

Establishm	nardt ent Addres Burk Dil Co ddress cted> cted> cted> cted> a Person's	erma	-	(8) ( V Pu V	lephone Number 312-518-9100 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 05/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violati	ons				
				0110				
Received by	acteo	 c	printed):	-	ected by (name and title pr edacted>	rinted):		
Received by	(signature	):		Insp	ected by (signature):			
cc:			cc:	<u> </u>		cc:		



Establishm	OS G	ss (nu	Mexican Restaurant	Telephone Number (812-909-0030	Date of Ins (mm/dd/yr) 04/25	)	ID# 12377
821 S	Gree	n F	River Rd, Évansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner			Jeda-Lopez	Purpose:	Follow-up NO		se Date 05/2024
Owner's Ac				Follow-up	Summary	of Violation	15:
<reda< td=""><td></td><td>, </td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td></td></reda<>		, 		Complaint	$\cap$	(	
Person in C				Pre-Operational	с <u></u> О	(	
Responsible			il	- Temporary	Menu Tyr	e (See addi	tional page)
				НАССР		$\sim$	
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u> 3	) <sub>4</sub> <u>0</u> 5 <u>0</u>
• CRITICAL	. ITEMS AP	₹E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
	<u> </u>	<u> </u>	No noted violation	ons.			
		_					
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		<u> </u>					
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Received by		-		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



724 N. <sup>Owner</sup>	ampii ent Addres Burkh .HAM	ss (nu ard	1a <sup>mber and street, city, state, zip code)</sup> t Rd. Ste 600, Evansville, IN, 4771 ROWN	15	Telephone Number (812-550-1585 ( <redacted> Purpose: Routine</redacted>	<sup>Follow-u</sup> NO	r) 7/2024 p Releas 05/	ID # 12265 See Date 07/2024
<reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary</td><td>of Violation</td><td></td></reda<>					Follow-up Complaint	Summary	of Violation	
Person in C	harge				Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$		
<reda< td=""><td></td><td></td><td></td><td></td><td>Temporary</td><td>C</td><td></td><td> K</td></reda<>					Temporary	C		K
Responsible	e Person's	E-ma	il	┢	НАССР	Menu Ty	pe (See addi	tional page)
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u> 3	)_45
• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	IS MA	RKED "C"			
• VIOLATIO	DN(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	'SUMI	MARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations to	) no	ote.			
Received by					nspected by (name and title pr < redacted>	rinted):		
Received by	v (signature	):		Ir	nspected by (signature):			
cc:			cc:			cc:		



Establishm		1		Telephone Number	Date of Ins (mm/dd/yr		ID #
			ry - ASR Petroleum Inc.	(812-401-3668	04/26	/2024	12157
			mber and street, city, state, zip code) (y Ave, Evansville, IN, 47714	<pre>(<redacted>)</redacted></pre>			
Owner				Purpose:	Follow-u		e Date
Bhupi		Sin	igh	✔ Routine	No	05/	06/2024
Owner's A				Follow-up	Summary	of Violation	15:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>NC</td><td></td></reda<>				Complaint		NC	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u></u></td><td>NC</td><td></td></reda<>				Pre-Operational	с <u></u>	NC	
Responsible			il	Temporary	Menu Typ	oe (See addi	tional page)
				HACCP		$\frown G$	$\land \land \land$
Certified F		er		Other (list)	$1 \underline{\bigcup} 2$		$\underline{0}_{4}\underline{0}_{5}\underline{0}$
• CRITICAI	L ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "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
347	NC		Disposable towels not provid	led at hand sink.		Co	rrected
Received by		-		Inspected by (name and title provided by (name and title p	cinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



130 N Owner	y Joh ent Address St Jc IETH ddress cted> Charge cted>	BL	imber and street, city, state, zip code) Ave, Evansville, IN, 47712 JTLER, TV	Telephone Number (812-319-1558 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	r) 2/2024 p Releas 05/ r of Violatior NC	ID # 12075 02/2024 ns: 
Certified F <redac< td=""><td></td><td>er</td><td></td><td>Other (list)</td><td>1<u>0</u>2</td><td><u>O</u>3</td><td>)_45</td></redac<>		er		Other (list)	1 <u>0</u> 2	<u>O</u> 3	)_45
• CRITICAI	L ITEMS AR	RE IDH	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC NC	R	Narrative Food employees are not wearing e	offective bair restra	int		prrected By 22/2024
130			i ood employees are not wearing e			04/2	22/2024
	+						
Received by	acteo	d>		Inspected by (name and title provided by (name and title p	rinted):		
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 2040 Owner	FOO ent Addres E MOI FOOD ddress Cted> Cted> Cted> cted> cted> cted> cted> cted> cted> cted> cted> cted>	ss (nu rga Sto E-ma	Store #227 mber and street, city, state, zip code) n Ave, Evansville, IN, 47711 res Kroger Limited Partnership 1	Telephone Number (812-471-9970 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	) /2024 P Releas 05/ of Violation NC	· ·
1		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	ted.			
