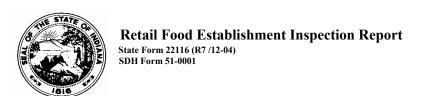
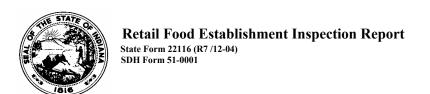


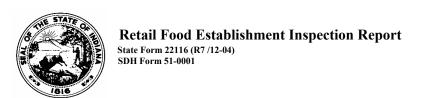
| Evansville Sports Complex West  Establishment Address (number and street, city, state, zip code) 4300 Heckel Rd, Evansville, IN, 47720  Owner  Evansville Convention Bureau  Owner's Address <redacted>  Person in Charge  <redacted>  Responsible Person's E-mail  Certified Food Handler  <redacted>  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU</redacted></redacted></redacted> |  |         |          |             |      | lephone Number 312-421-2200 < redacted> redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u<br>No<br>Summary | /2023  Releas | 21/2023<br>D R O |  |
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|   | 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 Re Co      | rrected By       |  |
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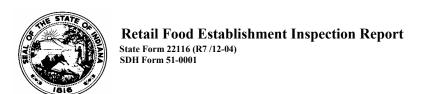
| Establishm  | ent Name   |         |  |                    | Telephone Number               | Date of Inspe  | ection               | ID#          |
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| Evan  | sville     |         | oorts Complex Ea   | ast                | 812-401-1890                   | (mm/dd/yr)     |                      | 12263        |
|   |            |         | mber and street, city, state, zip code)<br>Rd, Evansville, IN, 4 | 17725              | ( <redacted></redacted>        | 12/11/2        | 2020                 |              |
| Owner   |            |         | ·  |                    | Purpose:                       | Follow-up      | Releas               | se Date      |
|   |            | Cor     | nvention Bureau  |                    | Routine                        | No             | 12/                  | 21/2023      |
| Owner's A   |            |         |  |                    | Follow-up                      | Summary of     | f Violation          | is:          |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) (</td></reda<> | cted>      |         |  |                    | Complaint                      | $\cap$         | (                    | ) (          |
| Person in C   |            |         |  |                    | Pre-Operational                |                | NC_                  | J DU         |
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| Responsible   | e Person's | E-ma    | il   |                    | Temporary                      | Menu Type      | (See addi            | tional page) |
|   |            |         |  |                    | НАССР                          | _ ,            |                      |              |
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| • CRITICAL  | ITEMS AF   | E IDE   | NTIFIED IN THE CHECKLIST AND NA                                  | RRATIVE 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          |                                | , .            | Го Ве Со             | orrected By  |
|   |            |         | N  | o violations no    | oted                           |                |                      |              |
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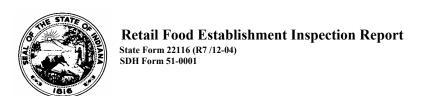
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|  |   |            | Bar & Grill                                      | 3) [ | 312-602-1756                 | ,              | 2/2023       | 12150                       |  |
|  |   |            | mber and street, city, state, zip code)          |      | <redacted></redacted>        | 12/12          | 72023        |                             |  |
|  | s Bar   | Kei        | Ave, Evansville, IN, 47712                       |      |                              |                |              | <u> </u>                    |  |
| Owner<br>Terrie  | Math  | ie         |  |      | irpose:                      | Follow-u<br>No |              | se Date 22/2023             |  |
| Owner's Ac   |   | 13         |  | ╙    | Routine                      |                |              |                             |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<>  |   |            |  |      | Follow-up                    | Summary        | of Violation |                             |  |
| Person in C  |   |            |  |      | Complaint                    | ( )            | NC_          | )                           |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td><u>c</u></td><td>NC_</td><td>- R</td></reda<> |   |            |  |      | Pre-Operational              | <u>c</u>       | NC_          | - R                         |  |
| Responsible  | e Person's  | E-ma       | il   |      | Temporary                    | Menu Ty        | pe (See addi | tional page)                |  |
|  |   |            |  |      | НАССР                        |                |              |                             |  |
| Certified Fo   |   | er         |  | ┡    | Other (list)                 | $1 \bigcirc 2$ | <u> </u>     | ) <u>4<u>U</u>5<u>U</u></u> |  |
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| • CRITICAL   | • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" |            |  |      |                              |                |              |                             |  |
| • VIOLATIC   | 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 r                               | note | е.                           |                |              |                             |  |
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| <red< td=""><td>acte</td><td>_<br/><br/>c</td><td></td><td></td><td>redacted&gt;</td><td>,</td><td></td><td></td></red<>   | acte  | _<br><br>c |  |      | redacted>                    | ,              |              |                             |  |
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| Establishme | Caes ent Addres St Jo n Bha ddress cted> harge cted> e Person's   | vsa<br>VSa<br>E-ma            |             | Pu / | clephone Number 312-401-9555 <redacted> Irpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u<br>No<br>Summary | P Release 12/ | 24/2023<br> |  |  |
|-------------|---|-------------------------------|-------------|------|---|---------------------------|---------------|-------------|--|--|
|             | <ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul> |                               |             |      |   |                           |               |             |  |  |
|             |   |                               |             | MMA  | ARY OF VIOLATIONS" AN   | D IN THE N                |               |             |  |  |
| Section#    | C/NC  | R                             | Narrative — |      |   |                           |               | rrected By  |  |  |
| 431         | NC  | Facility in need of cleaning. |             |      |   |                           |               | 4/2023      |  |  |
|             |   |                               |             |      |   |                           |               |             |  |  |
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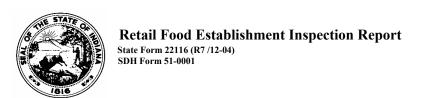
| Establishmo<br>2308 V<br>Owner   | ary In<br>ent Addres<br>V Fran | s (nu<br>Klir | ovations by April Boeke, LLC mber and street, city, state, zip code) n St Suite B, Evansville, IN, 47712 | (8)<br>(<)<br>Pu | Stephone Number B12-228-7626 <redacted> urpose:</redacted> | Date of Ins<br>(mm/dd/yr<br>12/12<br>Follow-u | 2/2023  Releas                  | 12083<br>e Date<br>22/2023 |  |  |
|--|--------------------------------|---------------|--|------------------|--|---|---------------------------------|----------------------------|--|--|
| Owner's Ad   |                                | JUN           | A BOCKE  | _                | Routine  |   |                                 |                            |  |  |
| <reda< td=""><td></td><td></td><td></td><td><math>\vdash</math></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<> |                                |               |  | $\vdash$         | Follow-up  | Summary                                       | of Violation                    |                            |  |  |
| Person in C  |                                |               |  | ╄                | Complaint<br>Pre-Operational                               | $\cup$ $\cup$                                 | NC_                             | ) , ()                     |  |  |
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| Responsible  | Person's                       | E-ma          | il   | ┢                | Temporary<br>HACCP   | Menu Tyj                                      | Menu Type (See additional page) |                            |  |  |
|  |                                |               |  | $\vdash$         | Other (list)   |   |                                 |                            |  |  |
| Certified Fo   |                                | er            |  | -                | Dulei (list)   | 1 2   | <u>3</u>                        | <u> 405</u>                |  |  |
| • CRITICAL   | ITEMS AR                       | E IDE         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  | ИARК             | 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   | note             | е.   |   |                                 |                            |  |  |
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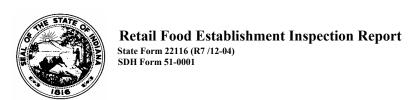
|  |   |         |                                |                   |        | lephone Number 312-305-4412 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u<br>NO<br>Summary | P Release 12/ of Violation | 22/2023<br>ns: |  |
|--|---|---------|--------------------------------|-------------------|--------|---|---------------------------|----------------------------|----------------|--|
|  | 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" |         |                                |                   |        |   |                           |                            |                |  |
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| Section#   | C/NC  | R       | N I .                          |                   |        |   |                           | 10 Be Co                   | orrected By    |  |
|  |   |         | INC                            | o violations to n | iOte   | €.  |                           |                            |                |  |
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| Establishm  |             |               |   | T    | elephone Number                  | Date of Insp | ection      | ID#                       |
|---|-------------|---------------|---|------|----------------------------------|--------------|-------------|---------------------------|
| CVS   | Phar        | ma            | acy #3448                                       | (    | 812-867-6407                     | (mm/dd/yr)   | 2022        | 11877                     |
|   |             |               | mber and street, city, state, zip code)         | (    | <redacted></redacted>            | 12/12/       | 2023        |                           |
| 511 E B   | Boonvill    | e N           | ew Harmony Rd, Evansville, IN, 4772             | 5    | <ree><redacted></redacted></ree> |              |             |                           |
| Owner<br>HOOK   | K-SUF       | PEF           | RX LLC  | I    | urpose:<br>Routine               | Follow-up NO |             | se Date 22/2023           |
| Owner's Ac  |             |               |   |      | Follow-up                        | Summary o    | f Violation | ns:                       |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>n n</td><td>_</td><td>_</td></reda<>                   |             |               |   |      | Complaint                        | n n          | _           | _                         |
| Person in C   |             |               |   | ▔    | Pre-Operational                  | $_{\rm C}$ U | NC_         | $\mathcal{I}_{R}$ $U_{R}$ |
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| Responsible   | e Person's  | E-ma          | il  | F    | НАССР                            | Menu Type    | : (See addi | tional page)              |
| C CC IE   | 177 11      |               |   | ╬    | Other (list)                     | .0.0         |             | $\bigcap_{i}$             |
| Certified Fo  | ood Handi   | er            |   | -    |                                  | 102          | <u> </u>    | <u> </u>                  |
| • CRITICAL  | . ITEMS AR  | RE IDE        | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MAR  | KED "C"                          |              |             |                           |
| • VIOLATIC  | ON(S) REPE  | ATED          | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "  | SUMM | ARY OF VIOLATIONS" AN            | D IN THE NA  | RRATIVE     | BELOW AS "R"              |
| Section#  | C/NC        | R             | Narrative                                       |      |                                  | 1            | To Be Co    | orrected By               |
|   |             |               | No violations r                                 | ote  | d                                |              |             |                           |
|   |             |               |   |      |                                  |              |             |                           |
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| <red< td=""><td>acte</td><td><u>&lt;</u>t</td><td>·</td><td>&lt;</td><td>redacted&gt;</td><td>,</td><td></td><td></td></red<> | acte        | <u>&lt;</u> t | ·   | <    | redacted>                        | ,            |             |                           |
| Received by   | (signature) | ):            |   | Ins  | spected by (signature):          |              |             |                           |
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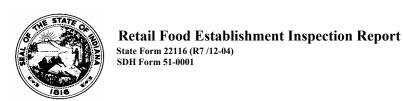
| Establishment Name Sunoco Fo | 000   | d Mart   |           | Telephone Number (812-421-1460)          | Date of Ins<br>(mm/dd/yr | j            | то#<br>11740                          |
|------------------------------|-------|--|-----------|--|--------------------------|--------------|---------------------------------------|
|                              |       | nber and street, city, state, zip code)<br>Iin St, Evansville, IN, 477 | 12        | <pre>(<redacted></redacted></pre>        | 12/13                    | /2023        |                                       |
|                              |       |  |           | n n                                      | E 11                     | D 1          | D.                                    |
