            |       |   |            | Pre-Operational                     | $_{\rm C}$                                 | NC_            | $R_{\text{R}}$                      |  |
| Responsible  |                            |       | il  | <u>-[</u>  | Temporary                           | Menu Type (See additional page)            |                |                                     |  |
| responsible  | i cison s                  |       | •   |            | НАССР                               |  |                |                                     |  |
| Certified Fo   |                            | er    |   |            | Other (list)                        | 102  | <u>3</u>       | ) <sub>4</sub> <u>0</u> 5 <u>0</u>  |  |
| • CRITICAL   | ITEMS AR                   | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN  | S MAR      | RKED "C"                            |  |                |                                     |  |
| • VIOLATIO   | N(S) REPE                  | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE  | SUMM       | IARY OF VIOLATIONS" AN              | D IN THE N                                 | ARRATIVE       | BELOW AS "R"                        |  |
| Section#   | C/NC                       | R     | Narrative   |            |                                     |  | To Be Co       | orrected By                         |  |
|  |                            |       | no violatio   | าร         |                                     |  |                |                                     |  |
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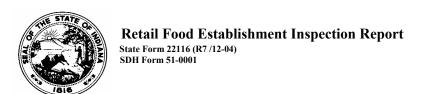
| Establishmo  |            |            |  | Te            | elephone Number                            | Date of In                    |              | ID#                     |  |
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| Long   | Johr       | ı S        | ilver's  | 3)            | 312-476-2982                               | (mm/dd/yr                     | 3/2023       | 11097                   |  |
|  |            |            | mber and street, city, state, zip code)          |               | <redacted></redacted>                      | 1 1/00                        | 72023        |                         |  |
|  | vlorga     | <u>, n</u> | Ave, Evansville, IN, 47711                       |               |  |                               |              |                         |  |
|  |            | 10         | NE, LLC  | I             | rpose:<br>Routine                          | Follow-u<br>No                |              | 18/2023                 |  |
| Owner's Ad   |            |            |  |               | Follow-up                                  | Summary                       | of Violation | ns:                     |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<> |            |            |  |               | Complaint                                  | $\cap$                        | (            | ) ()                    |  |
| Person in C  |            |            |  |               | Pre-Operational                            | $_{\rm C}$                    | NC_(         | $\mathcal{L}_{R}$       |  |
| <reda< td=""><td></td><td></td><td>n</td><td>-[</td><td colspan="5">Temporary  Menu Type (See additional page)</td></reda<>  |            |            | n  | -[            | Temporary  Menu Type (See additional page) |                               |              |                         |  |
| Responsible  | e Person's | L-mai      | П  |               | НАССР                                      | Menu Type (see adamonal page) |              |                         |  |
| Certified Fo   | ood Handle | er         |  | -[            | Other (list)                               | $1\bigcirc 2$                 | $\bigcirc_3$ | $)_4\bigcirc_5\bigcirc$ |  |
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| • CRITICAL   | ITEMS AR   | E IDF      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  | MARI          | KED "C"                                    |                               |              |                         |  |
| • VIOLATIO   | N(S) REPE  | ATED       | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | J <b>MM</b> A | ARY OF VIOLATIONS" AN                      | D IN THE N                    | ARRATIVE     | BELOW AS "R"            |  |
| Section#   | C/NC       | R          | Narrative  |               |  |                               | To Be Co     | orrected By             |  |
|  |            |            | no violations to r                               | ерс           | ort  |                               |              |                         |  |
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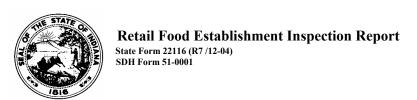
| Establishm   |             |         |  | Telephone Number   | Date of Inspe<br>(mm/dd/yr)     | ection    | ID#               |  |  |
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| Kipple   | ees S       | Sta     | dium Inn                                       | <sup>(</sup> 812-476-1936  | 11/06/2                         | າດວາ      | 11071             |  |  |
|  |             |         | mber and street, city, state, zip code)        | <pre></pre>  | 1 1/06/2                        | 2023      |                   |  |  |
| 2350 I   | Divisi      | on      | St, EVANSVILLE, IN, 47711                      | <re><redacted></redacted></re>   |                                 |           |                   |  |  |
| Owner  | <b>~</b> 1  |         |  | Purpose:   | Follow-up                       |           | e Date            |  |  |
| Matt K   |             |         |  | Routine  | No                              | 11/       | 16/2023           |  |  |
| 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><math>\cap</math></td></reda<>  |             |         |  | Complaint  |                                 | (         | $\cap$            |  |  |
