

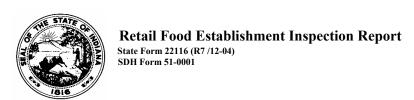
Establishm		_		Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Walm	nart N	⁄laı	rket #5452	812-647-9499	11/01/2	າດວາ	12349
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	1 1/0 1/2	2023	
2500 I	N Firs	st A	ve, Evansville, IN, 47710	<re><redacted></redacted></re>			
Owner	(0		F(D	Purpose:	Follow-up		se Date
		tor	es East, LP	Routine	No	11/	11/2023
Owner's Ac				Follow-up	Summary of	`Violation	18:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()
Person in C				Pre-Operational	$c_{\underline{}}$	NC_	R = R
Responsible			:1	Temporary	Menu Type	(Saa addi	tional naga)
Kesponsibil	e i eison s	L-ma	11	HACCP	Wienu Type	(See aaan	nonai page)
Certified F	ood Handle	er		Other (list)	l ₁ (),($)_3(\bullet)$	$)_4\bigcirc_5\bigcirc$
<redac< td=""><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redac<>						<u></u>	<u> </u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
					ID IN THE NA	DD ATIME	DELOW AC "D"
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			o Be Co	orrected By
			No violations to	note.			
							
							
Received by		_	printed):	Inspected by (name and title p	rinted):		
<red< td=""><td><u>acte</u></td><td><u> </u></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	<u>acte</u>	<u> </u>		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



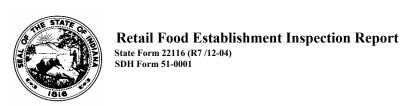
			• • •				
Establishmo Chipo		1ex	kican Grill #2077	Telephone Number (380-222-7181	Date of Ins (mm/dd/yr)	то# 12122
			mber and street, city, state, zip code)		11/01	/2023	
499 N (ver Rd Ste A, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner Chipo	tle Me	-xic	can Grill 2077	Purpose:	Follow-uj		se Date /11/2023
Owner's Ac		<i>-</i> /////	5411 G1111 2077				
<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 C	harge					NC_	\mathbf{J} \mathbf{L} \mathbf{U}
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational Temporary</td><td><u></u></td><td></td><td></td></reda<>	cted>			Pre-Operational Temporary	<u></u>		
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	itional page)
Certified Fo	ood Handle	er		Other (list)	102	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>-</td><td></td><td></td><td></td><td><u></u></td><td><u>/1030</u></td></redag<>		-				<u></u>	<u>/1030</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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 violations to re	eport			
Received by	*		printed):	Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



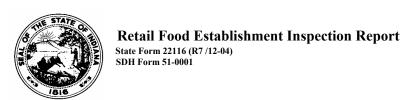
			<u> </u>				
Establishm		h	Morriott Evenoville	Telephone Number	(mm/dd/	nspection (yr)	ID#
			Marriott Evansville	812-424-424	12 _{11/0}	3/2023	12090
			mber and street, city, state, zip code) t, Evansville, IN, 47715	<pre><redacted< pre=""></redacted<></pre>	>		
Owner			<u>.,</u>	Purpose:	Follow-	up Relea	se Date
	ster G	rou	JP LLC	Routine	No		/13/2023
Owner's A	ddress			Follow-up	Summai	ry of Violatio	ns:
<reda< td=""><td>cted></td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td>_</td></reda<>	cted>	•		Complaint			_
Person in C				Pre-Operational	$ _{\mathcal{C}} U$	(J _R U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu T	ype (See addi	itional page)
C4:C-1E	11 11			Other (list)		,(),(\bigcap_{i}
	Certified Food Handler < redacted >					2 <u>0</u> 3 <u>0</u>	<u> </u>
		or ini	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADKED "C"			
						NA DDA THA	E BEL OW 40 (/D#
			P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS	' AND IN THE		
Section#	C/NC	R	Narrative			To Be C	orrected By
			No noted violation	ons.			
Received by				Inspected by (name and tite <redacted:< td=""><td>-</td><td></td><td></td></redacted:<>	-		
Received by	y (signature):		Inspected by (signature):			
cc:			cc:		cc:		



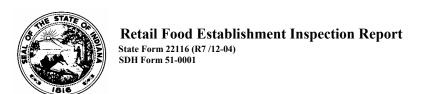
Establishm				Telephone Number	Date of Ins		ID#
China	я Ехр	eri	ience	513-709-1190	(IIIII/dd/yi	,	11710
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>			
	Gree	<u>n F</u>	River Rd, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner	_			Purpose:	Follow-u	p Releas	se Date
Lin, Ji				Routine	No		
Owner's Ad				Follow-up	Summary	of Violation	as:
Person in C				Complaint	2	NC_	
<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			il	Temporary	Menu Tyı	oe (See addi	tional page)
•				НАССР			
Certified F		er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bullet	$)_{4} \bigcirc_{5} \bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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 Co	orrected By
234	NC		In use utensils improperly s	stored in water.		Co	rrected
294	С		Chemical Sanitizer solution below r	equired concentra	tion.	Со	rrected
345	С		Kitchen hand washing sin	•			rrected
Received by	•	- ^		Inspected by (name and title pr	rinted):		
<red< td=""><td><u>acte</u></td><td><u><</u>£</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	<u>acte</u>	<u><</u> £		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



