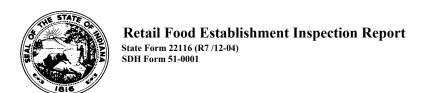
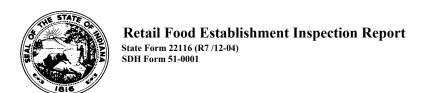


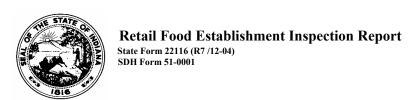
Establishm Chinc		n I	Mobile Food Service	Telephone Number	Date of Ins (mm/dd/yr		тр# 12262		
			mber and street, city, state, zip code)	(812-454-2458	03/26	/2024	12202		
			Dr, Evansville, IN, 47725	<pre><redacted></redacted></pre>					
Owner	_			Purpose:	Follow-u		se Date		
Peter	Lu			✓ Routine	No	04/	05/2024		
Owner's A				Follow-up	Summary	of Violation	ns:		
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Person in C				Pre-Operational	$ _{\mathbf{C}}$ \mathbf{U}		$0_{\rm R}$		
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Responsible	e Person's	E-ma	il	HACCP Menu Type (See additional page					
Certified F	ood Handl	or		Other (list)	10,	\bigcirc_{2}	$)_4\bigcirc_5\bigcirc$		
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• CRITICAL	LITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY 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.					
Received by	*		printed):	Inspected by (name and title p	rinted):				
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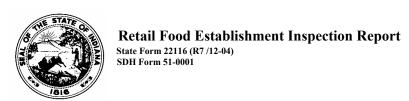
Establishm		_		Telephone Number	Date of Insp (mm/dd/yr)		ID#
Chipo	otle M	(e)	kican Grill #2077	(380-222-7181	03/28/		12122
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	()Owner	03/20/	2024	
499 N	Green	Riv	ver Rd Ste A, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner			0 11 0077	Purpose:	Follow-up		se Date
		exi(can Grill 2077	✓ Routine	No	04/	07/2024
Owner's A				Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
Responsible			9	Temporary	Manu Tym	. (Can addi	tional page)
Kesponsibio	e rerson's	c-ilia	ш	HACCP	Menu Type	: (See aaai	nonai page)
Certified F	ood Handle	er		Other (list)	100_2	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
					IN INCOME N		DEL OW AG ((D)
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	-		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	ted.			
Received by		_		Inspected by (name and title p	rinted):		
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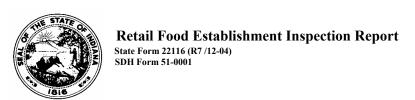
Establishm		_		Telephone Number	Date of Insp (mm/dd/yr)		ID#
Chipo	otle M	(e)	kican Grill #2077	(380-222-7181	03/28/		12122
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	()Owner	03/20/	2024	
499 N (Green	Riv	ver Rd Ste A, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner			0 11 0077	Purpose:	Follow-up		se Date
		exi(can Grill 2077	✓ Routine	No	04/	07/2024
Owner's A				Follow-up	Summary of	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	$_{\rm NC}$	\mathcal{L}_{R}
Responsible			9	Temporary	Manu Tym	. (Can addi	tional page)
Kesponsibio	e rerson's	c-ilia	ш	HACCP	Menu Type	: (See aaai	nonai page)
Certified F	ood Handle	er		Other (list)	100_2	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
					IN INCOME N		DEL OW AG ((D)
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	-		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	ted.			
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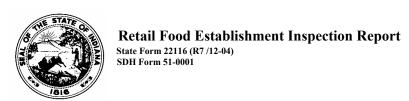
			·	-			
Establishm Rand		, R	ar-B-Q	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-401-9922	03/26	/2024	12053
			mber and street, city, state, zip code) r, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Banda	ana`s	Mis	ssouri, LLC	Routine	No	04/	05/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_(J _R U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-mai	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)	\bigcirc		
Certified Fo		er			1 <u></u> 2	$\bigcirc 3 \bigcirc $	<u> 4050</u>
<1 E uat	/leu>						
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
345	С		Hand sink near bar, used fo	or other things.		03/2	26/2024
344	С		Hand sink near bar, block			Co	rrected
			,				
Received by	•	•	printed):	Inspected by (name and title properties)	rinted):		
Received by	(signature)):		Inspected by (signature):			
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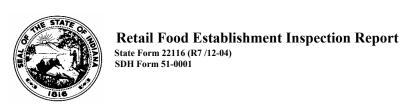
Establishme		_			Telephone Number Date of Inspection (mm/dd/yr)				
			minos		8)	12-868-8550	`	5/2024	11907
			mber and street, city, state, z ay 41 Ste 9, Eva	ip code) Ansville, IN, 47725	(<	<redacted></redacted>	03/20	72024	
Owner				. ,	_	rpose:	Follow-u		
Franci	sco F	1 L	omeli		~	Routine	04/	04/2024	
Owner's Ad						Follow-up	Summary	of Violation	15:
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Person in C						Pre-Operational	\mathbf{c}^{-1}	() _R U
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Responsible	Person's	E-ma	il		-	НАССР	Menu Tyj	pe <i>(See addit</i>	ional page)
C C LE	177 11				—	Other (list)	.0.		\bigcirc