| Person in C  |             |         |  | Pre-Operational  | $_{\rm C}$                      | NC_       | $\mathcal{L}_{R}$ |  |  |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td colspan="5">Menu Type (See additional page)</td></reda<>   |             |         |  | Temporary  | Menu Type (See additional page) |           |                   |  |  |
| Responsible  | e Person's  | E-ma    | ıı   | НАССР  | Menu Type (see adamonal page)   |           |                   |  |  |
| Certified F  | ood Handle  | nr.     |  | Other (list)   | $1_1\bigcirc_2$                 | ),(•      | ),(),()           |  |  |
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|  |             | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN | S MARKED "C"   |                                 |           |                   |  |  |
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|  | C/NC        |         | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE " | SUMMARY OF VIOLATIONS" AN  |                                 |           |                   |  |  |
| Section#   | C/NC        | R       | Narrative                                      |  | <del></del>                     | o Be Co   | orrected By       |  |  |
|  |             |         | no violation                                   | ns   |                                 |           |                   |  |  |
|  |             |         |  |  |                                 |           |                   |  |  |
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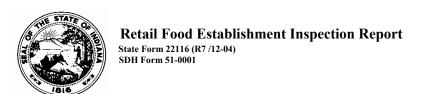
| Establishm  |             |            |   | Telephone Number                 | Date of Inspe                   | ection    | ID#                     |  |  |
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| Arby´   | s #5′       | 132        | 2   | 812-477-2888                     | (mm/dd/yr)                      | 2022      | 10846                   |  |  |
|   |             |            | mber and street, city, state, zip code)           | ( )Owner                         | 11/09/2                         | 2023      |                         |  |  |
| 1340 N  | V Gre       | en         | River Rd, Evansville, IN, 47715                   | <pre><redacted></redacted></pre> |                                 |           |                         |  |  |
| Owner   | _           |            |   | Purpose:                         | Follow-up                       |           | se Date                 |  |  |
|   |             | atın       | g Company   | <b>✓</b> Routine                 | No                              | 11/       | 19/2023                 |  |  |
| Owner's Ad  |             |            |   | Follow-up                        | Summary of                      | Violation | 1S:                     |  |  |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<> |             |            |   | Complaint                        | $\cap$                          | (         | ) ()                    |  |  |
| Person in C   |             |            |   | Pre-Operational                  | $_{\rm C}$                      | NC_       | $\frac{1}{R}$           |  |  |
|   |             |            | 2   | Temporary                        | Manus Tama (Carandiki analana)  |           |                         |  |  |
| Responsible   | e Person's  | L-ma       | II.   | НАССР                            | Menu Type (See additional page) |           |                         |  |  |
| Certified F   | ood Handle  | or         |   | Other (list)                     | 1()2(                           | ),(•      | $)_4\bigcirc_5\bigcirc$ |  |  |
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|   |             | F IDE      | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AADKED "C"                       |                                 |           |                         |  |  |
|   |             |            |   |                                  | ID IN THE NA                    | DD ATIME  | DELOW AC 4D*            |  |  |
|   |             |            | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMARY OF VIOLATIONS" AN          |                                 |           |                         |  |  |
| Section#  | C/NC        | R          | Narrative   |                                  | 1                               | o Be Co   | orrected By             |  |  |
|   |             |            | no violations to re                               | eport                            |                                 |           |                         |  |  |
|   |             |            |   |                                  |                                 |           |                         |  |  |
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| <red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>             |             |            |   | <redacted></redacted>            |                                 |           |                         |  |  |
| Received by   | (signature) | ):         |   | Inspected by (signature):        |                                 |           |                         |  |  |
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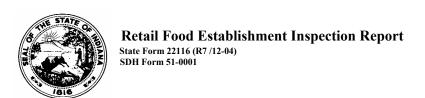
| Establishm<br>Holid  |            | n F    | Express   | Telephone Number  (812-303-0050   Date of Inspection (mm/dd/yr)   13478 |            |             |                    |  |  |  |
|--|------------|--------|---|---|------------|-------------|--------------------|--|--|--|
|  |            |        | mber and street, city, state, zip code)           |   | 11/10      | /2023       | 13476              |  |  |  |
|  |            |        | Dr., Evansville, IN, 47715                        | <pre><redacted></redacted></pre>  |            |             |                    |  |  |  |
| Owner  | Hoen       | ital   | ity Group Circle II, LLC                          | Purpose:  | Follow-up  |             | se Date // 20/2023 |  |  |  |