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		1					
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Received by	v (signature)	):		Inspected by (signature):			
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Establishm	hy US ent Addres Pearl hy Oil ddress cted> Charge cted>	Dr US		Telephone Number (812-422-9519 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C Menu Tyj	p Releas 05/ of Violation NC_	
Certified For		er		Other (list)	1 <u>0</u> 2	<u>U</u> 3 <u></u>	<u>14050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative	ata .			orrected By
		-	No violations to n	iote.		04/2	22/2024
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted).		
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Establishm Subw Establishm 101 O Owner RT Wo Owner's Ad <redat Person in C <redat Responsible Certified Fo</redat </redat 	vay # ent Address akley olf Inc ddress cted> cted> cted> cted> a Person's	E-ma	mber and street, city, state, zip code) c, Evansville, IN, 47710		lephone Number 12-228-0454 <b>Complaint</b> Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 05/ of Violation NC_	ID # 11851 $e Date 03/2024$ Is: $P R 0$ $fional page$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
VIOLATIC		ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations to r	note	Э.			
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Received by	(signature	):		Insp	ected by (signature):			
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Establishm	s Tim ent Addres Vashin Ches ddress cted> Charge cted> e Person's	ss (nu ngt Sel		Telephone Number (812-437-9920) ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u No Summary C	p Releas 05/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP		ND IN THE N	ΙΑ ΟΟ ΑΤΙΛΈ	DEI OW AS "D"
Section#	. ,		Narrative	WWART OF VIOLATIONS A			
	C/NC	R					orrected By
443	С		Sanitizing solution for wiping of	cioths too strong.		0	rrected
Received by	(name and	title	printed):	Inspected by (name and title p	vrinted):		
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Received by	(signature)	):		Inspected by (signature):			
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Establishm 4827 Owner	Stat ent Addres Davis ate Cl ddress cted> Charge cted>	hee	n East Coast Subs mber and street, city, state, zip code) ant Dr, Evansville, IN, 47715 esesteaks LLC	Telephone Number (812-402-7366 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	p Release 05/ of Violation NC	
Certified Fo		er		Other (list)	1 <u>02</u>	<u>3</u>	) <sub>4</sub> <u>0</u> 5 <u>0</u>
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	oted.			
Received by	acte	d>		Inspected by (name and title p	rinted):		
Received by	v (signature	):		Inspected by (signature):			
cc:			cc:	•	cc:		



	t Bar ent Addres Linco S KEN ddress Cted> Charge Cted> e Person's	ss (nu In / MP		Telephone Number (812-402-4111 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_O	p Release 05/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!		ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
Section	ente	n	No violations to r	note		10 20 0	meeted by
Received by				Inspected by (name and title p <redacted></redacted>	orinted):		
Received by	(signature	):		Inspected by (signature):			
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Establishm	Murg ent Address Davis I Griess ddress cted> Charge cted> e Person's	E-mai	ys Pizza mber and street, city, state, zip code) it Dr Suite C, Evansville, IN, 47715	Telephone Number (812-491-7272 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u No Summary C_2	r) 4/2024 p Releas 05/ 7 of Violation	<u>2</u> <u>R</u> <u>0</u>
1		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
344	С		Hand sink, in kitchen blocke	ed inaccessible.		Co	rrected
345	С		Hand sink, in front counter use	ed for other things.		Co	rrected
433	NC		Mop in mop closet area sto	red incorrectly.		Co	rrected
324	NC		Grease trap log not m	-		04/2	24/2024
Received by	·	-		Inspected by (name and title pr <redacted></redacted>	rinted):	1	
Received by	v (signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm		c (		PRISES LLC)	Telephone Number	ID #		
		<u> </u>	mber and street, city, state, z	1	(812-471-3015	04/26/	2024	11591
				lle, Indiana, 47715	<pre>(<redacted></redacted></pre>			
Owner					Purpose:	Follow-up		e Date
		atr	nerine Kenwor	thy	✔ Routine	No	05/	06/2024
Owner's A					Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>					Complaint			
Person in C					Pre-Operational	с <u></u>		
Responsible			:1		- Temporary	Menu Tyre	tional page)	
Responsion		L-ma	n		НАССР	wienu rype		
Certified Fo		er			Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc}$	<u>3</u>	$\underline{0}_{4} \underline{0}_{5} \underline{0}$
						<u></u>		
				T AND NARRATIVE COLUMNS N IONS ARE DENOTED IN THE "SU		D IN THE N#	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
				No violations no	ted.			