| Owner<br>Kusum Sola          | ınk   | i  |           | Purpose:                                 | Follow-up                |              | e Date 23/2023                        |
| Owner's Address              |       |  |           | Follow-up                                | Summary                  | of Violation |                                       |
|                              |       |  |           | Complaint                                | $\cap$                   |              | $\cap$                                |
| Person in Charge < redacted> |       |  |           | Pre-Operational                          | c                        | NC_          |                                       |
| Responsible Person's E       | '_ma  | il   |           | Temporary Temporary                      | Menu Tyn                 | e (Soo addi  | tional page)                          |
| Responsible Person's E       | -111a | ц  |           | НАССР                                    | Wienu Typ                |              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Certified Food Handler       | r     |  |           | Other (list)                             | 1 2                      | <u>3</u>     | <u> 14050</u>                         |
| • CRITICAL ITEMS ARE         |       |  |           |  |                          |              |                                       |
|                              |       | FROM PREVIOUS INSPECTIONS ARE DENOTED I                                | N THE "SU | MMARY OF VIOLATIONS" AN                  | D IN THE N               |              |                                       |
| Section# C/NC                | R     | Nari   | ative     |  |                          | To Be Co     | orrected By                           |
| 342 NC                       |       | Hand sink must provide hat and cold r                                  | unning    | water (100 degree F in                   | 20 sec)                  |              | 03/2024                               |
|                              |       |  |           |  |                          |              |                                       |
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| Received by (name and t      |       | orinted):  |           | Inspected by (name and title properties) | rinted):                 |              |                                       |
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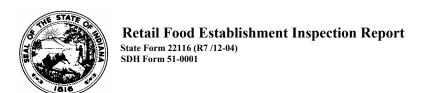
| Establishme  | _         |  |   |  | lephone Number              | Date of In:<br>(mm/dd/yi |               | ID#             |  |  |
|--|-----------|--|---|--|-----------------------------|--------------------------|---------------|-----------------|--|--|
| Tokyo  |           |  |   | (8   | 12-401-1020                 | ` .                      | 3/2023        | 11694           |  |  |
|  |           |  | mber and street, city, state, zip code)           | (_   | redacted>                   | 12/10                    | "ZUZJ         |                 |  |  |
|  | v Gre     | en                                     | River Rd, Evansville, IN, 47715                   |  |                             | 7. 11                    | 15.           |                 |  |  |
| Owner<br>Xu Hu   |           |  |   |  | rpose:<br>Routine           | Yes                      |               | Se Date 23/2023 |  |  |
| Owner's Ad   |           |  |   |  | Follow-up                   | Summary                  | of Violation  | ns:             |  |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>) (</td></reda<>                         |           |  |   |  | Complaint                   | 1                        |               | ) (             |  |  |
| Person in C  |           |  |   |  | Pre-Operational             | C                        | NC 4          | $\frac{2}{R}$   |  |  |
| <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 Tyj                 | pe (See addii | tional page)    |  |  |
| Certified Fo   | ood Handl | OH.                                    |   | F  | Other (list)                | 10                       | $\bigcirc$    | ),(•),(•)       |  |  |
| <redac< td=""><td></td><td><b>21</b></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redac<>            |           | <b>21</b>                              |   |  |                             |                          | <u></u>       | <u> </u>        |  |  |
| • CRITICAL   | ITEMS AF  | RE IDE                                 | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ED "C"   |                             |                          |               |                 |  |  |
| • VIOLATIO   | N(S) REPE | ATED                                   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMA  | RY OF VIOLATIONS" AN        | D IN THE N               | ARRATIVE      | BELOW AS "R"    |  |  |
| Section#   | C/NC      | R                                      | Narrative   |  |                             |                          | To Be Co      | orrected By     |  |  |
| 294  | С         |  | Sanitizer solution above r                        | eq   | uired level                 |                          | Co            | rrected         |  |  |
| 218  | NC        | Hand sink in kitchen in need of repair |   |  |                             |                          |               | 12/20/2023      |  |  |
| 310  | NC        |  | Hood in need of cleaning                          |  |                             |                          |               | 20/2023         |  |  |
|  |           |  |   |  |                             |                          |               |                 |  |  |
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| <reda< td=""><td>acted</td><td><br/>k</td><td></td><td><r< td=""><td>edacted&gt;</td><td></td><td></td><td></td></r<></td></reda<> | acted     | <br>k                                  |   | <r< td=""><td>edacted&gt;</td><td></td><td></td><td></td></r<> | edacted>                    |                          |               |                 |  |  |
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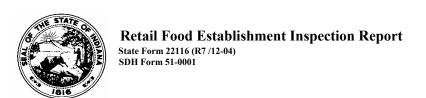
| Establishment Address (number and street, city, state, zip code) 1320 Vann Ave, Evansville, IN, 47714  Owner Family Dollar Stores of IN LP  Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail  Certified Food Handler <redacted>  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU</redacted></redacted></redacted> |           |         |                                       |                    |      | lephone Number 312-477-1170 < redacted> redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u<br>No<br>Summary | P Release 12/ of Violation NC | 24/2023<br>D R O |
|---|-----------|---------|---------------------------------------|--------------------|------|---|---------------------------|-------------------------------|------------------|
|   |           |         |                                       |                    |      |   | D IN THE N                | ARRATIVE                      | BELOW AS "R"     |
| Section#  | C/NC      | R       |                                       | Narrative          |      |   |                           | To Be Co                      | rrected By       |
| Sections  | Circ      |         |                                       | No noted violation | 200  |   |                           | To be ee                      | Treeted By       |
|   |           |         |                                       | No noted violatio  | ภาร  | •   |                           |                               |                  |
|   |           |         |                                       |                    |      |   |                           |                               |                  |
|   |           |         |                                       |                    |      |   |                           |                               |                  |
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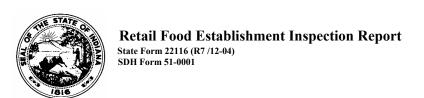
| Establishme  |                 |           |   | To        | elephone Number        | Date of In                      |                         | ID#                        |  |
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| Short  | y's             |           |   | 3)        | 312-401-1560           | ,                               | .)<br>2/2023            | 11595                      |  |
|  |                 |           | mber and street, city, state, zip code)         |           | <redacted></redacted>  | 12/12                           | ./2023                  |                            |  |
|  | <u> 3aker</u>   | A۱        | ve, Evansville, IN, 47710                       |           |                        |                                 |                         |                            |  |
| Owner  | <b>7</b> ~\/:II | ~-        | le.   |           | ırpose:                | Follow-u                        |                         | se Date                    |  |
| Gary [   |                 | <u>ez</u> | Jr.   | <u></u>   | Routine                | No                              | 12/                     | 22/2023                    |  |
| Owner's Ad   |                 |           |   | L         | Follow-up              | Summary                         | of Violation            | is:                        |  |
| <redace< td=""><td></td><td></td><td></td><td>┸</td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></redace<>      |                 |           |   | ┸         | Complaint              | $\cap$                          | (                       | ) ()                       |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td><math>_{\rm C}</math></td><td>((</td><td>R O</td></reda<> |                 |           |   |           | Pre-Operational        | $_{\rm C}$                      | ((                      | R O                        |  |
| Responsible  |                 |           |   | <u>-L</u> | Temporary              | Menu Tvi                        | ne (See addi            | tional page)               |  |
| Responsible  | , i cison s     | L-III     |   |           | НАССР                  | Menu Type (See additional page) |                         |                            |  |
| Certified Fo   | ood Handle      | er        |   | T         | Other (list)           | $1 \odot 2$                     | $\bigcirc_3$ $\bigcirc$ | $_{4}\bigcirc_{5}\bigcirc$ |  |
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| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  |                 |           |   |           |                        |                                 |                         |                            |  |
| • VIOLATIO   | N(S) REPE       | ATED      | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | UMM       | 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                                | not       | e.                     |                                 | 1                       |                            |  |
|  |                 |           |   |           |                        |                                 |                         |                            |  |
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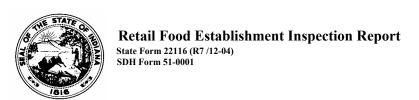
| Establishme   | ent Name    |           |  |                    | Telephone Number               | Date of Inspe                   | ction               | ID#            |  |
|---|-------------|-----------|--|--------------------|--------------------------------|---------------------------------|---------------------|----------------|--|
| St Vir  | ncent       |           | e-Paul Food Pant   | ry                 | 812-425-3485                   | (mm/dd/yr)<br>12/13/2023        |                     | 11523          |  |
|   |             |           | nber and street, city, state, zip code)<br>ette St, Evansville, II | N, 47711           | ( ) Owner                      | 12/10/2                         | -020                |                |  |
| Owner<br>St Vin   | cents       |           |  |                    | Purpose:                       | Follow-up<br>NO                 |                     | e Date 23/2023 |  |
| Owner's Ac  | ldress      |           |  |                    | Follow-up                      | Summary of                      | Violatio            | ns:            |  |
| Person in C   | hanga       |           |  |                    | Complaint                      |                                 | NC_(                | $\cap$         |  |
| <reda< td=""><td></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   |             |           | <u> </u>   |                    | Temporary                      | Menu Type (See additional page) |                     |                |  |
|   |             |           |  |                    | НАССР                          |                                 |                     |                |  |
| Certified Fo  | ood Handle  | er        |  |                    | Other (list)                   | $1 \bigcirc 2 \bigcirc$         | <u>)</u> 3 <u>(</u> | <u>)4050</u>   |  |
| • CRITICAL  | . ITEMS AR  | RE IDE    | NTIFIED IN THE CHECKLIST AND NAF                                   | RRATIVE COLUMNS N  | MARKED "C"                     |                                 |                     |                |  |
| • VIOLATIO  | N(S) REPE   | ATED      | FROM PREVIOUS INSPECTIONS ARE I                                    | DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN        | D IN THE NAI                    | RRATIVE             | BELOW AS "R"   |  |
| Section#  | C/NC        | R         |  | Narrative          |                                | 7                               | o Be Co             | orrected By    |  |
|   |             |           | No   | violations no      | oted                           |                                 |                     |                |  |
|   |             |           |  |                    |                                |                                 |                     |                |  |
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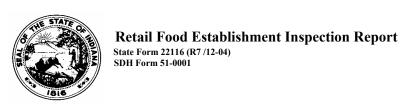
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| Establishm<br>Walm  |            | /lai   | rket #5372  | Telephone Number (812-471-4243)   | Date of Ins<br>(mm/dd/yr) | )            | то#<br>11426                      |