| Owner's A  |            | παι    | ity Group Officie II, LLO                         | Routine   |            | 1           |                    |  |  |  |
| <reda< td=""><td></td><td>,</td><td></td><td>Follow-up</td><td></td><td>of Violatio</td><td>_</td></reda<> |            | ,      |   | Follow-up   |            | of Violatio | _                  |  |  |  |
| Person in C  |            |        |   | Complaint   |            | (           | $0_{\rm R}$        |  |  |  |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>c</td><td>NC_</td><td></td></reda<>    |            |        |   | Pre-Operational   | c          | NC_         |                    |  |  |  |
| Responsible  |            |        | il  | Temporary   | Menu Typ   | e (See addi | tional page)       |  |  |  |
|  |            |        |   | НАССР   | _ ^^       |             |                    |  |  |  |
| Certified F  |            | er     |   | Other (list)  | 102        | <u>3</u>    | <u>)4</u> 05       |  |  |  |
|  |            | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C"  |            |             |                    |  |  |  |
| • VIOLATIO   | ON(S) REPE | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMARY OF VIOLATIONS" AN   | D IN THE N | ARRATIVE    | BELOW AS "R"       |  |  |  |
| Section#   | C/NC       | R      | Narrative   |   |            | To Be C     | orrected By        |  |  |  |
|  |            |        | No noted violation                                | ons.  |            |             |                    |  |  |  |
|  |            |        |   |   |            |             |                    |  |  |  |
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| Received by  |            | _      |   | Inspected by (name and title properties)                                | rinted):   |             |                    |  |  |  |
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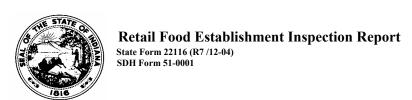
| Establishm  |              | _     |   |        | lephone Number         | Date of In<br>(mm/dd/y |                           | ID#                     |
|---|--------------|-------|---|--------|------------------------|------------------------|---------------------------|-------------------------|
| Ben's   | Soft         | P     | retzels   | (8     | 312-471-7905           | `                      | )/2023                    | 14325                   |
|   |              |       | mber and street, city, state, zip code)           | (      | <redacted></redacted>  | 11/08                  | 7/2023                    |                         |
| 800 N.  | Greer        | ı Ri  | ver Rd., Evansville, Indiana, 47715               |        | redacted>              |                        |                           |                         |
| Owner   | -1 \ \ / '   |       |   |        | rpose:                 | Follow-u               |                           | se Date                 |
| Ronal   |              | ıan   | ns  | ~      | Routine                | No                     | 11/                       | 19/2023                 |
| Owner's Ac  |              |       |   | L      | Follow-up              | Summary                | of Violation              | 18:                     |
| <reda< td=""><td></td><td></td><td></td><td>Ł</td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<> |              |       |   | Ł      | Complaint              | $\cap$                 | (                         | ) ()                    |
| Person in C   |              |       |   |        | Pre-Operational        | $_{\rm C}$             | NC(                       | $\frac{1}{R}$           |
| Responsible   |              |       |   |        | Temporary              | Monu Tv                | oo (Soo addi              | tional page)            |
| Responsible   | e i ci sun s | L-ma  | ш   |        | НАССР                  | Wichu Ty               | pc (See addi              | ionai page)             |
| Certified Fo  | ood Handle   | er    |   |        | Other (list)           | 102                    | $\bigcirc$ 3 $\bigcirc$ 3 | $)_4\bigcirc_5\bigcirc$ |
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|   |              | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  | IARK   | ŒD "C"                 |                        |                           |                         |
|   |              |       |   |        |                        | D IN THE N             | IADDATINE                 | DELOW AC "D"            |
|   |              |       | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | VIIVIA | ARY OF VIOLATIONS" AN  | DINTHE                 |                           |                         |
| Section#  | C/NC         | R     | Narrative   |        |                        |                        | 10 Be C                   | orrected By             |
|   |              |       | No noted violation                                | ns     | ).                     |                        |                           |                         |
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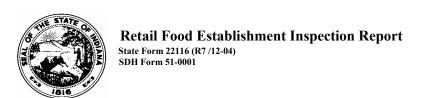
| Establishm   |            |               |  | Te  | lephone Number               | Date of In<br>(mm/dd/y |              | ID#               |  |
|--|------------|---------------|--|---|------------------------------|------------------------|--------------|-------------------|--|
| Lash   | orook      | e's           | s Barbecue   | (8  | 312-604-2699                 | `                      | *            | 14351             |  |
|  |            |               | mber and street, city, state, zip code)              | (   |                              | 11/08                  | )/2023       |                   |  |
| 8877 \   | Nood       | lan           | d Drive, Newburgh, IN, 47630                         | <u> </u>  | <redacted></redacted>        |                        |              |                   |  |