Received by			printed):	Inspected by (name and title provided by (name and title p	rinted):			
Received by				Inspected by (signature):				
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4120   Owner James Owner's Ad <reda Person in C <reda Responsible</reda </reda 	s Pro ent Address N Firs Mille ddress Cted> charge Cted> e Person's	ss (nu st A er E-ma	mber and street, city, state, zip code) Ve, Evansville, IN, 47710					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
Section	ente	N		oto		10 20 00	freeteu by	
			No violations to n	lote.				
Received by		-		Inspected by (name and title pr <b><redacted></redacted></b>	rinted):			
Received by	(signature)	):		Inspected by (signature):				
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1101	ent Addres	s (nu	NSON mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(7 (<	<pre>slephone Number 18-820-3663 <redacted></redacted></pre>		<sup>r)</sup> 3/2024	ID# 11318
<sup>Owner</sup> Varino	deriit k	Kai	ur		irpose: Routine	Follow-u NO		se Date 03/2024
Owner's A	-				Follow-up		of Violation	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>				Complaint			
Person in C					Pre-Operational	$_{\rm C}$ U	(	J <sub>R</sub> U
<reda< td=""><td></td><td></td><td></td><td>F</td><td>Temporary</td><td></td><td></td><td></td></reda<>				F	Temporary			
Responsible	e Person's	E-ma	il		НАССР	Menu Ty	pe (See addi	tional page)
Certified F	ood Handl	er			Other (list)	$1 \bigcirc 2$	$( )_3 ( )$	$)_4 \bigcirc 5 \bigcirc$
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• CRITICAL	. ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARF	KED "C"			
• VIOLATIO	DN(S) REPE	ATEI	) 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	l.			
Received by				-	redacted>	rinted):		
Received by	v (signature)	):		Insp	bected by (signature):			
cc:			сс:			cc:		



Establishm 1100 I Owner GMRI Owner's A <reda< th=""><th>Garce ent Address N Gre Inc ddress cted&gt;</th><th>ss (nun en</th><th>n #1022 nber and street, city, state, zip code) River Rd, Evansville, IN, 47715</th><th>Telephone Number (812-473-2903 (<redacted> Purpose: Routine Follow-up Complaint</redacted></th><th>Follow-u NO Summary</th><th>r) B/2024 P Releas 05/</th><th></th></reda<>	Garce ent Address N Gre Inc ddress cted>	ss (nun en	n #1022 nber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Telephone Number (812-473-2903 ( <redacted> Purpose: Routine Follow-up Complaint</redacted>	Follow-u NO Summary	r) B/2024 P Releas 05/	
Person in C				Pre-Operational	с <u></u> U	NC_	$2_{R}$
Responsible			1	Temporary	Menu Tv	pe <i>(See addi</i>	tional nage)
Certified F	ood Handl			HACCP Other (list)	102		$)_4 \bigcirc 5 \bigcirc$
• CRITICAI	L ITEMS AF	RE IDE	NTIFIED 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
347	NC		Paper towels, not provided at ha	nd sink, in bar are	a.	Co	rrected
433	NC		Mop, stored incorrectly in m	op closet area.		04/2	23/2024
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



	usel ent Addres Monro eth W ddress cted> charge cted> e Person's	De arc		Telephone Number (812-647-0832 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-up NO Summary C	p Releas 05/ of Violatior NC	
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	l		
• VIOLATIO	ON(S) REPE	ATEI	) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm Kanp	ai	,		(8	lephone Number 812-471-7076	<sup>ID #</sup> 11052		
			mber and street, city, state, zip code) ON Ave., EVANSVILLE, IN, 47714	(<	<redacted></redacted>		8/2024	
Owner		-		Pu	rpose:	Follow-u		se Date
Jayso		lur	10Z	<u> </u>	Routine	No	05/	03/2024
Owner's A					Follow-up	-	of Violation	
Person in C				┢	Complaint	<b>0</b>		$2_{R}$
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>с_<b>С</b></td><td>NC_</td><td><u> </u></td></reda<>					Pre-Operational	с_ <b>С</b>	NC_	<u> </u>
Responsible			il		Temporary	Menu Ty	pe (See addi	tional page)
					НАССР	$\cap$	$\cap \cap$	
Certified F		er			Other (list)	1 <u>U</u> 2	$\bigcirc_3 \bigcirc$	<u>4_5</u>
• CRITICAI	L ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
297	NC		Microwave in kitcher	<u> 1 SC</u>	oiled.		04/2	23/2024
297 NC Drink nozzles in kitchen s					soiled.		04/2	23/2024
Received by				-	ected by (name and title pr edacted>	rinted):		
Received by	(signature)	):		Insp	ected by (signature):			
cc:			cc:			cc:		



4810 l <sup>Owner</sup>	Ritzy ent Address Unive Grunov ddress cted> Charge cted> e Person's	ss (nu rsit w/(	umber and street, city, state, zip code) ty Dr., EVANSVILLE, IN, 47712 Chad Grunow		Alephone Number 312-425-8700 <b>Complaint</b> Pre-Operational Femporary HACCP Other (list)	Follow-u NO Summary C	p Releas 05/ 05/ of Violation NC_	
• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	KED "C"			
			D 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
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Received by	(signature)	):		Insp	pected by (signature):			
cc:			cc:			cc:		



Establishment Name		Telephone Number	pection	ID #		
Fraternal Order of Eagle		(812-477-9208	(mm/dd/yr)	, /2024	10973	
Establishment Address (number and street, city, state 6000 Old Boonville Hwy, Eva	e, zip code) ansville, IN, 47715	<pre>(<redacted></redacted></pre>	04/20	/2024		
Owner		Purpose:	Follow-u		se Date	
Fraternal Order of Eagles WILLIAM	GILHAM - SECRETARY		No		03/2024	
<redacted></redacted>		Follow-up		of Violation		
Person in Charge		Complaint			$2_{R}$	
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Responsible Person's E-mail		Temporary HACCP	Menu Typ	e (See addi	tional page)	
		Other (list)	$\Box$	$\odot_3 \mathbb{C}$		
Certified Food Handler <redacted></redacted>		Other (list)	$1 \underline{\bigcup} 2$		<u>/4_5_</u>	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKI	LIST AND NARRATIVE COLUMNS	MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPEC	CTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N			
Section# C/NC R	Narrative				orrected By	
	ing tile, in kitchen in r				23/2024	
431 NC Area u	nder dishwasher, in n	eed of cleaning.		04/2	23/2024	
			<u> </u>			
Received by (name and title printed):		Inspected by (name and title p	rinted):			
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Received by (signature):		Inspected by (signature):				
cc:	cc:		cc:			



23 Dor Owner	sville ent Addres n Matt	ing	tters <sup>mber and street, city, state, zip code)</sup> ly Way, EVANSVILLE, IN, 47711 sing III	(8 ( Pu	elephone Number 312-435-8686 <redacted> urpose: Routine</redacted>	Date of In (mm/dd/y) 04/24 Follow-u NO	r) 1/2024 p Releas	ID # 10954 See Date 04/2024
Owner's A	ddress				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td><math display="block">\cap</math></td><td>ſ</td><td></td></reda<>					Complaint	$\cap$	ſ	
Person in C					Pre-Operational	с <u></u>		
Responsible			il		Temporary	Menu Ty	pe <i>(See addi</i>	tional page)
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Certified Fo		er			Other (list)	1 <u>0</u> 2	<u> </u>	$)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
• CRITICAI	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATIO	ON(S) REPE	ATEI	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
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	ty Inr ent Addres Morga atel ddress cted> Charge cted> cted> cted> cted>	ss (nu AN E-ma	mber and street, city, state, zip code) Ave., Evansville, IN, 47715 il	W         V           Pu         V	Performe Number 312-477-2211 Credacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 05/ of Violation NC pe (See addii	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
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Received by					bected by (signature):			
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1950 Owner CHRIS Owner's Ad <reda Person in C <reda Responsible</reda </reda 	t Bar ent Addres Wash S KEN ddress Cted> Charge Cted> e Person's	ss (nu lin <u>c</u> MP E-ma		Telephone Number (812-477-2711 ( <redacted> Purpose: Purpose: Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u No Summary C_O	r) B/2024 P Releas 05/ v of Violation NC_	
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Section#	C/NC	R	Narrative			To Be Co	orrected By
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Establishm 4635	lers   ent Addres	s (nui	A #453 mber and street, city, state, zip code) e, Evansville, IN, 47710	Telephone Number (812-467-7255 ( <redacted></redacted>	04/23	<sup>r)</sup> 3/2024	ID# 10881		
Owner Houch	nens N	Nor	th Foods LLC	Purpose:	Follow-u NO		e Date 03/2024		
Owner's Ac	ldress			Follow-up		of Violation			
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Person in C				Pre-Operational	с_ <b>∠</b>	NC	[ R ]		
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Responsible		E-mai	u .	НАССР	CCP Menu Type (See additional page				
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ł		E IDE	CALIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"					
• VIOLATIC	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 Co	orrected By		
345 C Both hand sinks in deli being used for other thir						Co	rrected		
