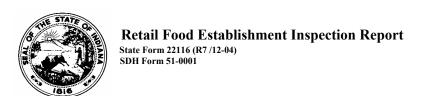
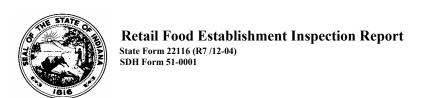


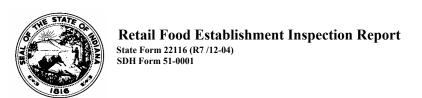
	. • •			Telephone Number Date of Inspection ID #					
P Fre		itcl	nen	1812-760-1474	(mm/dd/yr		12158		
			mber and street, city, state, zip code) erger Ave, Evansville, IN, 47712	( )Owner .	07/11	/2024			
Owner Blake				Purpose:	Follow-u		se Date //21/2024		
Owner's Ac		<u> </u>							
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>ns:</td></reda<>				Follow-up	Summary	of Violation	ns:		
Person in C				Complaint	$\cap$	(	$0_{R}$		
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R = R</td></reda<>				Pre-Operational	C	NC_	R = R		
Responsible			31	Temporary	Manu Tva	se (Saa addi	tional page)		
Kesponsible	e i cison s	E-ma	ш	НАССР	wichu i y	oc (see aaai	uonai page)		
Certified Fo	ood Handl	nr.		Other (list)	$10^{\circ}$	$\bigcirc$	$)_4\bigcirc_5\bigcirc$		
<redag< td=""><td></td><td>.1</td><td></td><td></td><td>1 2</td><td><u> </u></td><td><u>/4030</u></td></redag<>		.1			1 2	<u> </u>	<u>/4030</u>		
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"					
• 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 n	note					
			140 Violations to 11	10101					
Received by	*			Inspected by (name and title pr	rinted):				
<reda< td=""><td>acte</td><td><b>&lt;</b>c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	<b>&lt;</b> c		<redacted></redacted>					
Received by				Inspected by (signature):					
	-			,					
cc:			cc:		cc:				



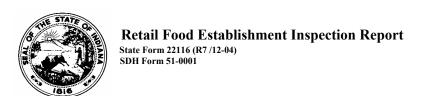
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
			Bar & Grill	812-602-1756	07/10/		12150
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	01/10/	2027	
Owner	S Bar	Kei	r Ave, Evansville, IN, 47712	<u> </u>	F-11	D-1	se Date
Terrie	Math	is		Purpose:  Routine	Follow-up NO		20/2024
Owner's A				Follow-up	Summary of		
<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	$ _{\rm C}$ U	NC 4	$\frac{2}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)
Certified F	ood Handle	er		Other (list)	$10_2$	$\bigcirc_3$ ( $\bullet$	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redag<>						<u></u>	<u> </u>
• CRITICAI	L ITEMS AR	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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
430	NC		Floor behind bar in ba	ad repair.		7-30-24	4
146	NC		Food containers not prop	erly labeled.		correcte	ed
				_			
Received by		_		Inspected by (name and title pr	rinted):		
<pre> <reda< pre=""></reda<></pre>	acte	 k		<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
		_					
cc:			cc:		cc:		



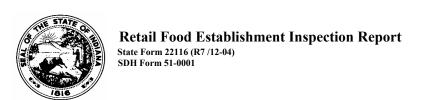
Establishmo Little		sar	`s Pizza	Telephone Number (812-401-9555)	Date of Ins (mm/dd/yr	·j	тр# 12144
			mber and street, city, state, zip code)		07/09	/2024	
130 N	St Jo	se	ph Ave, Evansville, IN, 47711	' <redacted></redacted>			
Owner			, ,	Purpose:	Follow-uj	p Releas	se Date
Mitesh	n Bha	VSa	ars	<b>✓</b> Routine	No	07/	19/2024
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns.
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>_ `</td><td>_</td><td>_</td></reda<>	cted>			Complaint	_ `	_	_
Person in C	harge			Pre-Operational		NC (	$0_{\rm R}$
<reda< td=""><td>cted&gt;</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	Menu Typ	oe (See addi	tional page)
				HACCP			
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u> </u>	<u>)4U5U</u>
<redac< td=""><td>cted&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
<red< td=""><td>*</td><td></td><td>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</td><td><redacted></redacted></td><td>inica).</td><td></td><td></td></red<>	*		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<redacted></redacted>	inica).		
				Inspected by (signature):			
Received by	(signature	).		inspecied by (signature):			
cc:			cc:		cc:		



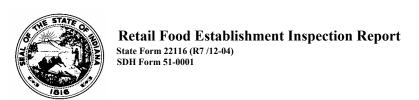
			<u> </u>	•			
Establishmo BOBS		ΑN	D FITNESS CENTER LLC - East	Telephone Number (812-402-2627)	Date of Ins (mm/dd/yr	)	1D# 12120
			mber and street, city, state, zip code) , Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	07/09	/2024	
Owner Wayne	e Ellis	3		Purpose:	Follow-up No		se Date 19/2024
Owner's Ac				Follow-up	Summary	of Violation	ns.
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td>_</td></reda<>	cted>			Complaint	Summary	_	_
Person in C						NC_(	) "()
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Pre-Operational</td><td>  C</td><td>NC_</td><td> R</td></reda<>	cted>			Pre-Operational	C	NC_	R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		$\sim$	
Certified Fo	ood Handle	er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> 050
• CRITICAL	. ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	ted.			
Received by		_		Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
					1		
cc:			cc:		cc:		