| Owner  |            |               |  |   | rpose:                       | Follow-u               |              | se Date           |  |
| Dan L  |            | roc           | oke  | ~   | Routine                      | No                     | 11/          | 19/2023           |  |
| Owner's Ac   |            |               |  |   | Follow-up                    | Summary                | of Violation | 18:               |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>             |            |               |  |   | Complaint                    | $\cap$                 | (            | ) ()              |  |
| Person in C  |            |               |  |   | Pre-Operational              | $_{\rm C}$ $_{\rm C}$  | NC_          | $\mathcal{I}_{R}$ |  |
| <reda< td=""><td></td><td></td><td></td><td>Г</td><td>Temporary</td><td>) ( T</td><td>/G 11:</td><td>. 7</td></reda<>                    |            |               |  | Г   | Temporary                    | ) ( T                  | /G 11:       | . 7               |  |
| Responsible  | e Person's | E-mai         | ll .   |   | НАССР                        | Menu I y               | pe (See addi | tional page)      |  |
| Certified Fo   | ood Handle | . m           |  | Ī   | Other (list)                 | $10^{\circ}$           |              |                   |  |
| Ceruneu re   | oou manun  | čI.           |  |   |                              | 1 <u>0</u> 2           |              | <u>74030</u>      |  |
| • CDITICAL   | ITEMS AD   | E IDE         | NATIFIED IN THE CHECKLIST AND NADDATIVE COLUMNS MADE | LADE  | ZED "C"                      |                        |              |                   |  |
|  |            |               | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M    |   |                              |                        |              |                   |  |
|  |            |               | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI    | ИМА   | ARY OF VIOLATIONS" AN        | D IN THE N             |              |                   |  |
| Section#   | C/NC       | R             | Narrative  |   |                              |                        | To Be Co     | orrected By       |  |
|  |            |               | No noted violation                                   | วทร   | ).                           |                        |              |                   |  |
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| <reda< td=""><td>acte</td><td><b>&lt;</b>c</td><td></td><td><r< td=""><td>redacted&gt;</td><td></td><td></td><td></td></r<></td></reda<> | acte       | <b>&lt;</b> c |  | <r< td=""><td>redacted&gt;</td><td></td><td></td><td></td></r<> | redacted>                    |                        |              |                   |  |
| Received by  |            |               |  |   | pected by (signature):       |                        |              |                   |  |
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|  |            |               |  |   |                              |                        |              |                   |  |



| Establishment Address (number and street, city, state, zip code) 13221 Darmstadt, Evansville, IN, 47725  Owner Kate Potter  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 • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S Section# C/NC R Narrative</redacted></redacted></redacted> |           |         |           |             |      | Telephone Number  (812-626-0833  ( <redacted> Purpose:  Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Common   C |          |              |  |  |
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| Owner Starco   | ent Addres W Illir orp LL | ois<br>.C     | mber and street, city, state, zip code)<br>S St, Evansville, IN, 47712 | (8)<br>(~  | S12-422-0151 <redacted> urpose: Routine Follow-up</redacted> | Follow-u<br>No | r)<br>0/2023<br>p Releas | 10#<br>14538<br>se Date<br>20/2023 |  |  |  |
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| Person in C  |                           |               |  |  | Pre-Operational  | $_{\rm C}$     | NC_                      | $R \cup R$                         |  |  |  |
| Responsible  |                           |               | il   | ╚  | Temporary  | Menu Ty        | pe (See addi             | tional page)                       |  |  |  |
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| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  |                           |               |  |  |  |                |                          |                                    |  |  |  |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"                           |                           |               |  |  |  |                |                          |                                    |  |  |  |
| Section#   | C/NC                      | R             | Narrative  |  |  |                | To Be Co                 | orrected By                        |  |  |  |
| 431  | NC                        |               | Facility in need of c  | of cleaning.   |  |                |                          | 10/2023                            |  |  |  |
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| Establishme  | Happedress cted> harge cted> Person's | ryla<br>Pe | pansion Joint  The street of t | '10                                     | 812-760-8443 <redacted> Purpose:  ✓Routine  Follow-up  Complaint  Pre-Operational</redacted> | Pate of Insp<br>(mm/dd/yr)<br>11/10/<br>Follow-up<br>NO<br>Summary of<br>C<br>Menu Type | Release 11/ | 20/2023<br>ns: |  |  |  |  |
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| 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          | Narra  | tive                                    |  |   | To Be Co    | orrected By    |  |  |  |  |
|  |                                       |            | No violation   | ns to r                                 | note.  |   |             |                |  |  |  |  |
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