310 NC Hood vents in deli in need of clea						04/2	23/2024		
177	5					04/2	23/2024		
Received by		-	printed):	Inspected by (name and title p	rinted):				
Received by	(signature)	):		Inspected by (signature):					
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<sup>Establishm</sup> 624 S	ent Addres	ss (nu	ble Bookstore Imber and street, city, state, zip code) iver Rd, EVANSVILLE, IN, 47715			<sup>r)</sup> 5/2024	ID # 10856
Owner Jill Lu	cas			Purpose:	Follow-uj NO		se Date 06/2024
Owner's A				Follow-up		of Violation	
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Person in C				Pre-Operational	$\mathbf{U}_{\mathbf{A}}$		
<reda< td=""><td>cted&gt;</td><td>,</td><td></td><td>Temporary</td><td>C</td><td></td><td> K</td></reda<>	cted>	,		Temporary	C		K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	pe (See addi	tional page)
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Certified For		er		Other (list)	$1 \underline{\bigcirc} 2$		<u>/4_5_</u>
• CRITICAI	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	)N(S) REPE	ATEI	) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	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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		í n	laighborhood Crill	Telephone Number	Date of Inspection (mm/dd/yr)		ID #		
			Neighborhood Grill	(812-471-0942	04/26	/2024	10844		
			n Ave, Evansville, IN, 47715	( <redacted></redacted>					
<sup>Owner</sup> Apple	Cent	ral.	LLC	Purpose:	Follow-up NO		e Date 06/2024		
Owner's Ac		,		Follow-up	Summary	of Violation			
				Complaint	$\cap$				
Person in C				Pre-Operational	с <u></u>	NC_	$2_{R}$		
Responsible			1	Temporary	Menu Type (See additional page)				
Certified Fo		er		Other (list)	$1 \underline{\bigcup} 2 \underline{\bigcup}$		<u>/4_5_</u>		
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	- MARKED "C"					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N				
Section#	C/NC	R	Narrative	top line and diable			orrected By		
433NCKitchen not clean under equipme430NCFloor in kitchen in					irea.		26/2024		
430 NC Floor in kitchen in						04/2	26/2024		
Received by			rinted):	Inspected by (name and title p	rinted):				
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Establishm	ent Addres oss Pc G Dz ddress cted> cted> cted> cted> arge cted> ood Handl	ss (nu pinte ien E-ma			lephone Number 312-475-9272 <b>Complaint</b> Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 05/ of Violation NC_	
h		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I ARF	KED "C"			
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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	er Kir ent Addres Hirsch S LLC ddress Cted> Cted> Cted> cted> e Person's	ss (nu nla C	mber and street, city, state, zip code) nd, Evansville, IN, 47715	(812-473-5808       (mm/dd/yr)         ( <redacted>       04/22/2024         Purpose:       No       05/0         ✓ Routine       Summary of Violations:         ✓ Follow-up       CO         Complaint       CO         Pre-Operational       Menu Type (See addition         Temporary       Menu Type (See addition         Other (list)       134</redacted>					
		RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	KED "C"				
• VIOLATIO	ON(S) REPE	ATEI	) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
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			No noted violation	ons	S.				
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10108 Owner	's Ba ent Addres Scha	ss (nu aef	ecue <sup>mber and street, city, state, zip code)</sup> fer Road, Evansville, IN, 47720 nna Miller	<sup>(</sup> 81)		Date of Ins (mm/dd/yr) 04/26/ Follow-up NO	/2024 Releas	ID # 13751 se Date 06/2024
Owner's A				Fo	llow-up	Summary	of Violation	15:
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Person in C					e-Operational	$_{\rm C}$ U		
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Responsible	e Person's	E-ma	1		АССР	Menu Typ	e (See addii	tional page)
Certified F		er		Ot	her (list)	$1 \underline{\bigcirc} 2$	<u>3</u>	$)_4 \bigcirc 5 \bigcirc$
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321 S Owner	afood ent Addres Mulb Collie Idress Cted> Cted> Cted> cted> cted> cted>	err er/J E-ma	mber and street, city, state, zip code) y St, Elizabethtown, KY, 42701 ohn Collier	Telephone Number (270-900-4134 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 7/2024 p Releas 05/ v of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!		D IN THE N	NARRATIVE	BELOW AS "R"
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				JII5.			