|   |            |        | mber and street, city, state, zip code)           | 7                                 | 12/12                     | /2023        | 11420                             |
| 3430  |            |        | ve, Evansville, IN, 47714                         | <pre>(<redacted></redacted></pre> |                           |              |                                   |
| Owner<br>Wal-m  | nart S     | tor    | es East, LP                                       | Purpose:  Routine                 | Follow-up                 |              | se Date /22/2023                  |
| Owner's A   |            |        | ,   | Follow-up                         | Summary                   | of Violation |                                   |
| <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_          | $\bigcup_{\mathbf{R}} \mathbf{U}$ |
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| Responsible   | e Person's | E-ma   | il  | НАССР                             | Menu Typ                  | e (See addi  | itional page)                     |
|   |            |        |   | Other (list)                      |                           |              | $\bigcirc\bigcirc\bigcirc$        |
| Certified F   |            | er     |   |                                   | $1 \bigcirc 2$            | <u>3</u>     | <u> 1405</u>                      |
|   |            | 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 N.               | ARRATIVE     | BELOW AS "R"                      |
| Section#  | C/NC       | R      | Narrative   |                                   |                           | To Be Co     | orrected By                       |
|   |            |        | No violations no                                  | oted                              |                           |              |                                   |
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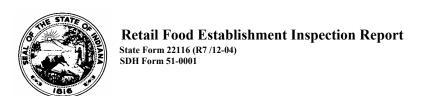
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|  |   |   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS                             |      |   |                           |                    |                         |
|  |   |   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S                             | UMMA | ARY OF VIOLATIONS" AN   | D IN THE N                |                    |                         |
| Section#   | C/NC  | R   | Narrative   |      |   |                           | To Be Co           | orrected By             |
|  |   |   | No violations to  | not  | e.  |                           |                    |                         |
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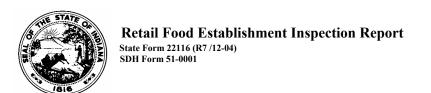
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| Taco  | Bell        | #3            | 001019                                       |        | 812-464-2374                     | ` '         |                          | 11382                   |
| Establishm  | ent Addres  | s (nu         | mber and street, city, state, zip code)      |        |                                  | 12/12       | /2023                    |                         |
| 4501 l  | First /     | \ve           | e, Evansville, IN, 47710                     |        | <pre><redacted></redacted></pre> |             |                          |                         |
| Owner   |             |               |  |        | Purpose:                         | Follow-up   |                          | se Date                 |
| Bell In   |             | LL            | _C   |        | <b>✓</b> Routine                 | No          | 12/                      | 22/2023                 |
| Owner's A   |             |               |  |        | Follow-up                        | Summary     | of Violatio              | ns:                     |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td><math>\cap</math></td></reda<> |             |               |  |        | Complaint                        | $\cap$      | (                        | $\cap$                  |
| Person in C   |             |               |  |        | Pre-Operational                  | $_{\rm C}$  | NC_(                     | $\frac{1}{R}$           |
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| Responsible   | e Person's  | rmai          | II.  |        | НАССР                            | Menu Typ    | e (See aaai              | tional page)            |
| Certified F   | ood Handle  | or            |  |        | Other (list)                     | 100         | $\bigcirc_3$ ( $\bullet$ | $)_4\bigcirc_5\bigcirc$ |
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|   |             | E INE         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU | IMNS M | IADKED "C"                       |             |                          |                         |
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|   |             |               | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE |        | MMARY OF VIOLATIONS" AN          | D IN THE N. |                          |                         |
| Section#  | C/NC        | R             | Narrati                                      |        |                                  |             | To Be Co                 | orrected By             |
|   |             |               | No violation                                 | ns no  | ted                              |             |                          |                         |
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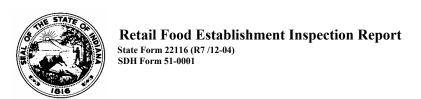
|             | r 8 ent Addres Elpe ndra f ddress cted> Charge cted> e Person's | Pat          |  | Telephone Number  (812-867-8500  ( <redacted> Purpose:  Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-up NO Summary C Menu Typ | Release 12/ | I R O        |
|-------------|---|--------------|--|---|---------------------------------|-------------|--------------|
| • CRITICAI  | L ITEMS AF  | RE IDE       | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | AARKED "C"  | <u> </u>                        |             |              |
| • 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  |
| 218         | 218 NC Hand washing sink in kitchen in need of repair           |              |  |   |                                 | 12/2        | 20/2023      |
|             |   |              | <u> </u>   | •   |                                 |             |              |
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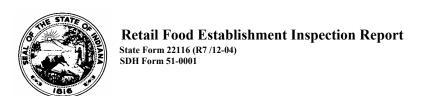
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|--|--|--------------------------------|---|--|---|---------------------------|---------------------------|----------------|
|  |  |                                | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE " |  |   | D IN THE N                | ARRATIVE                  | BELOW AS "R"   |
| Section#   | C/NC   | R                              | Narrative   |  |   |                           |                           | orrected By    |
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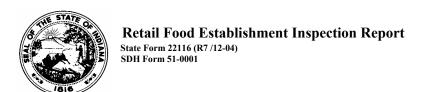
| Establishmo<br>704 N<br>Owner  | hony ent Addres First  THON ddress cted> harge cted> Person's | S (nui<br>AV<br>Y S | Soup Kitchen- All Saints Parish mber and street, city, state, zip code) re, EVANSVILLE, IN, 47710 SOUP KITCHEN-Machalle Walker | <pre><redacted></redacted></pre> | Follow-u<br>No<br>Summary | r)<br>8/2023<br>p Releas | $0_{R}$      |
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| • CRITICAL   | TEMS AD   | E IDE               | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  | IARKED "C"                       |                           |                          |              |
|  |   |                     | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!  |                                  | D IN THE N                | NARRATIVE                | BELOW AS "R" |
| Section#   | C/NC  | R                   | Narrative  |                                  |                           | To Be Co                 | rrected By   |
|  |   |                     | No violations to r   | note.                            |                           |                          | J            |
|  |   |                     | 140 Violationio to 1   | 10101                            |                           |                          |              |
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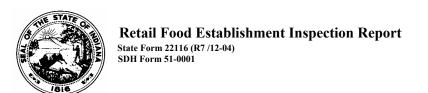
| Establishm  |             |         |   | Telephone Number               | Date of Insp<br>(mm/dd/yr) |                          | ID#                             |
|---|-------------|---------|---|--------------------------------|----------------------------|--------------------------|---------------------------------|
| Sonic   | : Driv      | e-l     | In #105   | 812-421-1700                   | 12/12/                     |                          | 11329                           |
|   |             |         | mber and street, city, state, zip code)           | ( ) Owner                      | 12/12/                     | 2023                     |                                 |
|   | V Lloy      | d E     | xpressway, Evansville, IN, 47712                  | <re><reuacieu></reuacieu></re> |                            |                          |                                 |
| Owner   | Data        | 1       | of Eugeneedle loop                                | Purpose:                       | Follow-up                  |                          | se Date                         |
|   |             | -ın     | of Evansville Inc                                 | Routine                        | No                         | 12/                      | 22/2023                         |
| Owner's Ac  |             |         |   | Follow-up                      | Summary o                  | f Violation              | as:                             |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td><math>\cap</math></td></reda<>                                   |             |         |   | Complaint                      |                            | (                        | $\cap$                          |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><math>\frac{\mathbf{r}}{\mathbf{r}}</math></td></reda<> |             |         |   | Pre-Operational                | C                          | NC_                      | $\frac{\mathbf{r}}{\mathbf{r}}$ |
| Responsible   |             |         | il  | Temporary                      | Menu Tyne                  | (See addi                | tional page)                    |
| responsible   | c i cison s |         |   | НАССР                          |                            |                          | nonui puge,                     |
| Certified F   | ood Handle  | er      |   | Other (list)                   | $_{1}\bigcirc_{2}($        | $\bigcirc_3$ ( $\bullet$ | $_{4}\bigcirc_{5}\bigcirc$      |
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| • CRITICAL  | L 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 NA                | RRATIVE                  | BELOW AS "R"                    |
| Section#  | C/NC        | R       | Narrative   |                                |                            | To Be Co                 | orrected By                     |
|   |             |         | No violations no                                  | ted                            |                            |                          |                                 |
|   |             |         |   |                                |                            |                          |                                 |
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| Received by   | (name and   | title 1 | orinted):   | 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):      |                            |                          |                                 |
|   | . 5         | •       |   | 1 , ( 6                        |                            |                          |                                 |
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|   |             |         |   |                                | ĺ                          |                          |                                 |



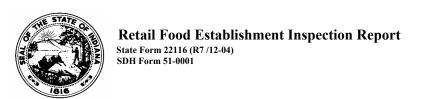
| Establishme   | place       | s (nu   | Dinemas  mber and street, city, state, zip code)  Exceptible INL 47710 | (8          | 812-426-0133<br><redacted></redacted> | Date of Inc<br>(mm/dd/yr<br>12/12 |               | то#<br>11315                       |
|---|-------------|---|--|-------------|---------------------------------------|-----------------------------------|---------------|------------------------------------|
| 4200<br>Owner   | mila        | ΑV  | e., Evansville, IN, 47710  |             |                                       | Fallow w                          | n Dalaas      | a Data                             |
| North   |             | Cir   | nemas Inc  |             | urpose:<br>                           | Follow-u<br>No                    |               | Date 22/2023                       |
| Owner's Ad  |             |   |  | L           | Follow-up                             | Summary                           | of Violation  | ns:                                |
| <reda< td=""><td></td><td></td><td></td><td><u> </u></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) N</td></reda<> |             |   |  | <u> </u>    | Complaint                             | $\cap$                            | (             | ) N                                |
| Person in C   |             |   |  |             | Pre-Operational                       | $C_{C}$                           | NC_           | $R_{\underline{}}$                 |
| Responsible   |             |   |  | <u>—</u> [  | Temporary                             | Menu Tvi                          | ne (See addi. | tional page)                       |
| responsible   |             |   | -  | L           | НАССР                                 |                                   |               |                                    |
| Certified Fo  |             | er  |  | <b>-</b>  - | Other (list)                          | 102                               | <u></u>       | ) <sub>4</sub> <u>0</u> 5 <u>0</u> |
| • CRITICAL  | ITEMS AR    | E IDE   | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUM                           | NS MAR      | KED "C"                               |                                   |               |                                    |