Certified Fo		er					1 <u>0</u> 2	<u> </u>	<u>′4∪5∪</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					IARK	KED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S					MMA	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 chicken, store	ed improperly above r	ead	dy to eat food in o	cooler.	03/2	25/2024
								<u> </u>	
				-					
								<u> </u>	
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Received by	(name and	title	Lprinted):	T	Insp	pected by (name and title pr	rinted):		
Received by (name and title printed): <redacted></redacted>					<ľ	redacted>			
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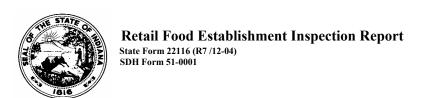
Establishment Nar					lephone Number	Date of Ins		ID#
Bar Loui				8)	12-476-7069	`	/2024	11754
		umber and street, city, state,		(<	redacted>	00/20	/2024	
	e C	iesi bivu, Evai	nsville, IN, 47715			F 11	D 1	
Owner Beverly K	Os	wald			rpose: Routine	Follow-u		Date 04/2024
Owner's Address					Follow-up	Summary	of Violation	15:
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Person in Charge					Pre-Operational	$ _{\mathbf{C}}$ \mathbf{U}	NC	$R \cup R$
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Responsible Person	ı's E-m	ail		\vdash	НАССР	Menu Typ	e (See addi	tional page)
C C C IF IF				-	Other (list)	.0.	\bigcirc_3	\bigcirc
Certified Food Hard redacted :				_		1 <u></u> 2	<u> </u>	<u>/405</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN					ŒD "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S					RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section# C/NO	R		Narrative				To Be Co	orrected By
218 NC	;	Refrigerated draw	er under flat top grill n	ot n	naintaining 41F c	or less.	Co	rrected
Received by (name	and title	printed):		Insp	ected by (name and title pr	rinted):		
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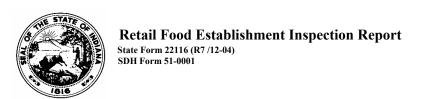
			<u> </u>	•			
Establishm Mara		#1	03	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-461-2301	03/25	/2024	11679
			mber and street, city, state, zip code) na St, Evansville, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner HARB	1ALH8	N S	INGH	Purpose:	Follow-uj		se Date 04/2024
Owner's A		<u>. </u>		Follow-up		of Violatio	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Summary</td><td></td><td></td></reda<>	cted>			Complaint	Summary		
Person in C			_	Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_	$J_{B}U_{I}$
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	itional page)
				Other (list)			
Certified F		er			1 2		<u>/4_5_</u>
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			No violations no	oted.			
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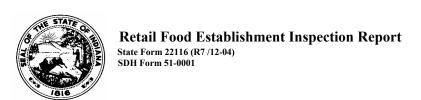
Establishm	ent Name			Telephone Number	Date of Ins (mm/dd/yr)		ID#	
Zuki				812-477-9854			11626	
			mber and street, city, state, zip code)	() Owner	03/25	2024		
1448 N	N Gre	en	River Rd, Evansville, IN, 47715	<reacted></reacted>				
Owner				Purpose:	Follow-up NO		se Date	
Jose I				✓ Routine	04/2024			
Owner's Ad				Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	$_{\rm c}$ 2	NC_	$\frac{1}{R}$	
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Responsible	e Person's	L-ma	11	НАССР	Menu Typ	e (See aaai	tional page)	
Certified F	ood Handle	or		Other (list)	100	\bigcirc_2),(•),(•)	
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		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADVED "C"	<u> </u>			
	` '		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.			
Section#	C/NC	R	Narrative				orrected By	
345	С		Hand sink used for oth	ner things.		Co	rrected	
344	С		Hand sink blocked ina	ccessible.		Co	rrected	
					Ţ			
Received by		_		Inspected by (name and title p	rinted):			
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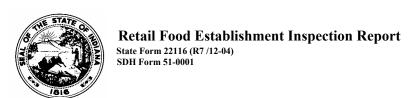
Establishm				Telephone Number	Date of Insp		ID#		
Moe´:	s Soı	uth	west Grill	812-491-6637	(mm/dd/yr)		11499		
			mber and street, city, state, zip code)	() Owner	03/26/	2024			
6401 E	ELloy	d E	xpressway, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>					
Owner			1.0	Purpose:	Follow-up		se Date		
KJAAI		I , L	<u>-LC</u>	№ Routine No 04/05/2					
Owner's Ad				Follow-up	Summary o	of Violation	ns:		
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Person in C				Pre-Operational	$_{\rm C}$	NC_($\frac{1}{R}$		
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Kesponsible	e Person's	L-ma	II.	НАССР	Menu Type	e (see aaai	tional page)		
Certified F	ood Handle	or		Other (list)	100_{2}) ,(•	$)_4\bigcirc_5\bigcirc$		
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		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED "C"	<u> </u>				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN					
Section#	C/NC	R	Narrative			To Be Co	orrected By		
			No noted violation	ons.					