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Establishm	ra Br ent Addres Pearl a, LL ddress cted> Charge cted>	ss (nu Dr C	id #6108 mber and street, city, state, zip code) , Evansville, IN, 47712		Alephone Number 12-250-7088 <b>Cedacted</b> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C	p Releas 05/ of Violation NC_	ID # 14028 se Date 02/2024 hs: <b>D R</b>
Certified Fo		er						
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
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Establishm	ent Address W Fra AY CH ddress Cted> Cted> Cted> cted> cted> cted> arge cted> cted> cted>	ss (nu ank IES E-ma		Telephone Number (812-305-4072 ( <redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) —</redacted>	Follow-u No Summary C	r) B/2024 P Release 05/ of Violation NC (	
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Establishm	sville ent Addres hn Sti Gerte ddress cted> Charge	ree eis	armer's Market <sup>mber and street, city, state, zip code)</sup> t Suite 110, Evansville, IN, 47713 en	Telephone Number (812-463-2434 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Follow-u NO	) /2024	
Responsible			1	Temporary	Menu Typ	e (See addi	tional page)
Certified Fe	ood Handl	er		HACCP Other (list)	1 <u>0</u> 2	<u>•</u> 3C	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
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Establishm 1340   Owner Shanr Owner's Ad <reda Person in C <reda Responsible Certified F <redac< th=""><th>r B's, ent Addres Hirsch hon C ddress cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt; cted&gt;</th><th>ss (nu nla OU E-ma</th><th>il</th><th>(2 ( &lt; Pu</th><th>lephone Number 270-957-0286 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u NO Summary C</th><th>p Release 05/ of Violation NC</th><th></th></redac<></reda </reda 	r B's, ent Addres Hirsch hon C ddress cted> cted> cted> cted> cted> cted> cted> cted>	ss (nu nla OU E-ma	il	(2 ( < Pu	lephone Number 270-957-0286 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Release 05/ of Violation NC	
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Establishme 605 E Owner Cinia ( Owner's Ac <reda( Person in C <reda( Responsible Certified Fo</reda( </reda( 	s Sa ent Addres Gum Garcia Idress Cted> harge Cted> Person's	s (nun St a E-mai		ip code) 1, 47713	Telephone Number (812-671-2372 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	) /2024 P Releas 05/ of Violation NC	
<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 BE</li> </ul>								
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Establishm 724 N. Owner	Evan ent Addres Burkh HAM ddress Cted> Cted> Cted> cted> cted> cted> cted>	ss (nu ard BF	ille by La Campirana <sup>mber and street, city, state, zip code)</sup> t Rd. Ste 600, Evansville, IN, 47715 ROWN	Telephone Number (812-550-1585 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	) 7/2024 p Releas	07/2024
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Establishm	ees 1 ent Addres W Illir ior St ddress cted> cted> cted> cted> e Person's	ss (nu NOIS ar,		Telephone Number (812-422-0151 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 2/2024 p Releas 05/ r of Violation NC	ID # 14538 $Id = Date 02/2024$ Is: $D R 0$ $Itional page$ $Id = 0$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	JARRATIVE	BELOW AS "R"
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1501 Owner Super Owner's Ad	ent Addres N BOG io Sta ddress	eke ar,	mber and street, city, state, zip code) e Rd., Evansville, IN, 47711 LLC	(8 (~ Pui	rpose: Follow-up	<sup>Follow-u</sup> NO	5) 5/2024 p Releas	ID # 14540 se Date 05/2024 ns:	
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Responsible			il		Temporary	Menu Ty	oe (See addi	tional page)	
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Section#	C/NC	R	Narrative				To Be Co	orrected By	
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915 M Owner Arven Owner's Ad <redae Person in C <redae Responsible Certified Fe <redae< th=""><th>e Lou ent Addres ain S eda N Idress cted&gt; cted&gt; cted&gt; e Person's</th><th>ss (nu t. S ACE E-ma</th><th>mber and street, city, state, zip code) Suite 101, Evansville, IN, 47708 Donald</th><th>(8) ( ~ Pu ( ~</th><th>elephone Number 312-550-1127 <redacted> rrpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) CED "C"</redacted></th><th>Follow-u NO Summary C</th><th>p Releas 05/ 05/ of Violation NC</th><th></th></redae<></redae </redae 	e Lou ent Addres ain S eda N Idress cted> cted> cted> e Person's	ss (nu t. S ACE E-ma	mber and street, city, state, zip code) Suite 101, Evansville, IN, 47708 Donald	(8) ( ~ Pu ( ~	elephone Number 312-550-1127 <redacted> rrpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) CED "C"</redacted>	Follow-u NO Summary C	p Releas 05/ 05/ of Violation NC	
			) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
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3500   Owner  Shav Owner's Ad <reda Person in C <reda Responsible</reda </reda 	INIM ent Address HOGUG Dawa ddress cted> Charge cted> cted> cted> ood Handle	er	mber and street, city, state, zip code) 2d, Evansville, IN, 47712	(8) ( <b>V</b> <b>P</b> <b>I</b> <b>I</b> <b>I</b> ( <b>N</b> ) ( <b>V</b> ) ( <b>N</b> )	Temporary HACCP Other (list)	Follow-u NO Summary C_1	p Releas 05/ of Violation NC_	
• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMAI	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
415 C Rodent droppings p					ent.		04/2	22/2024
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1031 N Owner John A Owner's A <reda Person in C</reda 	ouse ent Addres N Gree Allen ddress cted> Charge	ss (nur en l	ubs <sup>mber and street, city, state, zip code)</sup> River Rd. , Evansville, IN, 47715	Telephone Number (812-909-4445 ( <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational</redacted>	<sup>Follow-u</sup> NO	r) 3/2024 p Releas		
<reda Responsible</reda 				Temporary HACCP	Menu Type (See additional page)			
Certified F		er		Other (list)	1 <u>0</u> 2	<u></u> 3	)_45	
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N			
Section# 218	C/NC NC	R	Narrative	ad of ropair			orrected By 23/2024	
	C		Sanitizer dispenser, in ne	•			rrected	
344			Hand sink, in prep area, block				Tecleu	
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):			
Received by	(signature)	):		Inspected by (signature):				
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	Vally ent Addres Greer	ss (nu nbr	imber and street, city, state, zip code) ier Dr, Evansville, IN, 47710	Telephone Number (812-205-7059 ( <redacted> Purpose: Routine</redacted>		r) 1/2024 p Releas	ID # 14748 se Date 04/2024		
Owner's A				Follow-up	Summary	of Violation	15:		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td></td></reda<>				Complaint		(			
Person in C				Pre-Operational					
Responsible			ii	- Temporary	Menu Tv	ne <i>(See addi</i>	tional page)		
responsion	e i ersen s	2	-	НАССР					
Certified F		er		Other (list)	1 <u>02</u>	<u></u> 3	) <sub>4</sub> <u>0</u> 5 <u>0</u>		
• CRITICAI	L ITEMS AF	₹E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	- ARKED "C"					
• VIOLATIO	ON(S) REPE	ATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	ID 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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	Za's ent Addres N. Bo h Not ddress cted> Charge cted> cted> cted> cted>	ter E-ma		Telephone Number <sup>(</sup> 812-202-8171 <sup>(</sup> <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) —</redacted>	Follow-u NO Summary C	p Releas 05/ 05/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
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			No violations to r	note			
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	BELOW AS "R"
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Establishme 250 N	fy Su	s (nui	erfoods Evansville mber and street, city, state, zip code) rdt, Evansville, IN, 47715	<sup>Telephone Number</sup> (812-303-2874 ( <redacted></redacted>		) /2024	id# 14840
<sup>Owner</sup> Jose N	Manue	əl A	Avendano	Purpose:	Follow-u NO		<sup>e Date</sup> 05/2024
Owner's Ad				Follow-up	Summary	of Violatior	IS'
<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	$\int_{C} \mathbf{U}$	NC_	
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Responsible	e Person's l	E-mai	il	НАССР	Menu Typ	e (See addii	ional page)
					$\cap$	$\frown$	$\cap \cap$
Certified Fo		r		Other (list)	1 <u>U</u> 2		$4 \underline{\bigcirc} 5 \underline{\bigcirc}$
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	DN(S) REPE.	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
234	NC		In-use utensils improperly s	stored in water.		Co	rrected
Received by		-		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)			Inspected by (signature):			
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	Burge	ss (nu	mber and street, city, state, zip code) RK LANE, madisonville, KY, 41431	(2 (<	Prephone Number 270-263-2068 Credacted>	spection r) 7/2024 n Releas	ID # 14970	
	ta an	d V	Vesley Swaney		Routine	Follow-u NO	1	07/2024
Owner's A	ddress				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>•</td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>		•			Complaint			
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Responsion	e i ei son s	E-ma	11		НАССР			
Certified F		er			Other (list)	1 <u>0</u> 2	<u></u> 3	) <sub>4</sub> <u>0</u> 5 <u>0</u>
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			) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations to n	ote	9.			