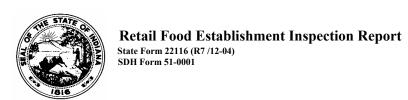
			<u> </u>				-
Establishm	ent Name			Telephone Number	Date of Ins (mm/dd/yr		ID#
Zuki				812-477-9854	10/30	/2023	11626
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	' <redacted></redacted>		,	
Owner	_			Purpose:	Follow-u		se Date
Jose I	bay			✓ Routine	Yes	11/	09/2023
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td>1</td><td></td><td>Complaint</td><td> a</td><td></td><td></td></reda<>	cted>	1		Complaint	a		
Person in Charge				Pre-Operational	\mathbf{C}^{-1}	NC_	l _R I
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)		\bigcirc	
Certified Fo		er		Other (list)	1 2	$\bigcirc 3 \bigcirc$	<u>/4</u> <u>5</u> <u>5</u>
<redac< td=""><td>ileu></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ileu>						
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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
218	NC		dish machine not draining properly d	liluting sanitizer so	lution	11/0	03/2023
303	С	R	no sanitizer solution in sar			Со	rrected
Received by	*			Inspected by (name and title p < redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



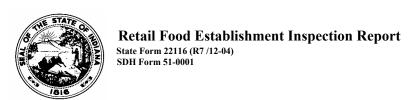
				•			
Establishm White		tle	± #37	Telephone Number (812-474-9901	Date of Ins (mm/dd/yr	o)	ть# 11449
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	10/31	/2023	
	Logai	ט ו	r, Evansville, IN, 47715				
Owner White	Cast	е		Purpose:	Follow-uj No		te Date 10/2023
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_
Person in C				Pre-Operational	$\bigcup_{i \in \mathcal{U}} U_i$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
<reda< td=""><td>cted></td><td></td><td></td><td></td><td></td><td>. 110</td><td> ~</td></reda<>	cted>					. 110	~
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 05 <u>0</u>
• CRITICAL	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "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 Co	orrected By
			no violations to re	eport			
				<u>- 1:</u>			
Received by	 (name and	title 1	printed):	Inspected by (name and title p	rinted)·		
<red< td=""><td>•</td><td></td><td>,v.,.</td><td><redacted></redacted></td><td>inicaj.</td><td></td><td></td></red<>	•		,v.,.	<redacted></redacted>	inicaj.		
Received by	(signature):		Inspected by (signature):			
					1		
cc:			cc:		cc:		



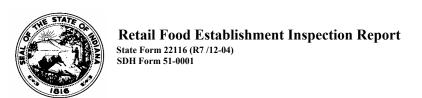
Establishm		rah	n Co Jail - Aramark	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-421-6288	11/02	2/2023	11420
			n Ave, Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Arama				✓ Routine	No	11/	12/2023
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>ı</td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<>		ı		Complaint		() (
Person in C				Pre-Operational	$_{\rm C}$ \cup	NC (0_{R}
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	se (See addi	tional page)
G de le	1 77 11			Other (list)			$\bigcirc\bigcirc$
Certified F		er			$1 \bigcirc 2$		<u> 1405</u>
					<u> </u>		
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
							-
Received by				Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



1	te of Inspection m/dd/yr)	ID#		
	• /	11417		
Establishment Address (number and street, city, state, zip code)	1/02/2023			
709 N Governor St., Evansville, IN, 47711 (<redacted></redacted>				
		ease Date		
<u> </u>	No 11	/12/2023		
Owner's Address Follow-up Sun	mmary of Violat	ions:		
<redacted></redacted>	1 _{NC}	\cap		
Person in Charge <red> Pre-Operational C_</red>	1 _{nc}	$\mathbf{O}_{\mathbf{R}}$		
Temporary	enu Type (See aa	Iditional page)		
HACCP	mu Type (see aa	aiiionai page)		
Certified Food Handler Other (list)	$\bigcap_{2}\bigcap_{3}($	\bullet) ₄ \bigcirc ₅ \bigcirc		
<redacted></redacted>	<u></u>	<u>5 † 0 º 0</u>		
• 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 NADDATE	VE RELOW AS "P"		
Section# C/NC R Narrative		Corrected By		
173 C Cooler contents not protected from cross-contamination.		orrected		
173 C Cooler contents not protected nom cross-contamination.	1. C	orrected		
Received by (name and title printed): Inspected by (name and title printed)	d):			
<redacted> <redacted></redacted></redacted>	•			
Received by (signature): Inspected by (signature):				
	inspected by (signature).			
cc: cc: cc:				



Establishm TGI F		10	#/32	Telephone Number	Date of Ins (mm/dd/yr		ID#		
	-		mber and street, city, state, zip code)	812-491-8443	11/03	/2023	11394		
			er Rd Ste 101, Evansville, IN, 47715	' <redacted></redacted>					
Owner Midwe	et Ta	ìF	Inc	Purpose:	Follow-up		se Date /13/2023		
Owner's A		<i>,</i> ,	1110	Routine					
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td> `</td><td>of Violation</td><td>_</td></reda<>				Follow-up	`	of Violation	_		
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> R</td></reda<>				Pre-Operational	c	NC_	R		
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)		
				НАССР					
Certified For		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050		
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "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 Co	orrected By		
			no violations to re	eport					
Received by	(nomo oné	l titlo i	printed):	Inspected by (name and title p	rintad):				
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td>iliteu).</td><td></td><td></td></red<>				<redacted></redacted>	iliteu).				
Received by	(signature):		Inspected by (signature):					
20:			201		20:				
cc:			cc:		cc:				



Establishm AMC		atre	es Evansville 16	Telephone Number (812-423-7566)	Date of Ins (mm/dd/yr)	1D# 11344
			mber and street, city, state, zip code) , Evansville, IN, 47712	<pre>(<redacted></redacted></pre>	10/30	/2023	
Owner	Can	וט	, Evansyme, III, 47772	Purpose:	Follow-uj	Palan	se Date
Ameri		/lult	ti-Cinema, Inc.	Routine	No		09/2023
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) (</td></reda<>		1		Complaint	\cap	() (
Person in C				Pre-Operational	$_{\rm C}$ \cup	NC (0 R 0
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	177 11			Other (list)	1000	\bigcirc . \bigcirc	\bigcirc
<reda< td=""><td></td><td>er</td><td></td><td></td><td>1 2</td><td>\bigcirc3\bigcirc</td><td><u> </u></td></reda<>		er			1 2	\bigcirc 3 \bigcirc	<u> </u>
• CRITICAL	LITEMS AF	KE 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 Co	orrected By
			No violations to r	note.			
Received by		_		Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