| • VIOLATIO  | N(S) REPE   | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE                           | "SUMM       | ARY OF VIOLATIONS" AN                 | D IN THE N                        | ARRATIVE      | BELOW AS "R"                       |
| Section#  | C/NC        | R   | Narrative  |             |                                       |                                   | To Be Co      | orrected By                        |
|   |             |   | No violations t  | o not       | te.                                   |                                   |               |                                    |
|   |             |   |  |             |                                       |                                   |               |                                    |
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| Received by   | (name and   | title p   | printed):  |             | spected by (name and title pr         | rinted):                          |               |                                    |
| <reda< td=""><td>acte</td><td><k< td=""><td></td><td>&lt;</td><td>redacted&gt;</td><td></td><td></td><td></td></k<></td></reda<>    | acte        | <k< td=""><td></td><td>&lt;</td><td>redacted&gt;</td><td></td><td></td><td></td></k<> |  | <           | redacted>                             |                                   |               |                                    |
| Received by   | (signature) | ):  |  | Ins         | pected by (signature):                |                                   |               |                                    |
| cc:   |             |   | cc:  |             |                                       | cc:                               |               |                                    |



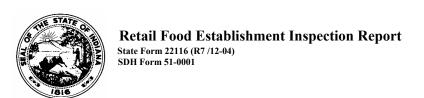
| Establishme 2207 \ Owner   | Bendent Address W Frank BENdress Cted> harge Cted> Person's | nkl           | Association, Inc.  The mber and street, city, state, zip code) In St, EVANSVILLE, IN, 47712  ASSOCIATION, INC. | Pu  | clephone Number  12-483-6575  Credacted>  Irpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u<br>No<br>Summary | r)<br>2/2023<br>p   Releas | 22/2023<br>D R O |
|--|---|---------------|--|---|--|---------------------------|----------------------------|------------------|
|  |   | E IDE         | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I  | MARK  | 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   | note  | е.   |                           |                            |                  |
|  |   |               |  |   |  |                           |                            |                  |
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| Received by  | (name and   | title p       | printed):  | Insp  | pected by (name and title pr   | rinted):                  |                            |                  |
| <red< td=""><td>acte</td><td><b>_</b><br/>k</td><td></td><td><r< td=""><td>redacted&gt;</td><td></td><td></td><td></td></r<></td></red<> | acte  | <b>_</b><br>k |  | <r< td=""><td>redacted&gt;</td><td></td><td></td><td></td></r<> | redacted>  |                           |                            |                  |
| Received by  |   |               |  |   | pected by (signature):   |                           |                            |                  |
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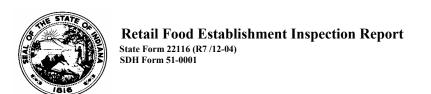
| Establishme  |            | _            |   | Te   | lephone Number               | Date of In         |              | ID#          |
|--|------------|--------------|---|------|------------------------------|--------------------|--------------|--------------|
| Achie  | ving       | Sr           | miles Waiver Services, Inc                        | (8   | 312-477-1707                 |                    | ,<br>3/2023  | 11280        |
| Establishme  | ent Addres | s (nu        | mber and street, city, state, zip code)           | (    | <redacted></redacted>        | 12/13              | 0/2023       |              |
|  | /ogel      | Ra           | #130, EVANSVILLE, IN, 47715                       |      |                              |                    |              |              |
| Owner<br>MICH  | AEL (      | CO           | PELAND  |      | rpose:<br>Routine            | Follow-u<br>No     |              | 23/2023      |
| Owner's Ac   |            |              |   |      | Follow-up                    | Summary            | of Violation | ns:          |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td>Λ<sup>°</sup></td><td>(</td><td>) ()</td></reda<> | cted>      |              |   |      | Complaint                    | Λ <sup>°</sup>     | (            | ) ()         |
| Person in C  |            |              |   | =    | Pre-Operational              | $_{\rm C}$ ${f U}$ | NC (         | , R O        |
| <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 Ty            | oe (See addi | tional page) |
| ~  |            |              |   |      | Other (list)                 | $\sim$             |              | $\bigcirc$   |
| Certified Fo   |            | er           |   | _    |                              | 1 <u></u> 2        | <u> </u>     | <u>/405</u>  |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN  |            |              |   |      | KED "C"                      |                    |              |              |
| • VIOLATIO   |            | ATED         | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA  | ARY OF VIOLATIONS" AN        | D IN THE N         |              |              |
| Section#   | C/NC       | R            | Narrative   |      |                              |                    | To Be Co     | orrected By  |
|  |            |              | No violations no                                  | tec  | t c                          |                    |              |              |
|  |            |              |   |      |                              |                    |              |              |
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| Received by  | (name and  | title p      | printed):   | Insp | pected by (name and title pr | rinted):           |              |              |
| <red< td=""><td>acte</td><td><b>d&gt;</b></td><td></td><td></td><td>edacted&gt;</td><td></td><td></td><td></td></red<>           | acte       | <b>d&gt;</b> |   |      | edacted>                     |                    |              |              |
| Received by  | (signature | ):           |   | Insp | pected by (signature):       |                    |              |              |
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| Establishme<br>960 S<br>Owner  | e K #4 ent Addres Wein Conv ddress Cted> harge Cted> Person's | s (nui<br>lba<br>/er | D2416  mber and street, city, state, zip code) ch Ave., Evansville, IN, 47714  nience Store LLC | Pu          | lephone Number 312-479-6491 < redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u<br>No<br>Summary | P Release 12/of Violation | 23/2023<br>ns: |
|--|---|----------------------|---|-------------|---|---------------------------|---------------------------|----------------|
| • CRITICAL   | ITEMS AR  | E IDE                | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN  | <b>IARK</b> | ŒD "C"  |                           |                           |                |
| • VIOLATIO   | N(S) REPE   | ATED                 | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMA         | RY OF VIOLATIONS" AN  | D IN THE N                | ARRATIVE                  | BELOW AS "R"   |
| Section#   | C/NC  | R                    | Narrative   |             |   |                           | To Be Co                  | orrected By    |
|  |   |                      | No noted violation  | ons         |   |                           |                           |                |
|  |   |                      |   |             |   |                           |                           |                |
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| <red< td=""><td></td><td>_</td><td></td><td></td><td>redacted&gt;</td><td></td><td></td><td></td></red<> |   | _                    |   |             | redacted>   |                           |                           |                |
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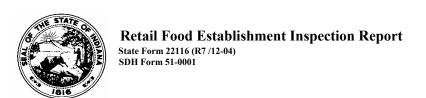
| Establishme | ent Addres Elpe Patel Idress Cted> harge Cted> Person's | rs (nui | lahadev  nber and street, city, state, zip code) Rd., Evansville, IN, 4 | 47725         | Pui   Pui        | rphone Number 12-454-2252 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow-u<br>No<br>Summary | 7)<br>3/2023<br>p   Releas | 23/2023<br>hs:<br>D R O |
|-------------|---|---------|---|---------------|------------------|--|---------------------------|----------------------------|-------------------------|
|             |   |         | NTIFIED IN THE CHECKLIST AND NAR<br>FROM PREVIOUS INSPECTIONS ARE D     |               |                  |  | D IN THE N                | IARRATIVE                  | RFI OW AS "D"           |
|             |   |         | FROM FREVIOUS INSPECTIONS ARE D   |               | IVIIVIZA         | RI OF VIOLATIONS AN  | DIN THE N                 |                            |                         |
| Section#    | C/NC  | R       | A.L.  | Narrative     | <b>. t.c</b> .cl | 1  |                           | 10 Be Co                   | orrected By             |
|             |   |         | INO   | violations no | otea             |  |                           |                            |                         |
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|             | Received by (signature):                                |         |   |               |                  | ected by (signature):  |                           |                            |                         |
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| Establishm   |                    |         |  |         | Telephone Number                | Date of Insp | ection                          | ID#              |  |  |
|--|--------------------|---------|--|---------|---------------------------------|--------------|---------------------------------|------------------|--|--|
| Lucky  | / Lad              | y/F     | Playgirl Inc                                 |         | (812-428-6384                   | (mm/dd/yr)   | 2022                            | 11105            |  |  |
| Establishm   | ent Addres         | s (nu   | mber and street, city, state, zip code)      |         | ( ) Owner                       | 12/13/       | 2023                            |                  |  |  |
| 523 N  | Main               | St      | , EVANSVILLE, IN, 47711                      |         |                                 |              |                                 |                  |  |  |
| Owner  |                    |         |  |         | Purpose:                        | Follow-up    |                                 | se Date          |  |  |
| Ronni  |                    | ars     |  |         | Routine                         | No           | 12/                             | 23/2023          |  |  |
| Owner's Ac   |                    |         |  |         | Follow-up                       | Summary o    | 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                 | $_{\rm C}$ U | NC_(                            | J <sub>R</sub> U |  |  |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Temporary</td><td></td><td colspan="4">Menu Type (See additional page)</td></reda<> |                    |         |  |         | Temporary                       |              | Menu Type (See additional page) |                  |  |  |
| Responsible  | e Person's         | E-ma    | il   |         | НАССР                           | Menu Type    | : (See addi                     | tional page)     |  |  |
| G 18 17  |                    |         |  |         | Other (list)                    |              |                                 |                  |  |  |
| Certified Fo   |                    | er      |  |         |                                 | 102          | $\underline{}$ 3 $\underline{}$ | <u>/405</u>      |  |  |
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| • CRITICAL   | L ITEMS AR         | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU | UMNS M  | ARKED "C"                       |              |                                 |                  |  |  |
| • VIOLATIO   | ON(S) REPE         | ATED    | FROM PREVIOUS INSPECTIONS ARE DENOTED IN T   | HE "SUN | MMARY OF VIOLATIONS" AN         | D IN THE NA  | RRATIVE                         | BELOW AS "R"     |  |  |
| Section#   | C/NC               | R       | Narrati                                      | ive     |                                 |              | To Be Co                        | orrected By      |  |  |
|  |                    |         | No violation                                 | ns no   | ted                             |              |                                 |                  |  |  |
|  |                    |         |  |         |                                 |              |                                 |                  |  |  |
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| Received by  | (name and          | title 1 | printed):                                    | T       | Inspected by (name and title pr | rinted):     |                                 |                  |  |  |
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| Received by  |                    |         |  |         | Inspected by (signature):       |              |                                 |                  |  |  |
| 1 toocived by  | (Signature)        | ,.      |  |         | mopociou of (bigiluturo).       |              |                                 |                  |  |  |
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| Establishm  | ent Name   |        |  |        | Telephone Number                  | Date of Insp | ection                  | ID#                     |
|---|------------|--------|--|--------|-----------------------------------|--------------|-------------------------|-------------------------|
| Lic's   |            | )re    | am   |        | (812-477-3131                     | (mm/dd/yr)   |                         | 11084                   |
|   |            |        | mber and street, city, state, zip code)      |        |                                   | 12/11/       | 2023                    | 11001                   |
|   |            |        | Ave., Evansville, IN, 47714                  |        | <pre>(<redacted></redacted></pre> |              |                         |                         |