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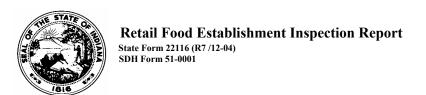
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Willo	w Pai	rk		812-473-5034	03/27/		11452
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	03/21/	2024	
	LINC	JLI	N AVE, Evansville, IN, 47715		T 11	D 1	
Owner WG W	/illow	Pa	rk SH, LLC	Purpose:	Follow-up NO		se Date 06/2024
Owner's Ac				Follow-up	Summary o	of Violation	ns:
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Person in C				Pre-Operational	$ _{\mathcal{C}}$ U	NC	I _R U
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
Certified F	and Handle			Other (list)	\int_{1}	7,6),()
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"	l		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
245	NC		Wiping cloths imprope	rly stored			rrected
210	110		viiping didina imprope	ny otoroa.			1100104
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
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Establishm		44.0)E	Telephone Number	Date of Ins (mm/dd/yr)		ID#	
Thorr				812-422-6251	03/25	/2024	11408	
			mber and street, city, state, zip code) Ger Ave, EVANSVILLE, IN, 47712	<pre><redacted></redacted></pre>				
Owner	10301		901 700, 2 77110 11222, 114, 477 12	Purpose:	Follow-up	Releas	se Date	
THOR	NTO	NS	, LLC	Routine	No		04/2024	
Owner's Ac	ddress		<u>, </u>	Follow-up	Summary	of Violation		
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Person in C				Pre-Operational	$_{\rm C}$ U	NC ($0_{\rm R}$	
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Responsible	e Person's	E-ma	d .	HACCP Menu Type (See additional page)				
Certified F	ood Handl	O.M.		Other (list)	100	1),()_5()	
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		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		ID IN THE N	A DD A TIVE	DELOWAS "D"	
Section#	C/NC	R	Narrative	WIWIARY OF VIOLATIONS AN	D IN THE IN		orrected By	
Section#	C/NC	K	No violations to r	noto		10 ве С	эггестей Бу	
			ind violations to i	iole.				
			<u> </u>					
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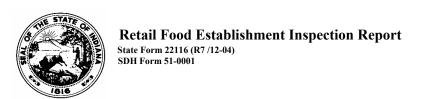
Establishm					Telephone Number	Date of Inspe	ction	ID#
The C	Centr	е			812-435-5770	(mm/dd/yr)	2024	11397
			mber and street, city, state, zip code)		() Owner	03/26/2	2024	
	ocust	St.	, Evansville, IN, 47708					
Owner Vande	erburc	nh (County	_	Purpose: Routine	Follow-up		se Date 05/2024
Owner's Ac	_	<u>,,, ,</u>	<i>Source</i>		Follow-up	_		
					ronow-up Complaint	Summary of	_	
Person in C				<u> </u>	Pre-Operational	CU	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>Temporary</td><td></td><td>110</td><td>_ ~</td></reda<>	cted>				Temporary		110	_ ~
Responsible	e Person's	E-mai	il		HACCP	Menu Type	(See addi	tional page)
Certified F	and Handl				Other (list)	100),(),()()
<redag< td=""><td></td><td>er</td><td></td><td></td><td></td><td>102</td><td><u></u></td><td><u>/4050</u></td></redag<>		er				102	<u></u>	<u>/4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU	UMNS MA	RKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUM!	MARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrati	ive		7	To Be Co	orrected By
			No violations	s to no	ote.			
Received by	(nama and	titlo -	printed):	Т.	nspected by (name and title pr	inted):		
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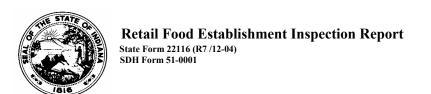
	Thea		es Evansville 16		Telephone Number (812-423-7566	Date of Insp (mm/dd/yr) 03/25/		то# 11344
			mber and street, city, state, zip code) , Evansville, IN, 47712		<pre><redacted></redacted></pre>			
Owner Ameri	can M	1ult	i-Cinema, Inc.		Purpose: Routine	Follow-up No		se Date 04/2024
Owner's Ac	ddress				Follow-up	Summary o	f Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>Complaint</td><td>^</td><td></td><td>_</td></reda<>	cted>				Complaint	^		_
Person in C					Pre-Operational	CU	NC_	J R O
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td>C</td><td>110</td><td> ~</td></reda<>	cted>			Temporary	C	110	~	
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)	
						\sim $^{\prime}$		
Certified Fo		er			Other (list)	1 <u>U</u> 2 <u>U</u>	<u>J</u> 3	<u> 1405</u>
• CRITICAL	. ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS N	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTE	ED 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 viola	tions to r	note.			