					_		
St Jo		ni N	Mart Isai inc	Telephone Number (812-963-5761	Date of Ins (mm/dd/yr	·)	тр# 11338
			mber and street, city, state, zip code) e Rd., Evansville, IN, 47720	<redacted></redacted>	11/03	/2023	
Owner Summ				Purpose:	Follow-uj		se Date 12/2023
Owner's Ac	ddress			✓ Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>	cted>			Complaint	-		
Person in C					$\int_{\Omega} U$	NG (0_{R}
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td><u></u></td><td>. NC</td><td> R</td></reda<>				Pre-Operational	<u></u>	. NC	R
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
•				HACCP			1 07
Certified Fo		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3)4050
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "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 Co	orrected By
			no violations to re	eport			
Received by	(mama and	l titlo i	arintad);	Inspected by (name and title p	rintad):		
Received by	(name and	i uue j	printed).	<redacted></redacted>	inted).		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



							1
Establishm Howa		shi	neon	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	718-820-3663	11/03	3/2023	11318
			River Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u	p Releas	se Date
Varino	derjit l	K aı	ır	Routine	No	11/	13/2023
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></td></reda<>				Complaint		_	
Person in C				Pre-Operational	$_{\rm C}$ U	NC_	\mathcal{I}_{R} \mathbf{U}
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	11	НАССР	Menu Tyj	pe (See addi	tional page)
Certified F	ood Handl	er		Other (list)	$1 \odot_2$	\bigcirc_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>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
			No violations to re	eport			
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td>,.</td><td></td><td></td></red<>				<redacted></redacted>	,.		
Received by				Inspected by (signature):			
]							
cc:			cc:		cc:		



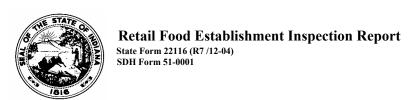
			• • •					
Establishmo Chuc		Che	eese´s #60	Telephone Number (812-473-4262)	Date of Ins (mm/dd/yr)	тр# 11153	
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	() Owner 4	10/31	/2023		
559 N	Gree	n F	River Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner CEC E	ENTE	RT	AINMENT LLC	Purpose:	Follow-up		se Date /10/2023	
Owner's Ac		• • •	7 <u></u>	Follow-up	_	of Violation		
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td>_</td></reda<>	cted>			Complaint	Summary	_	_	
Person in C				Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_(J _R U	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)	
G 18 15				Other (list)			\bigcap	
Certified Fo		er				\bigcirc 3 \bigcirc	<u>/405</u>	
		F IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE N	ADDATIVE	' RELOWAS "D"	
Section#	C/NC	R	Narrative	WIMART OF VIOLATIONS AN	DINTHEN		orrected By	
Section	C/IC	K	No violation to re	anort		10 BC C	Trected By	
			140 Violation to re	port				
D' 11	. (4:41	of the Dr.	Turnessed has 6 1720	-it I			
Received by		_	orintea):	Inspected by (name and title printed): <red><red></red></red>				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm				Telephone Number	one Number Date of Inspection ID #				
Chris	t The	K	ing	812-476-1792	` ' '	າດວາ	11152		
			mber and street, city, state, zip code)	(10/30/2	2023			
3101 E	Bayard	d Pa	ark Dr., EVANSVILLE, IN, 47714	<pre>(<redacted></redacted></pre>					
Owner) T T		1/10/0/A	Purpose:	Follow-up		se Date		
		<u>1L</u>	KING/ Annuciation Parish	✓ Routine	No	11/	09/2023		
Owner's A				Follow-up	Summary of	Violation	1S:		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		() ()		
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$		
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td></td><td></td><td></td></reda<>			2	Temporary					
Responsible	e Person's	L-ma	II.	НАССР	Menu Type	(See aaai	nonai page)		
Certified F	ood Handl	or		Other (list)	$1_1\bigcirc_2(0)$	a) ₂ ($)_4\bigcirc_5\bigcirc$		
<redag< td=""><td></td><td>, 1</td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redag<>		, 1				<u></u>	<u> </u>		
		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED "C"	<u> </u>				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN					
Section#	C/NC	R	Narrative			To Be Co	orrected By		
			no violations to re	eport					
-									
Received by		_		Inspected by (name and title p	rinted):				
<reda< td=""><td>acte</td><td><c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	< c		<redacted></redacted>					
Received by	(signature):		Inspected by (signature):					
cc:			сс:		cc:				