| Owner   |            |        |  |        | Purpose:                          | Follow-up    |                         | se Date                 |
| Don S   |            |        |  |        | Routine                           | No           | 12/                     | 21/2023                 |
| Owner's Ad  |            |        |  |        | <b>✓</b> Follow-up                | Summary of   | of Violation            | ns:                     |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td><math>\cap</math></td></reda<> |            |        |  |        | Complaint                         | $\cap$       | (                       | $\cap$                  |
| Person in C   |            |        |  |        | Pre-Operational                   | $_{\rm C}$   | NC_                     | $\mathcal{L}_{R}$       |
| <reda< td=""><td></td><td></td><td>2</td><td></td><td>Temporary</td><td>) ( T</td><td></td><td></td></reda<>                              |            |        | 2  |        | Temporary                         | ) ( T        |                         |                         |
| Responsible   | e Person's | E-mai  | Ш  |        | НАССР                             | Menu Type    | (See aaai               | tional page)            |
| Certified F   | ood Handle | er     |  |        | Other (list)                      | 1()2(        | $\bigcirc$ 3( $\bullet$ | $)_4\bigcirc_5\bigcirc$ |
| <redag< td=""><td></td><td>-</td><td></td><td></td><td></td><td>1 2</td><td><u></u></td><td><u> </u></td></redag<>                        |            | -      |  |        |                                   | 1 2          | <u></u>                 | <u> </u>                |
|   |            | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU | JMNS N | MARKED "C"                        |              |                         |                         |
| • VIOLATIO  | ON(S) REPE | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH  | HE "SU | MMARY OF VIOLATIONS" AN           | D IN THE NA  | ARRATIVE                | BELOW AS "R"            |
| Section#  | C/NC       | R      | Narrati                                      | ve     |                                   |              | To Be Co                | orrected By             |
|   |            |        | Violation from 12-8                          | 3-23   | corrected.                        |              |                         |                         |
|   |            |        |  |        |                                   |              |                         |                         |
|   |            |        |  |        |                                   |              |                         |                         |
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| Received by   | (signature | ):     |  |        | Inspected by (signature):         |              |                         |                         |
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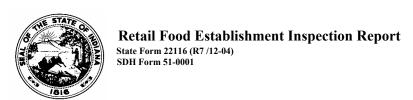
| Establishme  |               | _             |  | Te            | lephone Number               | Date of In:<br>(mm/dd/y) |               | ID#          |
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| Lama   | sco l         | Ва            | r & Grill  | (8            | 312-437-0171                 |                          | .)<br>2/2023  | 11076        |
|  |               |               | mber and street, city, state, zip code)          |               | <redacted></redacted>        | 12/12                    | ./2023        |              |
|  | <i></i> ∨ ⊢ra | ınk           | lin St, Evansville, IN, 47710                    |               |                              |                          |               |              |
| Owner  | Mard          |               |  |               | rpose:                       | Follow-u                 |               | se Date      |
| Amy V  |               |               |  | _             | Routine                      | No                       |               | 22/2023      |
| <reda< td=""><td></td><td>ı</td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>18:</td></reda<>                  |               | ı             |  |               | Follow-up                    | Summary                  | of Violation  | 18:          |
| Person in C  |               |               |  | =             | Complaint                    | <b>0</b>                 | 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 addii | tional page) |
|  |               |               |  |               | HACCP                        |                          | 06            |              |
| Certified Fo   |               | er            |  | 1             | Other (list)                 | 1 <u>0</u> 2             | <u>3</u>      | <u>)4U5U</u> |
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| • CRITICAL   | ITEMS AR      | RE IDE        | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  | MARK          | KED "C"                      |                          |               |              |
| • VIOLATIO   | ON(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                                 | note          | Э.                           |                          |               |              |
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| Received by  |               | _             | printed):  |               | pected by (name and title pr | rinted):                 |               |              |
| <reda< td=""><td><u>acted</u></td><td><u>&lt;</u>[</td><td></td><td><b> &lt; </b></td><td>redacted&gt;</td><td></td><td></td><td></td></reda<> | <u>acted</u>  | <u>&lt;</u> [ |  | <b> &lt; </b> | redacted>                    |                          |               |              |
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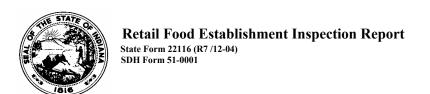
| 727 N<br>Owner      | y Kreent Address Krent Address Cted> | hai<br>ne | e mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715  Doughnut Corporation | (3)  | clephone Number  336-733-3765  < redacted>  urpose: Routine Follow-up Complaint Pre-Operational | Follow-u<br>No | r)<br>/2023<br>p   Releas |              |
|---------------------|--------------------------------------|-----------|---|------|---|----------------|---------------------------|--------------|
| Responsible         |                                      |           | il  |      | Temporary<br>HACCP  | Menu Ty        | pe <i>(See addi</i>       | tional page) |
| Certified Fo        |                                      | er        |   |      | Other (list)  | 102            | <u></u>                   | )4050        |
|                     |                                      |           | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS   |      |   |                |                           |              |
| • VIOLATIO Section# | ON(S) REPE                           | ATED<br>R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU<br>Narrative                                 | MMA  | ARY OF VIOLATIONS" AN   | D IN THE N     |                           | orrected By  |
| Section#            | C/IC                                 | IX        | No noted violati  | ons  |   |                | 10 BC CC                  | Trected By   |
|                     |                                      |           | THE HELECK THE CALL   |      | <del>/-</del>   |                | <br>                      |              |
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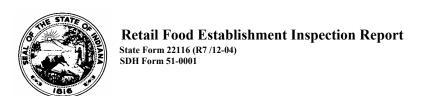
| Establishme  |            |         |   |              | lephone Number              | Date of In         |              | ID#                        |
|--|------------|---------|---|--------------|-----------------------------|--------------------|--------------|----------------------------|
| Claric   |            |         |   | (8           | 12-867-1100                 |                    | 3/2023       | 11034                      |
| Establishme  | ent Addres | s (nui  | mber and street, city, state, zip code)           | ](_          | redacted>                   | 12/10              | 72023        |                            |
|  | Elpe       | rs      | Rd., Evansville, IN, 47725                        |              |                             |                    |              |                            |
| Owner  |            | امه     |   |              | rpose:                      | Follow-u           | · .          | se Date                    |
| pravir   |            | ıeı     |   |              | Routine                     | No                 |              | 23/2023                    |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>18:</td></reda<> |            |         |   |              | Follow-up                   | Summary            | of Violation | 18:                        |
| Person in C  |            |         |   | <u>-</u>     | Complaint                   | $\cap$             | NC_          | ) ()                       |
| <reda< td=""><td></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  |            |         |   | ┸            | Temporary                   | Menu Tv            | oe (See addi | tional page)               |
| <b>P</b>   |            |         | _   |              | НАССР                       |                    |              |                            |
| Certified Fo   | od Handle  | er      |   | ┸            | Other (list)                | $_{1}\bigcirc_{2}$ | $\odot_3$    | $_{4}\bigcirc_{5}\bigcirc$ |
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| • CRITICAL   | ITEMS AR   | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARK         | ED "C"                      |                    |              |                            |
| • VIOLATIO   | N(S) REPE  | ATED    | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | Ј <b>ММА</b> | RY OF VIOLATIONS" AN        | D IN THE N         | ARRATIVE     | BELOW AS "R"               |
| Section#   | C/NC       | R       | Narrative   |              |                             |                    | To Be Co     | orrected By                |
|  |            |         | No violations no                                  | oted         |                             |                    |              |                            |
|  |            |         |   |              |                             |                    |              |                            |
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| Establishm<br>Fazo  |            | 17     | -<br>F6   | Telephone Number Date of Inspection (mm/dd/yr)  1D#  |                       |                            |                         |  |  |
|---|------------|--------|---|--|-----------------------|----------------------------|-------------------------|--|--|
|   |            |        |   | 812-428-0084   | 12/15                 | 5/2023                     | 10965                   |  |  |
|   |            |        | mber and street, city, state, zip code) Rd, Evansville, IN, 47712 | <pre><redacted></redacted></pre>                     |                       |                            |                         |  |  |
| Owner   |            |        | · · · · · · · · · · · · · · · · · · ·                             | Purpose:   | Follow-u              |                            | se Date                 |  |  |
| FAZO  | LI´S 、     | JOI    | NT VENTURE, LTD   | XRoutine   | NO                    | 12/                        | 25/2023                 |  |  |
| 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>1 0</td></reda<>     |            | ı      |   | Complaint  |                       |                            | 1 0                     |  |  |
| Person in C   |            |        |   | Pre-Operational                                      | $_{\rm C}$ $_{\rm C}$ | NC_                        | $I_{R}$                 |  |  |
| <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 | Ł-ma   | Ц   | НАССР  | Menu Tyj              | se (See aaai               | tional page)            |  |  |
| Certified F   | ood Handl  | er     |   | Other (list)   | $10^{\circ}$          | $\bigcirc_3(\overline{X})$ | $)_4\bigcirc_5\bigcirc$ |  |  |
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| • 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 "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 Freezer door in need of repair.  |            |        |   |  |                       | 12/                        | 15/2023                 |  |  |
|   |            |        |   | •  |                       |                            |                         |  |  |
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| Received by   |            |        |   | Inspected by (name and title p <redacted></redacted> | rinted):              |                            |                         |  |  |
| Received by   |            |        |   | Inspected by (signature):                            |                       |                            |                         |  |  |
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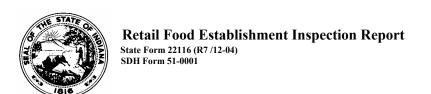
| Fairfield Inn Evansville West  Establishment Address (number and street, city, state, zip code) 5400 Weston Rd., Evansville, IN, 47712  Owner Phybell Development Corp  Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail  Certified Food Handler <redacted>  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN THE CHECKLIST AND THE C</redacted></redacted></redacted> |      |      |                                   |               |         | lephone Number 312-429-0900 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u<br>NO<br>Summary | P Release 12/of Violation | 25/2023<br>ns: |
|---|------|------|-----------------------------------|---------------|---------|---|---------------------------|---------------------------|----------------|
|   |      |      |                                   |               |         |   | D IN THE S                | ADD ATISTE                | DELOWAS COM    |
|   |      |      | FROM PREVIOUS INSPECTIONS ARE DEN |               | IVIIVIA | ART OF VIOLATIONS" AN   | D IN THE N                |                           |                |
| Section#  | C/NC | R    | N1=!                              | Narrative     |         |   |                           | 10 Be Co                  | orrected By    |
|   |      |      | NO VIO                            | olations to r | note    | 9.  |                           |                           |                |