Received by	(name and	title p	printed):		Inspected by (name and title p	rinted):		
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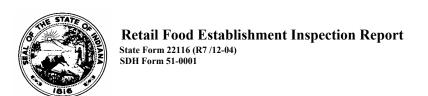
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
St Jo	e Inn			812-963-9310	03/26		11337
			mber and street, city, state, zip code)	() Owner	03/26/	2024	
1	St. We	end	el Rd., EVANSVILLE, IN, 47720				
Owner	اصما	~ ~	Mika Campball	Purpose:	Follow-up		se Date
		nc/	/Mike Campbell	✓ Routine	No		05/2024
Owner's Ad				Follow-up	Summary	of Violation	is:
Person in C				Complaint	\cap	() ()
<reda< td=""><td></td><td>,</td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u>R</u></td></reda<>		,		Pre-Operational	C	NC_	<u>R</u>
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified F		er	_	Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3 \bigcirc	$)_{4}\bigcirc_{5}\bigcirc$
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	CATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	ted.			
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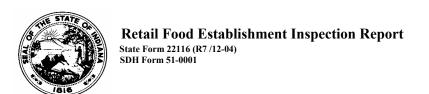
Establishm McDC		s ‡	[‡] 10878	Telephone Number (812-867-0480	Date of Ins (mm/dd/yr	o)	то# 11204
Establishm	ent Addres N Hi	s (nu	mber and street, city, state, zip code) Way 41, Evansville, IN, 47725	<redacted></redacted>	03/26	/2024	
Owner		<u> </u>		Purpose:	Follow-u	n Releas	se Date
Ivan C	Carvaj	al		Routine	No		05/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>_ `</td><td>_</td><td>_</td></reda<>	cted>			Complaint	_ `	_	_
Person in C				Pre-Operational		NC ($0_{\rm R}$
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>L</td><td>. NC</td><td> K</td></reda<>	cted>				L	. NC	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addi	tional page)
				Other (list)	-		\bigcirc
Certified Fo		er			$1 \bigcirc 2$	<u> </u>	<u> 405</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	oted.			
Received by	*		printed):	Inspected by (name and title p	rinted):		
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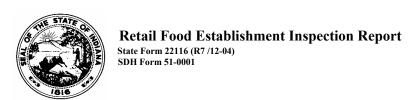
							-
Establishmo		ີ . ໄh∉	eese´s #60	Telephone Number (812-473-4262)	Date of Ins (mm/dd/yr	·j	то# 11153
			mber and street, city, state, zip code)		03/28	/2024	11133
559 N	Gree	n F	River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner		рτ	AINMENT LLC	Purpose:	Follow-up		se Date 07/2024
Owner's Ac		ΚI	AINWENT LLC	Routine	No		
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>_</td><td>of Violation</td><td></td></reda<>				Follow-up	_	of Violation	
Person in C				Complaint	. 0	($0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td> c</td><td>NC</td><td><u> </u></td></reda<>				Pre-Operational	c	NC	<u> </u>
Responsible			il	Temporary	Menu Tyr	oe (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	<u> </u>	<u>)4050</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	ted.			
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Received by	(nome and	titla	printed):	Inspected by (name and title p	rintad):		
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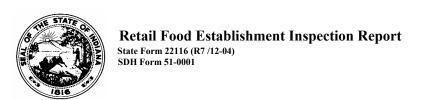
Establishm Chick				Telephone Number	Date of Ins (mm/dd/yr		тр# 11142
			mber and street, city, state, zip code)	812-477-9370	03/27	/2024	11142
800 N	Gree	n F	River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner	0.0			Purpose:	Follow-up		se Date
		oup	Inc Jack R Stierwalt II-Rich	✓ Routine	No	04/	06/2024
Owner's Ac				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>		1		Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	$0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	d .	НАССР	Menu Typ	e (See addi	tional page)
Certified F	and Handl			Other (list)	100	\bigcirc	\bigcirc
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		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED «C»			
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative	4		To Be Co	orrected By
			No violations no	ted.			