Establishm				Telephone Number Date of Inspection ID #				
Chick	c-fil-A	١		(812-477-9370	(mm/dd/yr) 10/30/		11142	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	() Owner	10/30/	2023		
Owner The R	C Gr) I Ir	Inc Jack R Stierwalt II-Rich	Purpose:	Follow-up NO		se Date 09/2023	
Owner's A		Jup	THE Sack IX Stierwalt II-IXICH	 				
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>ns:</td></reda<>				Follow-up	ns:			
Person in C				Complaint	$\int_{C} 0$	NC_() "()	
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational Temporary</td><td><u> </u></td><td>NC</td><td> K</td></reda<>	cted>			Pre-Operational Temporary	<u> </u>	NC	K	
Responsible	e Person's	E-mai	1	HACCP	Menu Type	e (See addi	tional page)	
				Other (list)	-		\bigcirc	
Certified F		er			1 <u></u> 2 <u>\</u>	<u>3</u> C	<u>/405</u>	
• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			no violation to re	port				
					\longrightarrow			
Danimalh	. (1 4:41		Y	-i4-4).			
Received by		_		Inspected by (name and title properties)	intea):			
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm Culve		ما	et .	Telephone Number	Date of Ins (mm/dd/yr		ID#	
I .			mber and street, city, state, zip code)	812-492-8000	10/30	/2023	13753	
			Expressway, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>				
Owner Collet	te Cro)W		Purpose:	Follow-up		se Date // 09/2023	
Owner's A		7 7 7						
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td></td><td>of Violation</td><td>_</td></reda<>				Follow-up		of Violation	_	
Person in C				Complaint	$\int_{\Omega} \mathbf{U}$		0_{R}	
<reda< td=""><td>cted></td><td>,</td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC</td><td> R</td></reda<>	cted>	,		Pre-Operational	<u> </u>	NC	R	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР		$\sim c$		
Certified For		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No violations to r	note.				
Received by				Inspected by (name and title p < redacted>	rinted):			
Received by				Inspected by (signature):				
201			1		201			
cc:			cc:		cc:			



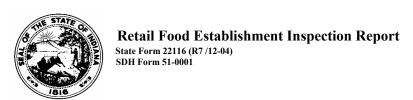
			-				
Establishm		/ioo	Inc dba Great American Cookies	Telephone Number	Date of Insp (mm/dd/yr)		ID#
				812-471-1774	11/03	/2023	10995
800 N	Gree	en F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner Micha	el So	lon	non	Purpose:	Follow-up No	se Date /13/2023	
Owner's A				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td>cted></td><td>•</td><td></td><td>Complaint</td><td></td><td>_</td><td></td></reda<>	cted>	•		Complaint		_	
Person in C				Pre-Operational	$\bigcup_{C} \mathbf{U}$	NC_	J _R U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	itional page)
C . C . LE	177 11			Other (list)	-0.0		\bigcap_{i}
Certified F	ood Handl	er				<u> </u>	<u> 1405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MEDICAL FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			no violations	•			
			<u> </u>				
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by	y (signature	e):		Inspected by (signature):			
cc:			cc:		cc:		



Establishme				Te	lephone Number	Date of In: (mm/dd/y)		ID#
Roya	l Foo	d l	Mart	(8	312-477-6853	`	/2023	10932
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(<redacted></redacted>	10/31	/2023	
	/Vashi	ing	ton Ave., Evansville, IN, 47715	L^{c}	redacted>			
Owner	I	- 11 -	'		rpose:	Follow-u		
Kama		1K	arı	~	Routine	No	11/	10/2023
Owner's Ad				L	Follow-up	Summary	of Violation	is:
<reda< td=""><td></td><td></td><td></td><td>L</td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				L	Complaint	\cap	() ()
Person in C					Pre-Operational	$_{\rm C}$	NC_($\frac{1}{R}$
Responsible			:1		Temporary	Monu Tv	pe (See addi	tional naga)
Kesponsible	e i cisum s	L-IIIai	ш		НАССР	wichu i y	ic (See addit	tonai page)
Certified Fo	ood Handle	er			Other (list)	102	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
<redac< td=""><td></td><td></td><td></td><td>_</td><td></td><td>1</td><td><u></u></td><td><u> </u></td></redac<>				_		1	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMA	ARY OF VIOLATIONS" AN	D IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ons).			
Received by	(name and	title r	printed):	Insp	pected by (name and title pr	rinted):		
<red< td=""><td></td><td>_</td><td></td><td></td><td>redacted></td><td>,</td><td></td><td></td></red<>		_			redacted>	,		
Received by				Inspected by (signature):				
cc:			ce:			cc:		
						İ		



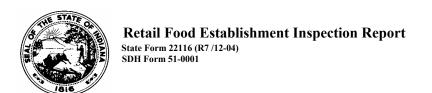
Establishm				Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)				
Donu	t Bar	١k		812-426-1010	10/30/2	າດວວ	10927	
			mber and street, city, state, zip code)	<pre></pre>	10/30/2	2023		
	St.Jc	se	ph Ave, Evansville, IN, 47712	<re><redacted></redacted></re>				
Owner		10	-	Purpose:	se Date			
CHRIS		MP	F	✓ Routine	No	111/	09/2023	
Owner's A				Follow-up	Summary of	Violation	18:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()	
Person in C				Pre-Operational	C	NC_	R = R	
Responsible			:1	Temporary	Menu Type	(Saa addi	tional naga)	
Kesponsibil	e i cison s	L-ma	ш	НАССР	Wienu Type	(See aaai	nonui puge)	
Certified F	ood Handle	er		Other (list)	$_{1}\odot_{2}($	$)_3($	$)_4\bigcirc_5\bigcirc$	
<redac< td=""><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redac<>						<u></u>	<u> </u>	
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
					ID IN THE NA	DD ATIME	DELOW AC "D"	
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative			o Be Co	orrected By	
			No violations to r	note.				
Received by	*	_ *	printed):	Inspected by (name and title p	rinted):			
<red< td=""><td><u>acte</u></td><td><u> </u></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	<u>acte</u>	<u> </u>		<redacted></redacted>				
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