|   |      |      |                                   |               |         |   |                           |                           |                |
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| Received by   | (mar | 4;41 | winted):                          |               | T       | antad by ( 1771   | into 4).                  |                           |                |
| <red< td=""><td>*</td><td></td><td>ninca).</td><td></td><td></td><td>redacted&gt;</td><td>meu):</td><td></td><td></td></red<>   | *    |      | ninca).                           |               |         | redacted>   | meu):                     |                           |                |
| Received by   |      |      |                                   |               |         | ected by (signature):   |                           |                           |                |
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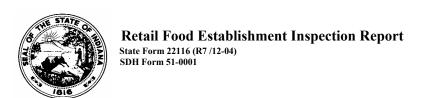
| Establishmo<br>925 No<br>Owner   | ent Address Orth F ENC dress Cted> harge Cted> Person's | OR      | ral #2693  mber and street, city, state, zi k Dr, Evansville RP LLC | Pu               | clephone Number 312-250-2348 <redacted> arpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u<br>No<br>Summary    | P Release 12/ of Violation NC | 24/2023<br>as: |              |
|--|---|---------|---|------------------|---|------------------------------|-------------------------------|----------------|--------------|
|  |   |         | ENTIFIED IN THE CHECKLIST<br>FROM PREVIOUS INSPECTION               |                  |   |                              | D IN THE N                    | [ARRATIVE      | BELOW AS "R" |
| Section#   | C/NC  | R       |   | Narrative        |   | and the second second        |                               |                | orrected By  |
| Section#   | CINC  | ıζ      |   | No violations to | not   |                              |                               | TO DE CO       | nrected by   |
|  |   |         |   | NO VIOIALIONS LO | ПОЦ   | ₽.                           |                               |                |              |
|  |   |         |   |                  |   |                              |                               |                |              |
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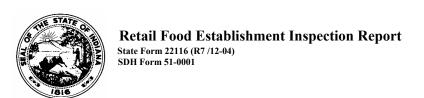
| Establishme   | ent Name   |         |   | Telephone Number                  | Date of Insp             | ection     | ID#              |
|---|------------|---------|---|-----------------------------------|--------------------------|------------|------------------|
|   |            | Со      | rporation (dba) DiLegge's Restaurant              | _                                 | (mm/dd/vn)               |            | 10909            |
|   |            |         | mber and street, city, state, zip code)           | <pre>(<redacted></redacted></pre> | 12/12/                   | 2023       |                  |
| 607 N   | Main       | St      | :, Evansville, IN, 47711                          | <redacted></redacted>             |                          |            |                  |
| Owner   |            |         |   | Purpose:                          | Follow-up                |            | se Date          |
| Danie   |            | leg     | ge  | <b>✓</b> Routine                  | No                       | 12/        | 22/2023          |
| Owner's Ac  |            |         |   | Follow-up                         | Summary o                | f Violatio | 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                   | $ _{\mathcal{C}}$ $\cup$ | NC_        | J <sub>R</sub> U |
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| Responsible   | e Person's | E-ma    | il  | HACCP                             | Menu Type                | (See addi  | tional page)     |
| Certified Fo  | ood Hondl  | 214     |   | Other (list)                      | 10,0                     | ),(        | ),()_5()         |
| <redag< td=""><td></td><td>c1</td><td></td><td></td><td>102</td><td><u></u></td><td><u> </u></td></redag<>      |            | c1      |   |                                   | 102                      | <u></u>    | <u> </u>         |
|   |            | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C"                        |                          |            |                  |
| • VIOLATIC  | 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      |
|   |            |         | No noted violation                                | ons.                              |                          |            |                  |
|   |            |         |   |                                   |                          |            |                  |
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| Received by   | (signature | ):      |   | Inspected by (signature):         |                          |            |                  |
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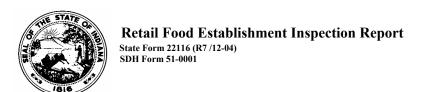
| Establishme  |           | n F  | Express   |   | ephone Number Date of Inspection (mm/dd/yr)  1096 |                   |              |                      |  |  |
|--|-----------|--|---|---|---|-------------------|--------------|----------------------|--|--|
|  |           |  | mber and street, city, state, zip code)           | 1.  | 312-867-2200                                      | 12/13             | 3/2023       | 10862                |  |  |
|  |           |  | reek Rd, Evansville, IN, 47725                    | (<  | <redacted></redacted>                             |                   |              |                      |  |  |
| Owner<br>Santos  | shi M     | a F  | lospitality                                       |   | rpose:<br>Routine                                 | Follow-u          |              | se Date 23/2023      |  |  |
| Owner's Ad   |           |  |   |   | Follow-up   | Summary           | of Violation | ns:                  |  |  |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>) 0</td></reda<>                           | cted>     |  |   |   | Complaint   | 1                 |              | ) 0                  |  |  |
| Person in C  |           |  |   |   | Pre-Operational                                   | $\mathbf{c}^{-1}$ | NC (         | $\mathcal{F}_{R}$    |  |  |
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| Responsible  | Person's  | E-mai  | 11  |   | НАССР   | Menu Typ          | se (See addi | tional page)         |  |  |
|  |           |  |   |   | Other (list)                                      |                   |              |                      |  |  |
| Certified Fo   |           | er   |   | _   | ——————————————————————————————————————            | 1 2               | <u>3</u>     | <u>/4</u> <u>/</u> 5 |  |  |
| • CRITICAL   | ITEMS AR  | E IDF  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK  | KED "C"   |                   |              |                      |  |  |
| • VIOLATIO   | N(S) REPE | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU  | MMA   | ARY OF VIOLATIONS" AN                             | D IN THE N        | ARRATIVE     | BELOW AS "R"         |  |  |
| Section#   | C/NC      | R  | Narrative   |   |   |                   | To Be Co     | orrected By          |  |  |
| 191  | С         |  | Ready to eat food not properly date marked        |   |   |                   |              | rrected              |  |  |
|  |           |  |   |   |   |                   |              |                      |  |  |
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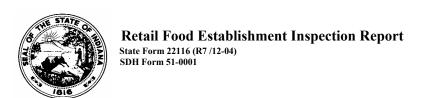
| Establishmod Alway Establishmod 3025 Nowner Mac Mowner's Actor Control | In Address Cted> harge Cted> Person's | S (num | mber and street, city, state, zip code) eph Ave, Evansville, IN, 47720 | Pu Pu         | clephone Number 312-425-3786  < redacted> credacted> cr | Follow-u<br>NO<br>Summary | P Release 12/ of Violation | 22/2023<br>ns: |
|--|---------------------------------------|--------|--|---------------|--|---------------------------|----------------------------|----------------|
|  |                                       |        | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS                        |               |  |                           |                            |                |
|  |                                       |        | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S                        | J <b>MM</b> A | ARY OF VIOLATIONS" AN  | D IN THE N                |                            |                |
| Section#   | C/NC                                  | R      | Narrative  |               |  |                           | To Be Co                   | orrected By    |
|  |                                       |        | No violations to   | note          | 9.   |                           |                            |                |
|  |                                       |        |  |               |  |                           |                            |                |
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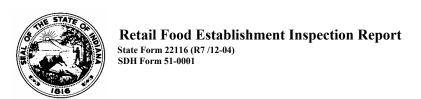
| Establishm  |            | 115.71 |  | Telephone Number  Date of Inspection (mm/dd/yr)  Date of Inspection (mm/dd/yr) |                                      |               |                              |                   |  |  |
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| Catfis  |            |        |  | ] '2   | 270-702-2915                         | 12/11         | /2023                        | 14000             |  |  |
|   |            |        | nber and street, city, state, zip code) ia St, Evansville, IN, 47715 | (<   | <redacted></redacted>                | , .           | .,                           |                   |  |  |
| Owner Willie  | Mcke       | nzi    | e  |  | rpose:<br>Routine                    | Follow-u      |                              | e Date 21/2023    |  |  |
| Owner's Ac  |            |        |  | ▝  | Follow-up                            | Summars       | of Violation                 |                   |  |  |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td>4 0</td></reda<>   | cted>      |        |  |  | Complaint                            |               |                              | 4 0               |  |  |
| Person in C   |            |        |  | =  | Pre-Operational                      | $\cup$ $\cup$ |                              | ł RO              |  |  |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>=</td><td>Temporary</td><td>)</td><td></td><td>_ K</td></reda<> | cted>      |        |  | =  | Temporary                            | )             |                              | _ K               |  |  |
| Responsible   | e Person's | E-mai  | 1  |  | HACCP                                | Menu Ty       | u Type (See additional page) |                   |  |  |
|   |            |        |  |  | 1                                    |               |                              |                   |  |  |
| Certified Fo  |            | er     |  | _  | Other (list)                         | 1 <u></u> 2   | <u>3</u>                     | <u>/4</u> <u></u> |  |  |
| • CRITICAL  | . ITEMS AR | E IDE  | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                     | 1ARK   | ŒD "C"                               |               |                              |                   |  |  |
| • VIOLATIO  | ON(S) REPE | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU                     | MMA  | ARY OF VIOLATIONS" AN                | D IN THE N    | NARRATIVE                    | BELOW AS "R"      |  |  |
| Section#  | C/NC       | R      | Narrative  |  |                                      |               | To Be Co                     | orrected By       |  |  |
| 218   | NC         |        | Back door in need o  | of re  | epair                                |               | 12/1                         | 15/2023           |  |  |
| 218   | NC         |        | Chest Freezer in kitchen in need of                                  | re   | pair door off hin                    | ges           | 12/1                         | 15/2023           |  |  |
| 218   | NC         |        | Ice machine leaks in ne  | Ice machine leaks in need of repair 12/15/202                                  |                                      |               |                              |                   |  |  |
| 218   | NC         |        | Sink in kitchen needs repair   |  |                                      |               |                              | 15/2023           |  |  |
|   |            |        |  |  | •                                    |               |                              |                   |  |  |
|   |            |        |  |  |                                      |               |                              |                   |  |  |
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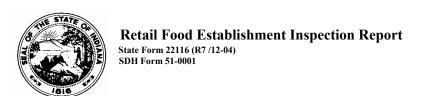
| Establishm  |   |       |   |                           | lephone Number        | Date of In<br>(mm/dd/y |              | ID#                        |
|---|---|-------|---|---------------------------|-----------------------|------------------------|--------------|----------------------------|
|   |   |       | d Buying Club Urban Seeds                         | 3)                        | 312-423-4495          | •                      | ·<br>·/2023  | 14210                      |
|   |   |       | mber and street, city, state, zip code)           |                           | <redacted></redacted> | 12/12                  | 12023        |                            |
|   | E Ini   | rd,   | Evansville, IN, 47708                             | Ľ                         | Teuacieu>             |                        |              |                            |
| Owner   | Coor  | ۷,    |   |                           | rpose:                | Follow-u               |              | se Date                    |
| Urban   |   | วร    |   |                           | Routine               | No                     | 12/          | 24/2023                    |
| Owner's Ac  |   |       |   | 느                         | Follow-up             | Summary                | of Violation | 18:                        |
| <reda< td=""><td></td><td></td><td></td><td>L</td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>                 |   |       |   | L                         | Complaint             | $\cap$                 | (            | ) ()                       |