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		PE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
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Establishm 4400 Owner Five S Owner's Ad <reda Person in C <reda Responsible</reda </reda 	Star   Garris Garris Star Fo ddress Cted> Charge Cted> e Person's	ss (nui SON OOC E-mai		Telephone Number (812-214-7400 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C_1	) 5/2024 p Releas 05/ of Violation _ NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
171	С		Apples on display not	wrapped.			rrected
433	NC		Mops improperly stor				rrected
	_						
Received by		- 1		Inspected by (name and title pr <b><redacted></redacted></b>	rinted):		
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Establishm	n Ea ent Addres N BO hapm ddress cted> Charge cted> cted> cted> cted>				lephone Number 12-618-5695 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	) 5/2024 p Releas 05/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!			D IN THE N	ARRATIVE	BELOW AS "R"
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	N Rol ent Addres entee n Li ddress cted> charge cted>	ss (nu W	mber and street, city, state, es Court, Evar	Telephone Number (812-893-8845 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C	r) 4/2024 P Releas 05/ of Violation NC_			
Certified Fe				HACCP Other (list)	1 <u>0</u> 2	<u>•</u> 3 <u>C</u>	$\underline{)}_{4} \underline{\bigcirc}_{5} \underline{\bigcirc}$		
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	No noted violations.								
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	Vein ent Addres Hillso ddress cted> cted> cted> e Person's	ss (nu dal E-ma	mber and street, city, state, zip code) e Rd, Evansville, IN, 47725	Telephone Number (812-598-9862 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 2/2024 p Releas 05/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE N	ARRATIVE	BELOW AS "R"
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				ieu.			
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
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Establishm 1016 S Owner	NBC ent Address SWEI LTID ddress Cted> Cted> cted> cted> cted> cted> cted>	E-ma	TIQUE LLC mber and street, city, state, zip code) ACH AVE, Evansville, IN, 47714 MOMPOINT	Telephone Number (305-417-0441 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 05/ 05/ of Violation NC_	
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE N		
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Establishme 900 M Owner Alexar Owner's Ac <redac Person in C <redac Responsible</redac </redac 	s Ve ent Address ain S nder F Idress cted> harge cted> Person's	s (nu t., Rar E-ma	zuelan Cuisine <sup>mber and street, city, state, zip code)</sup> Evansville, IN, 47708 mirez Villalobos	Telephone Number (407-371-8818 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	<sup>.)</sup> 7/2024 p Releas	) <sub>R</sub> _0	
Certified Fo	od Handle	er			$1 \underline{\bigcirc} 2$		<u>′4050</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE N	ARRATIVE	BELOW AS "R"	
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•	Berrie		ashington Square Mall Farmer's Mkt.	Telephone Number (812-698-5202	Date of In (mm/dd/yr 04/27	<sup>ID #</sup> 15212	
			mber and street, city, state, zip code) Mall Farmer's Mkt., Evansville, IN, 47715	<pre>(<redacted>)</redacted></pre>	07/27	/2024	
owner Marcu	is Wa	gle	۲.	Purpose:	Follow-u NO		se Date 07/2024
Owner's Ad				Follow-up Complaint		of Violation	· ·
Person in C				Pre-Operational Temporary	с_ <b>U</b>	(	<u>J</u> <u>R</u> <u>U</u>
Responsible	e Person's	E-mai	1	НАССР	Menu Tyj	pe (See addii	tional page)
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
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			No noted violation	ons.			
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Received by		-		Inspected by (name and title provided by (name and title p	rinted):		
Received by	(signature)	):		Inspected by (signature):			
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2420 V <sup>Owner</sup> Noe E	I Meu ent Addres Wash Elmi	ss (nu	mber and street, city, state, zip code) gton Ave, Evansville, IN, 47714	Purpose:	Follow-u	p Releas 05/	ID # 15233 se Date 02/2024	
Owner's Ad				Follow-up	Summary	of Violation	15:	
Person in C				Complaint				
<reda< td=""><td></td><td>,</td><td></td><td>Pre-Operational</td><td>с<u>с</u></td><td>NC_</td><td><u> </u></td></reda<>		,		Pre-Operational	с <u>с</u>	NC_	<u> </u>	
Responsible			ii	Temporary	Menu Type (See additional page)			
				HACCP		$\frown$	$\sim \sim$	
Certified F	ood Handle	er		Other (list)	$1 \underline{\bigcirc} 2$	$\bigcirc_3 \bigcirc$	$_{4}\underline{\bigcirc}_{5}\underline{\bigcirc}$	
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Section#	C/NC	K	Met with owners to review plans	s for arocery store		TO BE CO	frected by	
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