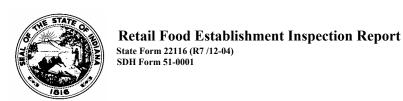
Establishm		GI	\ #453	Telephone Number	Date of Ins (mm/dd/yr)		ID#
Alexander of the second of the			mber and street, city, state, zip code)	812-467-7255	11/01	/2023	10881
			e, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner			,	Purpose:	Follow-up	Releas	se Date
Houch	nens l	Vor	th Foods LLC	Routine	No	11/	11/2023
Owner's A				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>1</td><td>(</td><td>) (</td></reda<>		1		Complaint	1	() (
Person in C				Pre-Operational	C	NC_	0_{R}
<reda< td=""><td></td><td></td><td>21</td><td>Temporary</td><td></td><td></td><td>tional page)</td></reda<>			21	Temporary			tional page)
Responsible	e r erson s	E-ma	ıı	HACCP	Menu Typ	e (see aaai	nonai page)
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3 \bigcirc	$)_{4} \odot_{5} \bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td><u> </u></td><td><u></u></td></redac<>	cted>					<u> </u>	<u></u>
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "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 Co	orrected By
295	С		Meat slicer in the meat departmen	nt in need of cleani	ng.	11/0	01/2023
			•				
Received by	*		orinted):	Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



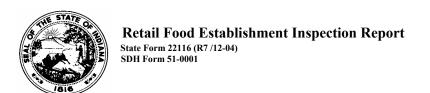
Establishme	_	:tra	eet Grill		elephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	_	312-475-1688	10/30	/2023	10876
800 N	Gree	n F	River Rd, Évansville, IN, 4771	5 \	<redacted></redacted>			
Owner Yuh-M	1ei Ch	nioi	1	Pu X	rpose: Routine	Follow-u		Date 09/2023
Owner's Ad		1100			Koutine Follow-up	C	of Violation	
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>ronow-up Complaint</td><td>-</td><td></td><td></td></reda<>	cted>				ronow-up Complaint	-		
Person in C	_			╬	Pre-Operational	$_{\rm C}$ 1	NC	$\frac{1}{R}$
<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-ma	il	—	НАССР	Menu Typ	oe (See addii	ional page)
Certified Food Handler					Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$_{4}O_{5}O$
<redacted></redacted>								
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
234	NC	R	In use utensils improperly	stor	ed in water.		Co	rrected
294	С	R	Chemical sanitizer below requ	uirec	d concentration.		Co	rrected
							<u></u>	
Received by		_	printed):		ected by (name and title pr	rinted):		
<redacted></redacted>					redacted>			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:			cc:		



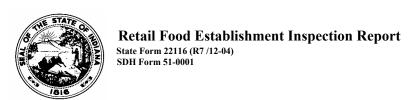
Establishm	_			Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#	
			Restaurants, LLC #132	812-473-9022	11/03/2	2023	10869	
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	' <redacted></redacted>	1 1/03/2	2023		
Owner				Purpose:	Follow-up		se Date	
Bob E	vans	Re	estaurants, LLC	Routine	13/2023			
Owner's A				Follow-up	ns:			
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td>2 ∩</td></reda<>				Complaint	\cap		2 ∩	
Person in C	_			Pre-Operational	$_{\rm C}$	NC_	$\frac{3}{8} = 0$	
Responsible			:1	Temporary	Menu Type	(Caa addi	tional mass)	
Responsible	e rerson's	E-ma		П НАССР	Menu Type	(see aaai	nonai page)	
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ \bullet	$_{4}\bigcirc_{5}\bigcirc$	
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>							
• CRITICAL	ITEMS AR	E 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 NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			Го Ве Со	orrected By	
346	NC		soap dispensers on front line ha	nd sinks need repa	air	11/0	08/2023	
347	NC		hand sinks on front line towel dis	pensers need repa	air	11/08/2023		
291	NC		Chemical test strips no	t available		11/0	08/2023	
Received by	(name and	title r	printed):	Inspected by (name and title p	rinted):			
<red< td=""><td>acte</td><td>[^]<</td><td>,</td><td><redacted></redacted></td><td>,</td><td></td><td></td></red<>	acte	[^] <	,	<redacted></redacted>	,			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



Establishme			into		Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)					
Bean				3) [812-457-8566 11/02/2023 108					
			mber and street, city, state, zip code) River, Evansville, IN, 47715	(<redacted></redacted>	1 1702				
Owner	- 0	41-			urpose:		se Date			
Regina		tn		<u> </u>	V Routine No 11/12/2					
Owner's Ad				L	Follow-up	Summary	of Violation	IS:		
Person in C				<u> </u>	Complaint	\cap	NC_) ()		
<reda< td=""><td></td><td></td><td></td><td>┡</td><td>Pre-Operational</td><td>c_C_</td><td>NC_</td><td><u>R</u></td></reda<>				┡	Pre-Operational	c_ C _	NC_	<u>R</u>		
Responsible			il	╼	Temporary	Menu Ty	pe (See addi	tional page)		
•				┡	НАССР					
Certified Fo		er		-	Other (list)	1 2	<u> </u>) ₄ <u>0</u> 5 <u>0</u>		
		E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MARI	KED "C"					
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMM	ARY OF VIOLATIONS" AN	D IN THE N				
Section#	C/NC	R	Narrative				To Be Co	orrected By		
		Ш	No noted viola	ations	5.		·			
							<u> </u>			
							ĺ			
										
							<u> </u>			
	 									
	<u> </u>									
							 			
							<u> </u>			
							İ			
										
Received by	(name and	title p	printed):		pected by (name and title pr	inted):				
<reda< td=""><td>acted</td><td><t< td=""><td></td><td><</td><td>redacted></td><td></td><td></td><td></td></t<></td></reda<>	acted	<t< td=""><td></td><td><</td><td>redacted></td><td></td><td></td><td></td></t<>		<	redacted>					
Received by	(signature)):			pected by (signature):					
cc:			ce:			cc:				