| <reda< td=""><td></td><td></td><td></td><td>L</td><td>Pre-Operational</td><td><math>_{\rm C}</math></td><td>NC_</td><td><u> </u></td></reda<> |   |       |   | L                         | Pre-Operational       | $_{\rm C}$             | NC_          | <u> </u>                   |
| Responsible   |   |       |   | L                         | Temporary             | Menu Tv                | ne (See addi | tional page)               |
| responsible   | or croom s  |       | •   |                           | НАССР                 | -                      |              |                            |
| Certified Food Handler  |   |       |   |                           | Other (list)          | $1 \bigcirc 2$         | $\odot_3$    | $_{4}\bigcirc_{5}\bigcirc$ |
| <redac< td=""><td></td><td></td><td></td><td> </td><td></td><td><u> </u></td><td><u> </u></td><td><u></u></td></redac<>                       |   |       |   |                           |                       | <u> </u>               | <u> </u>     | <u></u>                    |
| • CRITICAL  | ITEMS AR  | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK                      | KED "C"               |                        |              |                            |
| • VIOLATIO  | N(S) REPE   | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA                       | ARY 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                       |                       |                        |              |                            |
|   |   |       |   |                           | <u> </u>              |                        |              |                            |
|   |   |       |   |                           |                       |                        |              |                            |
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| Received by   | (signature)   | ):    |   | Inspected by (signature): |                       |                        |              |                            |
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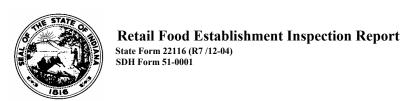
| Owner TLIN, Owner's Ac <redac <redac="" c="" certified="" fo<="" in="" person="" responsible="" th=""><th>y's #ent Address Westo LLC Iddress Cted&gt; harge Cted&gt; Person's</th><th>SS (nui</th><th>mber and street, city, state, zip code) Rd, Evansville, IN, 47712</th><th>Telephone Number  (812-424-4472  (<redacted> Purpose:  Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u<br/>NO<br/>Summary</th><th>7) 14232<br/>5/2023 14232<br/>p Release Date</th><th>3</th></redac> | y's #ent Address Westo LLC Iddress Cted> harge Cted> Person's | SS (nui | mber and street, city, state, zip code) Rd, Evansville, IN, 47712                                   | Telephone Number  (812-424-4472  ( <redacted> Purpose:  Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted> | Follow-u<br>NO<br>Summary | 7) 14232<br>5/2023 14232<br>p Release Date | 3         |
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| Section#   | C/NC  | R       | Narrative   |   |                           | To Be Corrected By                         | _         |
| Sectionin  | 0/110   | -11     | No violations to  | note  |                           | 10 De Corrected By                         | _         |
|  |   |         | ino violations to   | 10.0.   |                           |  | -         |
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| Establishme   |  |         |  | Te            | elephone Number              | Date of In:<br>(mm/dd/yi         |               | ID#             |
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| Canto   | n Inr  | 1       |  | (8            | 312-428-6611                 | ` .                              | .)<br>2/2023  | 14335           |
|   |  |         | mber and street, city, state, zip code)          | T .           | <redacted></redacted>        | 12/12                            | ./2023        |                 |
|   | orth F   | 'ar     | k Dr, Evansville, IN, 47710                      |               |                              |                                  |               |                 |
| Owner<br>Fei Li   |  |         |  |               | ırpose:                      | Follow-u                         |               | se Date 22/2023 |
| Owner's Ad  | 1.3  |         |  | _             | Routine                      | No                               |               |                 |
| <reda< td=""><td></td><td></td><td></td><td><math>\vdash</math></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>IS:</td></reda<> |  |         |  | $\vdash$      | Follow-up                    | Summary                          | of Violation  | IS:             |
| Person in C   |  |         |  | ╬             | Complaint                    | $\bigcup_{n \in \mathbb{N}} O_n$ | NC_(          | ) _()           |
| <reda< td=""><td></td><td></td><td></td><td><math>\vdash</math></td><td>Pre-Operational</td><td>  C</td><td>NC_</td><td><u>R</u></td></reda<>   |  |         |  | $\vdash$      | Pre-Operational              | C                                | NC_           | <u>R</u>        |
| Responsible   |  |         | il   | ┺             | Temporary                    | Menu Ty                          | pe (See addii | tional page)    |
|   |  |         |  | $\vdash$      | НАССР                        |                                  | $\circ$       |                 |
| Certified Fo  |  | er      |  | ॏ             | Other (list)                 | 1 2                              | <u>3</u>      | <u>)4U5U</u>    |
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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 no                                 | otec          | <u></u>                      |                                  |               |                 |
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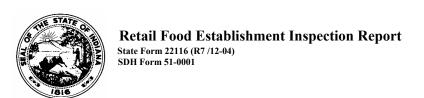
| Establishm<br>St.JC  |            | ni     | Mart2/ Amreet Inc.                                | Telephone Number (847-909-8833)            | Date of Ins<br>(mm/dd/yr            | ·)                    | тр#<br>14362                  |
|--|------------|--------|---|--|-------------------------------------|-----------------------|-------------------------------|
|  |            |        | mber and street, city, state, zip code)           | 1  | 12/14                               | /2023                 | 14302                         |
| 5015 I   | N St.      | los    | eph Ave, Evansville, IN, 47720                    |  |                                     |                       |                               |
| Owner<br>Sumit   | Pate       |        |   | Purpose: X Routine                         | Follow-uj                           |                       | se Date // 24/2023            |
| Owner's A  |            |        |   | Follow-up                                  | Summary                             | of Violation          |                               |
| <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  |            |        | _   |  | $\mathbf{L}_{\mathbf{G}}\mathbf{U}$ | NC                    | $\frac{1}{R}$                 |
| <reda< td=""><td>cted&gt;</td><td></td><td></td><td>Pre-Operational</td><td>  C</td><td>NC</td><td> K</td></reda<> | cted>      |        |   | Pre-Operational                            | C                                   | NC                    | K                             |
| Responsible  | e Person's | E-ma   | il  | Temporary                                  | Menu Typ                            | e (See addi           | tional page)                  |
|  |            |        |   | НАССР                                      |                                     |                       |                               |
| Certified Food Handler < redacted>   |            |        |   | Other (list)                               | 1 2                                 | <u>(X)</u> 3 <u>(</u> | <u>)4</u> <u>0</u> 5 <u>0</u> |
| • CRITICAI   | L ITEMS AF | 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                   |
| 297  | NC         | R      | Drink nozzles so                                  | iled.                                      |                                     | 12/                   | 14/2023                       |
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| Received by  |            | _      |   | Inspected by (name and title p < redacted> | rinted):                            |                       |                               |
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| Establishme  |             |  | ro   |                           | elephone Number              | Date of In<br>(mm/dd/yr |                      | ID#           |
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| Sixth  |             |  |  |                           | 312-200-0454                 | 12/13                   | 3/2023               | 14428         |
| 425 M  |             |  | mber and street, city, state, zip code)<br>Evansville, IN, 47708 | (<                        | <redacted></redacted>        |                         |                      |               |
| Owner Mary A   | Allen       |  |  |                           | irpose:<br>Routine           | Follow-u<br>NO          |                      | 23/2023       |
| Owner's Ad   | ldress      |  |  |                           | Follow-up<br>Complaint       | Summary                 | of Violation         |               |
| Person in C  |             |  |  |                           | Pre-Operational              | $_{\rm C}$              | (                    | $\frac{1}{R}$ |
| Responsible  |             |  | <u> </u>   | <u>-L</u>                 | Temporary                    | Menu Tvi                | pe <i>(See addii</i> | tional nage)  |
| Responsible  | . I CISON S | L-11141  |  |                           | НАССР                        | wichu Ty                | ne (See dadii        | ionai page)   |
| Certified Fo   |             | er   |  |                           | Other (list)                 | 1 2                     | <u>O</u> 3 <u>C</u>  | )4050         |
| • CRITICAL   | ITEMS AR    | E IDE  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS                  | MARI                      | KED "C"                      |                         |                      |               |
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| Section#   | C/NC        | R  | Narrative  |                           |                              |                         | To Be Co             | orrected By   |
|  |             |  | No violation   | S                         |                              |                         |                      |               |
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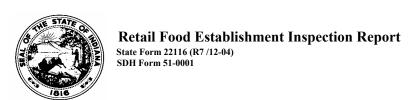
| Establishm<br>315 N  | Street     | ss (nu    | edding and Event Venue, LLC  mber and street, city, state, zip code) t., Evansville, IN, 47711       | <pre>(<redacted></redacted></pre> | Date of Ins<br>(mm/dd/yr) | /2023        | 10#<br>14787     |
|--|------------|-----------|--|-----------------------------------|---------------------------|--------------|------------------|
| Owner<br>Japhia  | a Buri     | ell       |  | Purpose:                          | Follow-up<br>NO           |              | se Date 15/2023  |
| Owner's A  | ddress     |           |  | Follow-up                         | Summary                   | of Violation | ns:              |
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| Person in C  |            |           |  | Pre-Operational                   | $_{\rm c}$ 0              | NC (         | J <sub>R</sub> U |
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| Responsible Person's E-mail  |            |           |  | HACCP                             | Menu Typ                  | e (See addi  | tional page)     |
| Certified F  | ood Handl  | er        |  | Other (list)                      | 1 2                       | $\bigcirc_3$ | <u>4</u> 050     |
| • VIOLATIO   | ON(S) REPE | CATED     | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M<br>FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU |                                   | D IN THE N                |              |                  |
| Section#   | C/NC       | R         | Narrative  |                                   |                           | To Be Co     | orrected By      |
|  |            |           | No violations to n   | note.                             |                           |              |                  |
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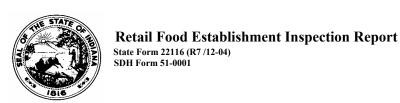
| Establishme  |  | ,   |   | Telephone Number                  | Date of Ins  |                       | ID#                 |
|--|--|---|---|-----------------------------------|--------------|-----------------------|---------------------|
| Kite a   | ınd K  | .ey   | 1   | 812-308-6939                      | `            | ,<br>2/2023           | 14833               |
|  |  |   | mber and street, city, state, zip code)           | <pre>(<redacted></redacted></pre> | 12/12        | 12023                 |                     |
| 2301 \   | <u>N Fra</u>                                     | <u>เทห</u>  | lin St, Evansville, IN, 47712                     | <re><redacted></redacted></re>    |              |                       |                     |
| Owner  |  |   |   | Purpose:                          | Follow-u     |                       | e Date              |
|  |  | <u>:y                                    </u>                                     | Holdings LLC, Brent Hargett                       | <b>✓</b> Routine                  | No           | 12/                   | 22/2023             |
| Owner's Ad   |  |   |   | Follow-up                         | Summary      | of Violation          | ns:                 |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td><math>\cap</math></td></reda<> |  |   |   | Complaint                         | $\cap$       | (                     | $\cap$              |
| Person in C  |  |   |   | Pre-Operational                   | $_{\rm C}$ U | NC (                  | $\mathcal{F}_{R}$ U |
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| Responsible  | Person's   | E-mai   | il  | НАССР                             | Menu Typ     | se (See addi          | tional page)        |
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| • CRITICAL   | ITEMS AR   | E IDE   | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARKED "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 n                                | note.                             |              |                       |                     |