			<u> </u>				
			_				
Received by		_		Inspected by (name and title p < redacted>	rinted):		
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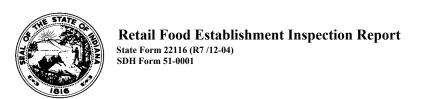
Establishm				Telephone Number	Date of Insp		ID#
Journ	ey F	ish	ı & Chicken	812-303-2420	(mm/dd/yr)		14171
			mber and street, city, state, zip code)	()Owner	03/27/	2024	
825 S	Gree	n F	River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
4		<u>l k</u>	Aburumman	✓ Routine	No	04/	06/2024
Owner's Ac				Follow-up	Summary o	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		() ()
Person in C	0			Pre-Operational	$_{\rm C}$ \cup	NC_(J _R U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)
Certified Fo	ood Handle	210		Other (list)	$1_1\bigcirc_2$	\bigcirc),(),()
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		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED "C"			
					ID IN THE N	DD ATIME	DELOW AC 4D*
			PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			10 Be Co	orrected By
			No noted violati	on.			_
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
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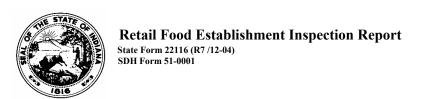
E (12.1	4 3 Y			T. I. N. I	D (CI		TD #
Establishm Culve		امرا	s t	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-492-8000	03/26	/2024	13753
			expressway, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Collet)W		✓ Routine	No	04/	05/2024
Owner's A				Follow-up	Summary	of 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	C	NC_	$0_{\rm R}$
			21	Temporary	M T	(C 1.1:	(di I)
Responsible	e Person's	L-ma	Ш	НАССР	Menu Typ	se (See aaai	tional page)
Certified F	ood Handl	or		Other (list)	102	\bigcirc_{2}	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>.1</td><td></td><td></td><td>102</td><td><u> </u></td><td><u>/4030</u></td></redag<>		.1			102	<u> </u>	<u>/4030</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
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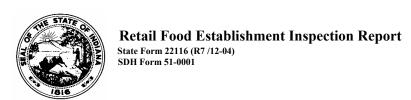
Establishm		40	33		lephone Number	Date of In (mm/dd/y		ID#
Fazol				3) [312-474-9167		3/2024	10964
			nber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<	<redacted></redacted>	00/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Owner			NIT VENITURE LITE		rpose:	Follow-u		se Date
		JOI	NT VENTURE, LTD	~	Routine	No	04/	07/2024
Owner's Ac				L	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>\cap</td></reda<>				▙	Complaint	1	(\cap
Person in C					Pre-Operational	C	NC_	$R_{\rm R}$
Responsible				L	Temporary	Menu Tv	pe <i>(See addi</i>	tional nave)
responsible	or croom o		•		НАССР	- Wiena Ty	pe (See addi	
Certified Fo	ood Handle	er			Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	$_{4}\bigcirc_{5}\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td>_ · <u>_ · _ ·</u></td></redac<>	cted>			_				_ · <u>_ · _ ·</u>
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
415	С		Insect activity observed in m	nop	closet area.		03/2	28/2024
Received by	(name and	title p	printed):	Insp	pected by (name and title pr	rinted):	l	
<reda< td=""><td>acte</td><td><t</td><td></td><td><r< td=""><td>redacted></td><td></td><td></td><td></td></r<></td></reda<>	acte	< t		<r< td=""><td>redacted></td><td></td><td></td><td></td></r<>	redacted>			
Received by	(signature)):		Insp	ected by (signature):			
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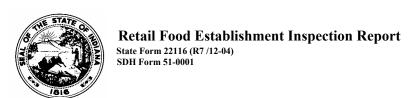
Establishm				Telephone Number	Date of Ins		ID#
Arby´	s #60)O	4	(812-867-2030	(mm/dd/yr) 03/26		10849
			mber and street, city, state, zip code)	<redacted></redacted>	03/26	/2024	
	High	Wa	ay 41, Evansville, IN, 47725	<re><redacted></redacted></re>			
Owner) n a #a	.4:.~	a Company	Purpose:	Follow-up		se Date
		ttin	g Company	Routine	No	04/	05/2024
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint			$2_{\rm R}0$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R_</td></reda<>				Pre-Operational	C	NC_	- R_
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>
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• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIC	N(S) REPE	ATEI	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		Back door in kitchen in need of	repair holes in doo	r.	03/2	26/2024
218	NC		Dish washer in need of repair not dispensing s	-		03/2	26/2024
				<u>-</u> <u>'</u> <u>'</u>			
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted):		
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Received by				Inspected by (signature):			
				1 3 (5)			
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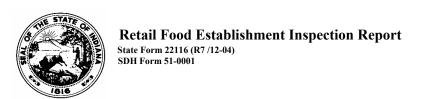
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Taste	Of C	Chi	na	812-422-1260	03/25/2	2024	14357
			mber and street, city, state, zip code)	<pre></pre>	03/23/2	2024	
4579 l	<u> Unive</u>	rsit	ty Dr., Evansville, IN, 47712	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		e Date
Ji Lon				✓ Routine	No	04/	04/2024
Owner's A				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>1</td><td></td></reda<>				Complaint	\cap	1	
Person in C				Pre-Operational	$_{\rm C}$	NC_	$R_{\rm R}$
Responsible			:1	Temporary	Menu Type	(Coo addi	tional mass)
Kesponsibio	e rerson's	c-ma	II	HACCP	Menu Type	(see aaai	nonai page)
Certified F	ood Handle	er		Other (list)	10,0),(•	$)_{4}\bigcirc_{5}\bigcirc$
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		E IUI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
					D DIEDER) D 4 (F) 2 X 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7	DELOW 10 //P*
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative				orrected By
177	NC		Food not covered or wrapped. Con	tainers stored on fl	oor.	Co	rrected
Received by		_	printed):	Inspected by (name and title pr	rinted):		
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Received by	(signature)):		Inspected by (signature):			
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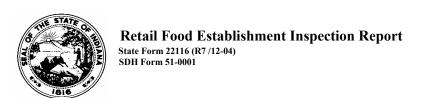
Establishment Na MOD Piz			Telephone Number (859-455-6194	Date of Ins (mm/dd/yr)	то# 13762
		umber and street, city, state, zip code) Expressway, Evansville, IN, 47715	() Owner	03/26	/2024	
Owner TW Wellr		, , ,	Purpose:	Follow-up		se Date 05/2024
Owner's Address			Follow-up	Summary	of Violation	
<redacted< td=""><td><b</td><td></td><td>Complaint</td><td>Summary</td><td></td><td></td></redacted<>	< b		Complaint	Summary		
Person in Charge			Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_	$I \cup U$
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Responsible Perso	n's E-n	ail	НАССР	Menu Typ	e (See addi	tional page)
			Other (list)			
Certified Food Ha				1 2		<u>/4_5_</u>
• CRITICAL ITEM	S ARE I	DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATION(S) R	EPEAT	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section# C/N				1		orrected By
218 NO		Dish machine not properly dis	nensing sanitizer			rrected
210		Bieri indenmie net propeny die	perioring carmination			1100100
			•			
Received by (name			Inspected by (name and title p < redacted>	rinted):		
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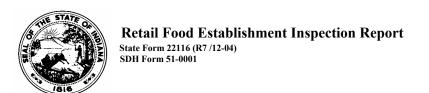
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Wing			mber and street, city, state, zip code)	812-909-3445	03/28	/2024	13869
			/er Rd. Ste. B, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner		_		Purpose:	Follow-up		se Date
Christ		r To	ooley	✓ Routine	No	04/	07/2024
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	C	NC_	
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
				НАССР			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certified F		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"	-		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	ted.			