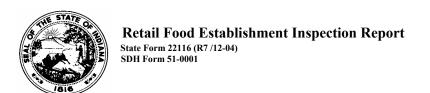
Establishm		ı ıit	es by Hilton Evansville	Telephone Number	Date of Ins (mm/dd/yr)		то# 13702
			mber and street, city, state, zip code)	812-303-1200	11/03	/2023	13/02
7901			t St, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner MCR	Tena	nt L	_LC	Purpose:	Follow-up		se Date /13/2023
Owner's A				Follow-up	Summary	of Violation	
<reda< td=""><td>cted></td><td>,</td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>	,		Complaint		_	_
Person in C				Pre-Operational			0 R 0
<reda< td=""><td>cted></td><td>•</td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>	cted>	•		Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified F		er		Other (list)	1 2	<u>3</u>	<u>/4_5_</u>
• CRITICAI	L ITEMS AI	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 Co	orrected By
			No noted violation	ons.			
							-
Received by		_		Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
cc:			сс:		cc:		



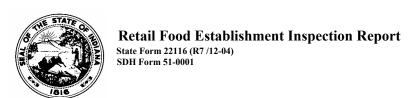
Wing Stop Establishment Address (number and street, city, state, zip code) 499 N. Green River Rd. Ste. B, Evansville, IN, 47715 Owner Christopher Tooley Owner's Address <i <i="" and="" are="" certificat="" certified="" charge="" checklist="" columns="" comparison="" complaint="" food="" handler="" identified="" in="" items="" marked="" narrative="" of="" person="" prevon's="" repensive="" responsive="" responsive<="" th="" the=""><th>Establishment Name</th><th></th><th></th><th>Telephone Number</th><th>Date of Inspe (mm/dd/yr)</th><th>ction</th><th>ID#</th></i>	Establishment Name			Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#		
Establishment Address (number and street, city, state, zip code) 499 N. Green River Rd. Ste. B, Evansville, IN, 47715 Owner Christopher Tooley Owner's Address <pre></pre>	Wing Stop			812-909-3445		າດວາ	13869		
Owner Christopher Tooley Owner's Address <i <i="" certified="" charge="" complaint="" e-mail="" food="" handler="" in="" perdacted="" person="" person's=""> Certified Food Handler <i (list)="" (list)<="" <i="" certified="" complaint="" e-mail="" femporary="" follow-up="" food="" haccp="" handler="" other="" person's="" pre-operational="" td=""><td></td><td></td><td></td><td>() Owner</td><td>1 1/0 1/2</td><td>1023</td><td></td></i></i>				() Owner	1 1/0 1/2	1023			
Christopher Tooley Owner's Address <redacted> Follow-up Complaint Person in Charge <redacted> Pre-Operational Temporary HACCP Certified Food Handler <redacted> Certified Food Handler <redacted> Certified Food Handler <red> Other (list) Other (list) Other (list) Follow-up Complaint Pre-Operational Temporary Menu Type (See additional page) red></redacted></redacted></redacted></redacted>		River Rd. Ste. B, Evar	nsville, IN, 47715	<u> </u>					
Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <red>Certified Food Handler <red>Certified Food Handler <red>Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By</redacted></red></red></red></redacted></redacted>	- · · · · · · · · · · · · · · · · · · ·	Toolou							
<redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> Certified Food Handler <redacted> Other (list) • 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 Menu Type (See additional page) 1 2 3 4 5 5 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 Corrected By</redacted></redacted></redacted></redacted>		rooley			_				
Person in Charge <redacted> Responsible Person's E-mail Curtified Food Handler <redacted> Certified Food Handler <redacted> Certified Food Handler </redacted> Certified Food Handler </redacted> Certified Food Handler </redacted> Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Certified Food Handler Cother (list) 1020304050 To Be Corrected By					Summary of	Violation	is:		
Responsible Person's E-mail Certified Food Handler Credacted> Certified Food Handler 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 Corrected By						() ()		
Responsible Person's E-mail Certified Food Handler Credacted> Certified Food Handler Credacted Food Handler C				Pre-Operational	C	NC_	<u>R</u>		
Certified Food Handler		mail			Menu Type	(See addit	tional page)		
<redacted> CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By </redacted>				НАССР					
• 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 Corrected By				Other (list)	1 22	<u>3</u>	<u>)4U5U</u>		
• 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 Corrected By	<redacted></redacted>								
Section# C/NC R Narrative To Be Corrected By	• CRITICAL ITEMS ARE I	DENTIFIED IN THE CHECKLIST AN	ND NARRATIVE COLUMNS M	IARKED "C"					
	• VIOLATION(S) REPEAT	ED FROM PREVIOUS INSPECTIONS	S ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"		
No violations to report	Section# C/NC F	₹	Narrative		7	o Be Co	rrected By		
			No violations to re	eport					
Received by (name and title printed): Inspected by (name and title printed):	Received by (name and tit)	le printed):	T	Inspected by (name and title p	rinted):				
<pre><redacted></redacted></pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> </pre> <pre> <pre> </pre> <pre> </pre></pre></pre></pre></pre></pre>					inica).				
Received by (signature): Inspected by (signature):	Received by (signature):			Inspected by (signature):					
cc: cc: cc:	cc:	cc	:		cc:				



			• • •						
Establishme		≥riء	a/Gonz'z Steak Burger	Telephone Number 812-550-1505	(mm/dd/yr)				
			mber and street, city, state, zip code)		10/30	/2023	14137		
			er Rd Ste 113, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>					
Owner	_			Purpose:	Follow-uj		se Date		
Adriar	า Gon	zal	ez	✓ Routine	No	11/	09/2023		
Owner's Ac				Follow-up	Summary	of Violation	ns:		
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>2</td><td></td><td>1 0</td></reda<>	cted>			Complaint	2		1 0		
Person in C				Pre-Operational	C 3	NC_	I _R U		
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary					
Responsible	e Person's	E-mai	il	HACCP	Menu Typ	e (See addi	tional page)		
				Other (list)					
Certified Fo		er			$1 \underline{\bigcirc 2}$	$\bigcirc 3 \bigcirc $	<u> 1405</u>		
<1 C uac	ileu>								
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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 Co	orrected By		
303	С		no sanitizer solution	on site		Co	rrected		
342	NC		hand sink hot water no	ot working	Corrected				
177	С		raw prepped meat in container sto	ored on floor in coo	Co	rrected			
118	С		Establishment does not have ce	nt does not have certified food handler					
Received by	*	•		Inspected by (name and title power edacted>	rinted):				
Received by	(signature):		Inspected by (signature):					
cc:			cc:		cc:				