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| Received by  | (name and  | title p   |   | Inspected by (name and title pr   | rinted):     |                       |                     |
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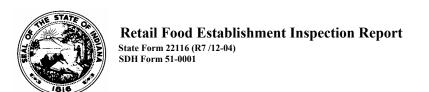
| Establishment Name                     |                         |                            | Telephone Number                | Date of Inspe | ction                      | ID#          |
|--|-------------------------|----------------------------|---------------------------------|---------------|----------------------------|--------------|
| Fly By Faith C                         | Cafe                    |                            | (812-319-3393                   | (mm/dd/yr)    | 0000                       | 14905        |
| Establishment Address (numb            |                         |                            | () Owner                        | 12/12/2       | 2023                       |              |
| 3700 Washingto                         | on Ave, Evan            | sville, IN, 47715          | <re>credacted&gt;</re>          |               |                            |              |
| Owner                                  |                         |                            | Purpose:                        | Follow-up     |                            | e Date       |
| Daniel McClure                         |                         |                            | <b>✓</b> Routine                | No            | 12/                        | 22/2023      |
| Owner's Address                        |                         |                            | Follow-up                       | Summary of    | Violation                  | ns:          |
| n 1 61                                 |                         |                            | Complaint                       | $\cap$        | (                          | ) ()         |
| Person in Charge <redacted></redacted> |                         |                            | Pre-Operational                 | c_ <b>U</b> _ | NC_                        | $R_{\rm R}$  |
| Responsible Person's E-mail            |                         |                            | Temporary                       | Menu Type     | (Soo addi:                 | tional naga) |
| Responsible 1 crson's E-man            |                         |                            | НАССР                           | Wienu Type    | See addi                   | nonai page)  |
| Certified Food Handler                 |                         | Other (list)               | $_{1}\bigcirc_{2}($             | $)_3$         | $_{4}\bigcirc_{5}\bigcirc$ |              |
|  |                         |                            |                                 |               |                            |              |
| • CRITICAL ITEMS ARE IDENT             | TIFIED IN THE CHECKLIST | Γ AND NARRATIVE COLUMNS M  | IARKED "C"                      |               |                            |              |
| • VIOLATION(S) REPEATED FR             | ROM PREVIOUS INSPECTI   | ONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN         | D IN THE NAF  | RRATIVE                    | BELOW AS "R" |
| Section# C/NC R                        |                         | Narrative                  |                                 | Т             | o Be Co                    | orrected By  |
|  |                         | No noted violation         | ons.                            |               |                            |              |
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| Received by (name and title prin       | nted):                  | T                          | Inspected by (name and title pr | rinted):      |                            |              |
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| Received by (signature):               |                         |                            | Inspected by (signature):       |               |                            |              |
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| Establishm   |             |       |   |  | lephone Number              | Date of In |              | ID#          |
|--|-------------|-------|---|--|-----------------------------|------------|--------------|--------------|
| JK M   |             |       |   | 8)   | 12-550-5662                 | ,          | 3/2023       | 14922        |
|  |             |       | nber and street, city, state, zip code) ton Ave., Evansville, IN, 47714 | (<   | <redacted></redacted>       | 12/10      | 72020        |              |
| Owner  |             |       |   | Pu   | rpose:                      | Follow-u   |              | se Date      |
| Jun K  |             | ng    |   | ~  | Routine                     | No         | 12/          | 23/2023      |
| Owner's Ac   |             |       |   |  | Follow-up                   | Summary    | of Violation | ns:          |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>(</td><td>) (</td></reda<>            |             |       |   |  | Complaint                   | 1          | (            | ) (          |
| Person in C  |             |       |   |  | Pre-Operational             | C          | NC (         | , RO         |
| <reda< td=""><td></td><td></td><td></td><td>Г</td><td>Temporary</td><td></td><td></td><td></td></reda<>                |             |       |   | Г  | Temporary                   |            |              |              |
| Responsible  | e Person's  | E-mai | il .  |  | НАССР                       | Menu Ty    | oe (See addi | tional page) |
| Certified Fo   | and Handle  |       |   |  | Other (list)                | 100        | $\bigcirc$   | $\bigcirc$   |
| <redac< td=""><td></td><td>er</td><td></td><td></td><td></td><td>12</td><td><u></u></td><td><u>/4030</u></td></redac<> |             | er    |   |  |                             | 12         | <u></u>      | <u>/4030</u> |
| • CRITICAL   | ITEMS AR    | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M                        | ARK  | ŒD "C"                      |            |              |              |
| • VIOLATIO   | ON(S) REPE  | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI                       | ММА  | ARY OF VIOLATIONS" AN       | D IN THE N | ARRATIVE     | BELOW AS "R" |
| Section#   | C/NC        | R     | Narrative   |  |                             |            | To Be Co     | orrected By  |
| 173  | С           |       | Raw meat stored above ready to  | ea   | at food in cooler           | •          | Co           | rrected      |
|  |             |       |   |  |                             |            |              |              |
|  |             |       |   |  |                             |            |              |              |
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| Received by  |             |       |   |  | ected by (name and title pr | rinted):   |              |              |
| <red< td=""><td></td><td></td><td></td><td><r< td=""><td>edacted&gt;</td><td></td><td></td><td></td></r<></td></red<>  |             |       |   | <r< td=""><td>edacted&gt;</td><td></td><td></td><td></td></r<> | edacted>                    |            |              |              |
| Received by  | (signature) | ):    |   | Insp   | ected by (signature):       |            |              |              |
| 201  |             |       |   |  |                             |            |              |              |
| cc:  |             |       | cc:   |  |                             | cc:        |              |              |



| Establishme  |             | _  |   | Te                        | elephone Number              | Date of In            |                | ID#                         |
|--|-------------|--|---|---------------------------|------------------------------|-----------------------|----------------|-----------------------------|
| Down   |             |  |   | 3)                        | 312-430-1531                 | ,                     | 3/2023         | 14994                       |
|  |             |  | mber and street, city, state, zip code)           | (                         | <redacted></redacted>        | 12/10                 | <i>,</i> /2023 |                             |
|  | ain 5       | пe   | et, Evansville, IN, 47708                         |                           |                              |                       | 15.            | L                           |
| Jeff W   |             | er_  |   |                           | rpose:<br>Routine            | Follow-u<br>No        |                | 23/2023                     |
| Owner's Ac   |             |  |   |                           | Follow-up                    | Summary               | of Violation   | is:                         |
| <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_            | J <sub>R</sub> U            |
| <reda< td=""><td></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  |                           | НАССР                        | Menu Ty               | pe (See addii  | ional page)                 |
| Certified Fo   | ood Handle  | er   |   | ╀                         | Other (list)                 | $_{1}\bigcirc_{2}$    | $\bigcirc_3$   | $)_{4}\bigcirc_{5}\bigcirc$ |
| <redac< td=""><td></td><td>,1</td><td></td><td>_</td><td></td><td>1</td><td><u></u></td><td><u> </u></td></redac<>                 |             | ,1   |   | _                         |                              | 1                     | <u></u>        | <u> </u>                    |
| • CRITICAL   | ITEMS AR    | E IDE  | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | MARI                      | 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 no                                  | ted                       |                              |                       | <u> </u>       |                             |
|  |             |  |   |                           |                              |                       | ı              |                             |
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| Received by  | (name and   | title r  | printed):   | Insp                      | pected by (name and title pr | rinted):              |                |                             |
| <reda< td=""><td>acted</td><td><k< td=""><td></td><td>&lt;1</td><td>redacted&gt;</td><td></td><td></td><td></td></k<></td></reda<> | acted       | <k< td=""><td></td><td>&lt;1</td><td>redacted&gt;</td><td></td><td></td><td></td></k<> |   | <1                        | redacted>                    |                       |                |                             |
| Received by  | (signature) | ):   |   | Inspected by (signature): |                              |                       |                |                             |
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| Establishm  |              |        |   |                           | elephone Number              | Date of In    |                         | ID#          |
|---|--------------|--------|---|---------------------------|------------------------------|---------------|-------------------------|--------------|
| Lone  | Star E       | 3aı    | B Que and Soul Food LLC                           | 3)                        | 312-647-1132                 | (mm/dd/yr     | /2023                   | 15030        |
| Establishm  | ent Addres   | s (nu  | mber and street, city, state, zip code)           | (                         | <redacted></redacted>        | 12/14         | 12023                   |              |
|   | <i>W</i> ash | ıng    | ton Ave, Evansville, IN, 47714                    | Ľ                         | reuacieu>                    |               |                         |              |
| Owner   | \ \ / -      | - 1- ' | Carata a  |                           | irpose:                      | Follow-u      |                         | se Date      |
| Tomm  |              | sn     | ngton   | <u>~</u>                  | Routine                      | No            | 12/                     | 24/2023      |
| Owner's Ac  |              |        |   | ᆫ                         | Follow-up                    | Summary       | of Violation            | is:          |
| <reda< td=""><td></td><td></td><td></td><td>L</td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<> |              |        |   | L                         | Complaint                    | $\cap$        | (                       | ) ()         |
| Person in C   |              |        |   |                           | Pre-Operational              | $C_{C}$       | NC_                     | r R O        |
| Responsible   |              |        | 1   | ┖                         | Temporary                    | Menu Tvi      | ne (Saa addi            | tional page) |
| Responsible   | c i cison s  | L-ma   | u   |                           | НАССР                        | - Wichu Ty    | oc (see aaar            | ionai page)  |
| Certified Food Handler  |              |        |   |                           | Other (list)                 | $1\bigcirc 2$ | $\bigcirc_3$ $\bigcirc$ | )4 ( 5 ( )   |
|   |              |        |   | -                         |                              | 1 <u> </u>    | <u> </u>                |              |
| • CRITICAL  | ITEMS AR     | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M  | IARI                      | KED "C"                      |               |                         |              |
| • VIOLATIO  | N(S) REPE    | ATED   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA                       | ARY OF VIOLATIONS" AN        | D IN THE N    | ARRATIVE                | BELOW AS "R" |
| Section#  | C/NC         | R      | Narrative   |                           |                              |               |                         | orrected By  |
|   |              |        | No noted violation                                | าทร                       | <b>1</b> _                   |               |                         |              |
|   |              |        |   |                           | ·-                           |               |                         |              |
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| <reda< td=""><td>acte</td><td><br/>b</td><td></td><td>&lt;ľ</td><td>redacted&gt;</td><td></td><td></td><td></td></reda<>      | acte         | <br>b  |   | <ľ                        | redacted>                    |               |                         |              |
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