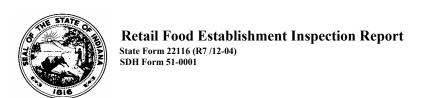
Establishm		_		Telephone Number	Date of Ins (mm/dd/yr)		ID#
Wayb	ack	Bu	rgers #150	812-422-4999	07/10		12016
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<redacted></redacted>	07/10	2024	
	Diam	non	d Ave, Evansville, IN, 47711				
Owner Philip	G Dz	ien	ciol	Purpose:	Follow-up No		se Date 20/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td></td><td>2</td></reda<>				Complaint	$\cap$		2
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td>/C 1.1</td><td></td></reda<>				Temporary		/C 1.1	
Responsible	e Person's	E-ma	11	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	or		Other (list)	100,0	$\bigcirc_3$ ( $\bullet$	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td><b>,</b>1</td><td></td><td></td><td></td><td><u></u></td><td><u>/4030</u></td></redag<>		<b>,</b> 1				<u></u>	<u>/4030</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
431	NC		Front line under grill in nee	ed of cleaning.		07/	10/2024
305	NC		Hood system in need o			07/	10/2024
				<u></u>			
Received by	•	_ ^	printed):	Inspected by (name and title pr	rinted):		
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>				<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
			<u>.</u>				
cc:			cc:		cc:		
Ī							



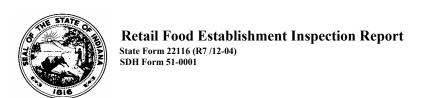
Establishm				Telephone Number	Date of Insp		ID#
Aldi F	Foods	s Ir	nc #3	812-909-9187	(mm/dd/yr)		11689
			mber and street, city, state, zip code)	( ) Owner	07/09/	2024	
214 S	Rose	nbe	erger Ave, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner			11.10	Purpose:	Follow-up		se Date
ALDI I		<u>JS</u>	INC	<b>✓</b> Routine	No	07/	19/2024
Owner's A				Follow-up	Summary o	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>				Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	$_{\rm C}$	NC_(	$\frac{1}{R}$
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>М Т</td><td>/C 11:</td><td></td></reda<>			2	Temporary	М Т	/C 11:	
Kesponsible	e Person's	L-ma	II.	НАССР	Menu Type	: (See aaai	tional page)
Certified F	ood Handle	or		Other (list)	10,0	$\bigcirc$	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u>/43_</u></td></redag<>						<u></u>	<u>/43_</u>
		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED "C"	<u> </u>		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	ote.			
					+		
-							
					<del></del>		
Received by			printed):	Inspected by (name and title p	rinted):		
<reda< td=""><td>acte</td><td><b>&lt;</b>c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	<b>&lt;</b> c		<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
cc:			сс:		cc:		



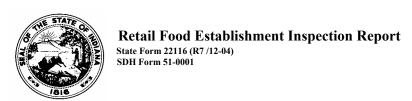
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Walg	reens	s #	10939	812-475-9541	07/08/		11605
			mber and street, city, state, zip code)	<pre></pre>	07/06/	2024	
	Davis	La	ant Dr, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner		\ _		Purpose:	Follow-up		se Date
Walgr		0		<b>✓</b> Routine	No	07/	18/2024
Owner's Ac				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		(	) ()
Person in C				Pre-Operational	$_{\rm C}$	NC_(	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible			:1	Temporary	Manu Tym	. (Saa addi	tional page)
Kesponsibil	e i eison s	L-ma	11	HACCP	Wichu Type	. (See aaar	nonai page)
Certified F	ood Handle	er		Other (list)	$1 \odot_2 ($	$\bigcirc_3$	$)_4\bigcirc_5\bigcirc$
<redac< td=""><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u> </u></td></redac<>						<u></u>	<u> </u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
					ID IN THE N	ADD ATIME	DELOW AC "D"
	C/NC		PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MIMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	11		10 Be C	orrected By
			No violations no	otea.			_
-							
					+		
					<del></del>		
Received by			printed):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>				<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