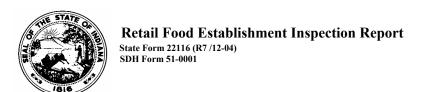
Establishm Hone		(ec	I Ham & Cafe - EvansvilleCo	Telephone Number (812-471-2940	DESA (mm/dd/yr)				
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	() Owner	11/01	/2023			
Owner Eric J.				Purpose:	Follow-up		se Date /11/2023		
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:		
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<>		•		Complaint		() (
Person in C				Pre-Operational	$_{\rm C}$	NC_	0_{R}		
<reda< td=""><td></td><td></td><td>31</td><td>Temporary</td><td>Manu Tur</td><td>o (Coo addi</td><td>tional page)</td></reda<>			31	Temporary	Manu Tur	o (Coo addi	tional page)		
Responsible Person's E-mail				НАССР	wienu ryp	e (see aaai	tional page)		
Certified Food Handler <redacted></redacted>				Other (list)	102	<u>3</u>	$)_4 \bigcirc_5 \bigcirc$		
• CRITICAL	L ITEMS AF	RE IDI	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 Co	orrected By		
			No violations to re	eport					
				•					
Received by				Inspected by (name and title p < redacted>	rinted):				
Received by				Inspected by (signature):					
cc:			cc:		cc:				



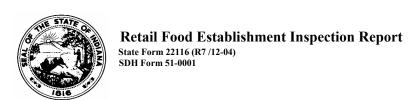
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Donat	tos (T	ris	tate Pizza Green River #430)	812-618-3868	11/03/		14250
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	() Owner .	11/03/	2023	
	. Gree	en I	River Rd, Evansville, IN, 47715				
Owner	D. 1810 6			Purpose:	Follow-up		se Date
Sean)		Routine	No		13/2023
Owner's Ad				Follow-up	Summary o	of Violation	ns:
Person in C				Complaint		$_{\rm NC}$)
<reda< 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 Type	: (See addi	tional page)
				НАССР			
Certified Food Handler				Other (list)	$_{1}\bigcirc_{2}($	\bullet) ₃ ($)_{4}\bigcirc_{5}\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by				Inspected by (name and title precised)	rinted):		
Received by				Inspected by (signature):			
	(- <u>G</u>	, .		r			
cc:			cc:		cc:		



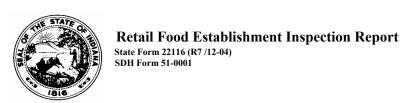
Establishment Nume The Diner by Meles Feliphone Number and street, city, state, zip code) Sale 2-402=1272 Sale					m.,	D . CI		YD #		
Establishment Address (cumber and street, city, state, zip code) S50 N Green River Rd, Evansville, IN, 47715 Credacted Some Propose Purpose Purpose Purpose Pollow-up Release Date No			by	Meles	Telephone Number 812-402-1272	1 か Est 内 の mar 2 フ (mm/dd/yr) 1 1 4 3 0 4				
Dorge Melendres Purpose Pollow-up Relaxe Date 11/10/2023 11/10/2023 11/10/2023 11/10/2023	Establishmo	ent Addres Gree	s (nu n F	mber and street, city, state, zip code) River Rd. Evansville, IN, 47715	()Owner .	10/31	/2023			
Owner's Addres <redacted></redacted>	Owner									
Complaint Comp	Jorge	Mele	ndi	es	✓ Routine	No	11/	10/2023		
Person in Charge Credacted> Responsible Person's E-mail Certified Food Handler -credacted> -credacted> -credited Food Handler -tredacted> -credited Food Handler -credited					Follow-up	Summary	of Violatio	ns:		
Responsible Person's E-mail Certified Food Handler Certified Food					Complaint	\cap	() (
Responsible Person's E-mail Certified Food Handler Certified Food					Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	\mathcal{L}_{R}		
Certified Food Handler				2	Temporary					
*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 Corrected By **No violations to report** **Inspected by (name and title printed): **Received by (name and title printed): **Received by (signature): **Inspected by (signature):	Responsible Person's E-mail				НАССР	Menu Typ	se (See addi	tional page)		
< redacted>	Certified Food Handler				Other (list)	10_2 0_3 0_4 0_5				
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 Corrected By No violations to report							<u> </u>	<u> </u>		
Section# C/NC R Narrative no violations to report	• CRITICAL	. ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARKED "C"					
Received by (name and title printed): Received by (signature): Inspected by (name and title printed): Credacted> Received by (signature): Inspected by (signat	• 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"		
Received by (name and title printed): <redacted> Received by (signature): Inspected by (signature):</redacted>	Section#	C/NC	R	Narrative			To Be Co	orrected By		
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>				no violations to re	eport					
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>										
<redacted> <redacted> Received by (signature): Inspected by (signature):</redacted></redacted>	Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):				
Received by (signature): Inspected by (signature):	-		_			<i>,</i> -				
cc: cc:		(= <i>0</i>	•		1					
	cc:			cc:		cc:				