Received by				Inspected by (name and title p < redacted>	rinted):		
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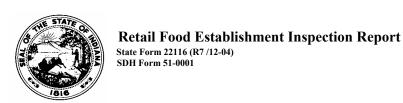
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Establishm Huck		aa		Telephone Number	Date of Ins (mm/dd/yr		то# 13880
			mber and street, city, state, zip code)	812-470-6068	03/25	/2024	13000
			Ave, Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner		-		Purpose:	Follow-up		se Date
Martin	1 & Ba	ayle	ey INC	Routine	No	04/	04/2024
Owner's A				Follow-up	Summary	of Violation	ns:
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			$\bigcirc\bigcirc\bigcirc$
Certified F		er			$1 \underline{\bigcirc 2}$		<u>/4050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
• VIOLATIO		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
345	С		Hand sinks in kitchen used	for other things.		Co	rrected
431	NC		Soda fountain in need of	of cleaning.		Co	rrected
138	NC		Manager preparing food not wearing	ng proper hair restr	aint.	Co	rrected
Received by	,		printed):	Inspected by (name and title p	rinted):		
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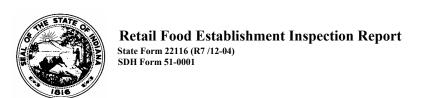
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Mr. B	ubble	e T	ea	812-550-3166	03/28/2	2024	13988
			mber and street, city, state, zip code)	() Owner	03/20/	2024	
503 N	. Gree	en l	River Rd., Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner	~ !			Purpose:	Follow-up		se Date
Enjie (✓ Routine	No	04/	07/2024
Owner's A				Follow-up	Summary o	f Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$	NC_	\mathcal{L}_{R}
Responsible			21	Temporary	Manus Tama	/C 11:	tional page)
Kesponsibio	e rerson s	c-ilia	ш	НАССР	Menu Type	(see aaai	nonai page)
Certified F	ood Handl	er		Other (list)	100	•),($)_4\bigcirc_5\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
					ID IN THE NA	DD ATIME	DELOW AC 4D?
	C/NC		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MINIARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	4l		го ве Со	orrected By
			No violations no	tea.			
D-: 11	. (4141		Townseld / 199	-i4- 4\		
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Received by				Inspected by (signature):			
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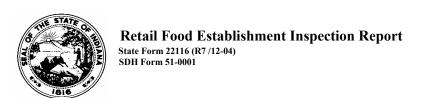
			<u> </u>					
Establishme		ris	a/Gonz'z Steak Burger	Telephone Number	Date of Ins (mm/dd/yr		тр# 14157	
			<u> </u>	812-550-1505	03/27	/2024	14157	
			mber and street, city, state, zip code) er Rd Ste 113, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>				
Owner	_			Purpose: Follow-up Release Date				
Adriar	า Gon	zal	ez	✓ Routine	No	04/	06/2024	
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	$_{\rm c}$ Z	NC_	3 _R U	
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Responsible	e Person's	E-mai	1	HACCP	Menu Typ	e (See addi	itional page)	
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Certified Fo		er		Other (list)	1 2		<u> 1405</u> 0	
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• VIOLATIO		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	
177	NC		Raw chicken stored on flo	oor in freezer.		Co	rrected	
218	NC		Hand sink at front counter in need	of repair, no hot wa	ater.	03/27/2024		
345	С		Hand sink at front counter use	d for other things.		03/2	03/27/2024	
347	NC		Towels not provided at hand si	nk at front counter		03/27/2024		
415	С		Insect activity observed at a	mop sink area.		03/2	27/2024	
			·					
Received by	*		printed):	Inspected by (name and title power edacted>	rinted):			
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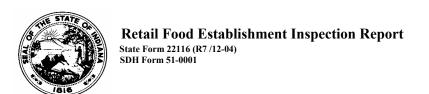
Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#		
Denn	y's #	67	38	812-550-1188	03/25		14233		
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	03/23/	2024			
	Hwy ²	<u> 1</u> 1	N, Evansville, IN, 47711						
Owner TLIN I	LC			Purpose: Routine	Follow-up Release Date No 04/04/2				
Owner's Ac				Follow-up	Summary	of Violation	ns:		
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Person in C				Pre-Operational	$\frac{1}{c}$	NC_	I _R U		
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)		
				Other (list)	-		\bigcirc		
Certified Fo		er			$1 \bigcirc 2 $	<u> </u>	<u> 1405</u>		
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	RELOWAS "R"		
Section#	C/NC	R	Narrative	WINIART OF VIOLATIONS AN	DIN THE IV		orrected By		
433	NC	K	Mops stored incorrectly in	n mon closet			rrected by		
				•					
344	С		Hand sink in kitchen on the li	ine inaccessible.		Co	rrected		
					+				
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):				
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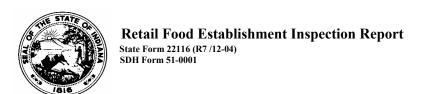
Establishme					Telephone Number	Date of Insp (mm/dd/yr)	pection	ID#	
High :	Scor	e S	Saloon		812-909-3229	03/26		14350	
			mber and street, city, state, zip code) Evansville, IN, 47708		(<redacted></redacted>	03/20/	2024		
Owner			· ·		Purpose:	Follow-up	Releas	e Date	
Clint F		าร			Routine	No	04/	05/2024	
Owner's Address					Follow-up	Summary	of Violation	is:	
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Person in C				Ī	Pre-Operational	$_{\rm C}$	NC_	\mathcal{I}_{R}	
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Responsible	e Person's	E-mai	1		НАССР	Menu Typ	e (See addii	tional page)	
Certified Fo	ood Handle	er			Other (list)	$_{1}\bigcirc_{2}($	\odot ₃ ($)_{4}\bigcirc_{5}\bigcirc$	
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• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COL	UMNS MA	ARKED "C"				
• VIOLATIO	_	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IMARY OF VIOLATIONS" AN	D IN THE N.			
Section#	C/NC	R	Narrat				To Be Co	orrected By	
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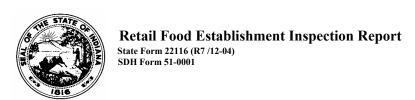
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Salsa	ıritas	Fo	ood Truck	⁽ 812-437-2572	03/27/2	2024	14440
			mber and street, city, state, zip code)	<pre></pre>	03/21/2	2024	
	Morga	an <i>i</i>	Ave, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner	- 1 0 -		_	Purpose:	Follow-up		se Date
Micha		rınc	0	Routine	No	04/	06/2024
Owner's Ac				Follow-up	Summary of	f Violatio	ns:
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Person in C				Pre-Operational	c_ U	$_{\rm NC}$	R = R
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Kesponsibil	e i eison s	L-ma	ш	НАССР	Wichu Type	(See addi	nonai page)
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• CRITICAL	, ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	IS MARKED "C"			
					ID IN THE NA	DD ATIVE	DELOW AC 4D9
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	. 1		To Be Co	orrected By
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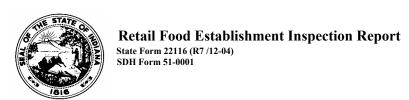
			<u> </u>				
Establishm		hda	y Que Rico Food Truck	Telephone Number (812-589-1925)	Date of Ins (mm/dd/yr		то# 14496
			mber and street, city, state, zip code)		03/25	/2024	14490
3810 、			Court, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Karina	a Sala	aza	r Garcia	Routine	No	04/	04/2024
Owner's A				Follow-up	Summary	of Violation	ns:
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Responsible	e Person's	E-mai	a a constant of the constant o	HACCP	Menu Typ	e (See addi	itional page)
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Certified F	ood Handl	er		Other (list)	1 2		<u> 1405</u> 0
• CRITICAI	L ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
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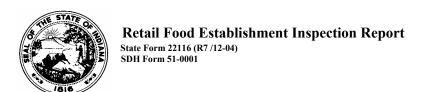
Establishm Prime		e l	Pub Mobile	Telephone Number (812-490-0655)	Date of Ins (mm/dd/yr)	тр# 14682
			mber and street, city, state, zip code)		03/30	/2024	14002
			s Drive, Newburgh, IN, 47630	' <redacted></redacted>			
Owner David	Park	er		Purpose:	Follow-up		se Date /09/2024
Owner's A		<u> </u>		 		L	
<reda< td=""><td></td><td>,</td><td></td><td>Follow-up</td><td></td><td>of Violation</td><td>_</td></reda<>		,		Follow-up		of Violation	_
Person in C				Complaint	L ()	($0_{\rm R}$
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Responsible			il	Temporary	Menu Typ	e (See addi	itional page)
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Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> 050
• 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
			No noted violation	ons.			