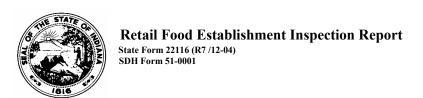
							-
Melru Melru		C.	DBA Sweet Treats Candy	Telephone Number (812-471-0031	Date of Ins (mm/dd/yr		то# 14614
Establishm 800 N	ent Addres Greei	s (nu 1 R	mber and street, city, state, zip code) iver Road, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	11/03	0/2023	
Owner Meliss	sa Lyr	n	Rumple	Purpose:	Follow-u		se Date // 13/2023
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint	10	NC_()
<redacted></redacted>				Pre-Operational	C	NC_	<u>R</u>
Responsible Person's E-mail =				Temporary	Menu Typ	oe (See addi	tional page)
 -				HACCP		\bigcirc	
Certified Fo		er		Other (list)	1 <u>0</u> 2	\bigcirc_3	<u>/4</u> <u>5</u> <u>5</u>
• CRITICAL	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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 Co	orrected By
			no violations to re	eport			
Received by				Inspected by (name and title p	rinted):		
<reda< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>				<redacted></redacted>			
Received by	(signature):		Inspected by (signature):			
	_					_	
cc:			cc:		cc:		



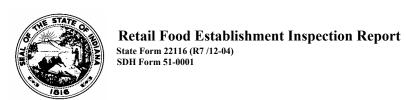
Establishm	ont Name			Telephone Number	Date of Inspe	ection	ID#
McAli		٦)eli	812-228-4222	(mm/dd/yr)	ction	14750
			mber and street, city, state, zip code)	= 1	10/30/2	2023	14730
5301 l	Pearl	Dr	Ste 100, Evansville, IN, 47712	<redacted></redacted>			
Owner	<u> </u>			Purpose:	Follow-up		se Date
David		(DU	irn	Routine	No	11/	09/2023
Owner's Ac				Follow-up	Summary of	f Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		() ()
Person in C				Pre-Operational	c_ O	$_{\rm NC}$	$R_{\rm R}$
<redacted> Responsible Person's E-mail</redacted>				Temporary	Menu Type	(Saa addi	tional naga)
Kesponsible	c i cison s	L-ma		НАССР	- vicinu i ypc	(See aaai	nonui puge)
Certified F	ood Handl	er		Other (list)	$1_1\bigcirc_2($	•)3($)_4\bigcirc_5\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td>102</td><td><u> </u></td><td><u> </u></td></redac<>	cted>				102	<u> </u>	<u> </u>
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	Го Ве Со	orrected By
			No violations to	note.			
Received by	(name and	title p	Derinted):	Inspected by (name and title p	rinted):		
<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):			
cc:			cc:		cc:		



Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#		
Nori J	Japar	1		812-916-4563		2022	14811		
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		10/30/	2023			
800 N G	reen R	iver	Rd unit 106, Evansville, Indiana, 47715	<pre>(<redacted></redacted></pre>					
Owner				Purpose:	Follow-up		se Date		
Halim	Wijay	/a		✓ Routine	No	11/	09/2023		
Owner's Ac				Follow-up	Summary o	f Violation	ns:		
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_		
Person in C				Pre-Operational	$ _{\mathcal{C}}$ U	NC_	J _R U		
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>	cted>			Temporary					
Responsible	e Person's	E-ma	il	НАССР	Menu Type (See additional page)				
Certified Fo		er		Other (list)	1 <u></u> 2		<u> 1405</u> 0		
<redac< td=""><td>ctea></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ctea>								
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By		
			No violations to re	eport					
			The Melatione to 10	70.1					
							_		
Received by	*			Inspected by (name and title p	rinted):				
<reda< td=""><td>acte</td><td><c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	< c		<redacted></redacted>					
Received by				Inspected by (signature):					
	- ′			- · · · · ·					
cc:			cc:		cc:				
			I						



Establishm		٦ N	Mexican Restaurant	Telephone Number	Date of Ins (mm/dd/yr)		10# 14843	
			mber and street, city, state, zip code)	812-437-5089	10/31	2023	14043	
311 S	Gree	n F	River Rd, Evansville, IN, 47715					
Owner Uriel (Cordo	ba		Purpose:	Follow-up		se Date 10/2023	
Owner's Ac				Follow-up	Summary			
<reda< td=""><td>cted></td><td>,</td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>	cted>	,		Complaint	-			
Person in C					$\int_{\Omega} \mathbf{U}$	NG 4	$\frac{2}{R}$	
<redacted></redacted>				Pre-Operational	L	NC_	R	
Responsible Person's E-mail				Temporary	Menu Typ	e (See addi	tional page)	
				НАССР		~ ~		
Certified Food Handler				Other (list)	1 2	<u>3</u>	<u>)4</u> 050	
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
430	NC		Walls around mop sink in r	need of repair.				
177	NC		Food improperly stored in walk-in	•	10/3	31/2023		
			<u> </u>					
			<u> </u>					
Received by		_		Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



			<u> </u>	•			
Establishm Wobb		n		Telephone Number	Date of Ins (mm/dd/yr		то# 14894
				812-475-8780	11/02	/2023	14094
			mber and street, city, state, zip code) ach Ave., Evansville, IN, 47714	<pre>(<redacted></redacted></pre>			
Owner Henry	\/\olf			Purpose:	Follow-u		se Date 12/2023
				Routine			
Owner's Ad				Follow-up	Summary	of Violation	
Person in C				Complaint	L ()	NC_	l ₋ ()
<redacted></redacted>				Pre-Operational		NC	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addi	tional page)
Certified Fo	ood Uandl	250		Other (list)	100	\bigcirc),()_5()
Cer tilled F	oou manun	ei.				<u> </u>	<u> </u>
• CRITICAL	. ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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 Co	orrected By
234	NC		Ice machine guard in nee	d of cleaning.		Co	rrected
D : 11				Y (11 ()	P		
Received by		_		Inspected by (name and title p < redacted>	rınted):		
Received by	(signature)):		Inspected by (signature):			
20:			201		20:		
cc:			cc:		cc:		