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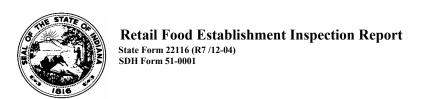
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McAli		٦۶)eli	(812-228-4222	(mm/dd/yr)		14750
			mber and street, city, state, zip code)		03/25/2	2024	14750
5301 l	Pearl	Dr	Ste 100, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner	<u> </u>			Purpose:	Follow-up		e Date
David		(bu	ırn	Routine	No	04/	04/2024
Owner's Ac				Follow-up	Summary of	f Violation	ns:
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Person in C	0			Pre-Operational	$_{\rm C}$ U	$_{\rm NC}$	\mathcal{I}_{R}
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Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
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<redac< td=""><td></td><td>er</td><td></td><td></td><td></td><td><u></u></td><td><u> 405</u></td></redac<>		er				<u></u>	<u> 405</u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	rrected By
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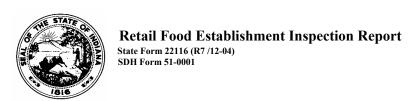
Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
Nori J	Japaı	1		812-916-4563			14811	
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	()Owner _	03/27/	2024		
800 N G	Green R	iver	Rd unit 106, Evansville, Indiana, 47715	' <redacted></redacted>				
Owner	\ A /::			Purpose:	Follow-up		se Date	
Halim		/a		✓ Routine	No	04/	06/2024	
Owner's Ac				Follow-up	Summary of	of Violation	ns:	
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Ксэронзия	c i ci son s	L-ma		П НАССР	- Wiena Type	, (See aaar	nonai page)	
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Section#	C/NC	R	Narrative				orrected By	
			No violations no	ted.			<u> </u>	
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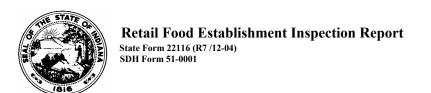
Establishme			O MARKET/THE TAQUERIA		ephone Number	Date of Ins (mm/dd/yr		ID#
] '6	18-518-1395	03/26	5/2024	14986
			mber and street, city, state, zip code) Ave. Suite 115, Evansville, IN, 47714	_(<	redacted>			
Owner					rpose:	Follow-u		se Date
Adrian		zal	ez	~	Routine	No	04/	05/2024
Owner's Ad					Follow-up	Summary	of Violation	18:
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Kesponsible	rerson s	L-IIIAI	ш		НАССР	Menu Typ	se (see aaan	nonai page)
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303	С		No sanitizing containers availab	le f	or wiping cloths	i.		
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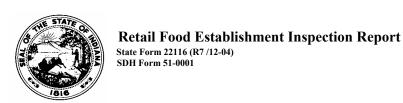
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Taque		De	l Valle	Telephone Number (812-589-8700)	Date of Ins (mm/dd/yr	·j	ъ# 15011
			mber and street, city, state, zip code) de Drive, Evansville, IN, 47714	() Owner	03/25	/2024	
Owner			<u> </u>	Purpose:	Follow-u	n Releas	se Date
Maria	Rami	res	3	Routine	No		04/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
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Establishment Name Circle K #4702836					lephone Number 130-204-0825	Date of Inspection (mm/dd/yr) ID # 151		ть# 15147	
Establishment Address (number and street, city, state, zip code) 600 N. Burkhardt Road, Evansville, IN, 47715					redacted>				
Owner Mac's Convenience Stores, LLC								e Date 07/2024	
Owner's Ac	ldress				Follow-up	Summary	of Violation	is:	
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Responsible	e Person's	E-ma	il		i	Menu Type (See additional page)			
					HACCP				
Certified Food Handler					Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc} 3 \underline{\bigcirc} 4 \underline{\bigcirc} 5 \underline{\bigcirc}$			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"									
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	appy		e Company	Telephone Number 812-449-7718	Date of Insp (mm/dd/yr) 03/28/		то# 15171			
			mber and street, city, state, zip code) a Suite C., Evansville, IN, 47715	<pre>(<redacted></redacted></pre>						
Owner Jennif	er La	mb	le	Purpose:	Follow-up No		se Date 07/2024			
Owner's Ad				Follow-up	Summary of	of Violation	ns:			
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_(\mathcal{I}_{R} \mathcal{U}_{R}			
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Cerunea ro	ou Hanui	er				<u> </u>	<u> </u>			
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Red		S		Telephone Number (317-756-9187	Date of Ins (mm/dd/yr	ъ# 15222		
Establishment Address (number and street, city, state, zip code)					03/30	/2024	10222	
			ve. Suite B, indianapolis, IN, 46227	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-uj		se Date	
Javier	Capu	<u>ılin</u>		Routine	No	04/	09/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addi	tional page)	
C (C IE	177 11			Other (list)				
Certified F	ood Handi	er				<u> </u>	<u> </u>	
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