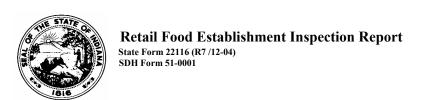
Establishme	e Falent Addres N St J	Joe SE	Market  mber and street, city, state, zip code)  Ave, Evansville, IN, 47720	(8) (V) Pur	ephone Number 12-963-3175 redacted> roose: Routine Follow-up	Follow-u NO Summary	7) 0/2024 p Releas	11551 11551 se Date 19/2024
Person in C	harge				Complaint Pre-Operational	$_{\rm C}$ 1	NC_	$\bigcup_{\mathbf{R}} (\mathbf{U})$
<reda< td=""><td></td><td></td><td>1</td><td>=</td><td>Геmporary</td><td></td><td>oe (See addi</td><td></td></reda<>			1	=	Геmporary		oe (See addi	
Kesponsible	e rerson's	c-ma	ш		НАССР	Menu Tyj	se (see aaaii	ionai page)
Certified Fo		er			Other (list)	1 2	<u>()</u> 3	) <sub>4</sub> <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKI	ED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMAI	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative					orrected By
177	С		Food stored improperly on floor	r in f	freezer walk in.		07/0	)9/2024
Received by	acte	<b>&lt;</b> k		<r< td=""><td>ected by (name and title predacted&gt;</td><td>inted):</td><td></td><td></td></r<>	ected by (name and title predacted>	inted):		
Received by	(signature)	):		Inspe	ected by (signature):			
cc:			cc:			cc:		



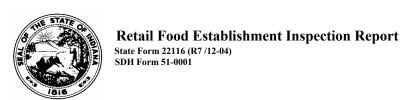
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Ricks	Darı	ms	tadt Inn	812-867-7300	07/09/		11543
			mber and street, city, state, zip code)	<redacted></redacted>	07/09/	2024	
	Darr	nst	adt Rd, Evansville, IN, 47725	<re><reuacieu></reuacieu></re>			
Owner Richa	rd Ke	nne	edy - JLK Bar Holdings II Inc.	Purpose:	Follow-up NO		se Date // 19/2024
Owner's Ac	ddress			Follow-up	Summary o	of Violatio	ns:
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>آ م</td><td>_</td><td>_</td></reda<>	cted>			Complaint	آ م	_	_
Person in C				Pre-Operational	$ _{\mathbf{C}}$ $\mathbf{U}$	NC_(	J <sub>R</sub> U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Type	: (See addi	tional page)
				Other (list)	$\bigcirc$		
Certified Fo		er			$1 \underline{\bigcirc 2}$	<u>3</u> C	<u>/45_</u>
					<u> </u>		
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
			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.			
		L					
						_	
					+		
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted)·		
<red< td=""><td>acte</td><td><u>&lt;</u>t</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	acte	<u>&lt;</u> t		<redacted></redacted>			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		
ĺ					1		



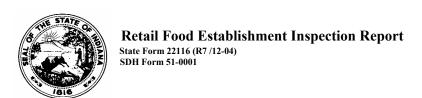
Establishm		<u> </u>		Telephone Number Date of Inspection (mm/dd/yr)				
Venu				270-860-8214	07/10	)/2024	11448	
			nber and street, city, state, zip code) Rd., Evansville, IN, 47711	<pre><redacted></redacted></pre>		,		
Owner	IN DO	<u> </u>	Nu., Evansville, III, 477 11	Purpose:	Follow-u	n Dalası	se Date	
	and	FIIa	ada Hadjisavva	Routine	No		20/2024	
Owner's A			taa i laajioavva	Follow-up		of Violation		
<reda< td=""><td>cted&gt;</td><td>,</td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>	,		Complaint				
Person in C	Charge			Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC 4	$\frac{2}{R}$	
<reda< td=""><td>cted&gt;</td><td>•</td><td></td><td>Temporary</td><td>C</td><td>. NC</td><td>_ K</td></reda<>	cted>	•		Temporary	C	. NC	_ K	
Responsible	e Person's	E-mai	ı	HACCP	Menu Tyj	oe (See addi	tional page)	
				Other (list)				
Certified F	ood Handl	er		Other (list)	1 <u></u> 2	$\bigcirc 3$	<u> 1405</u>	
• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	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				orrected By	
415	С		Pest present in kitch		07/10/2024			
177	NC		Food stored improperly on	floor in freezer.		07/	10/2024	
431	NC		Area near fryer on front line in	need of cleaning.		07/10/2024		
						1		
						<u> </u>		
						<u> </u>		
						1		
Received by			rinted):	Inspected by (name and title p	rinted):			
Received by	y (signature	):		Inspected by (signature):				
cc:			cc:		cc:			



	et T-1	s (nu	mber and street, city, state, zip code) e, Evansville, IN, 47710	Telephone Number  (812-426-2218  ( <redacted> Purpose:</redacted>	Date of Insp (mm/dd/yr) 07/11/ Follow-up	2024	11388 11388 se Date
Targe <sup>-</sup>	t Corr	or	ation	Routine	No		21/2024
Owner's Ac				Follow-up	Summary of		
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td>_</td></reda<>	cted>			Complaint	Summary	_	_
Person in C				Pre-Operational	$\int_{C} U$	NC_	<b>0</b>
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>C</td><td>NC</td><td> K</td></reda<>	cted>				C	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	102	<u>3</u>	<u> 1405</u>
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	SUMMARY OF VIOLATIONS" A	ND IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violations.				
					+		
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted).		
<red< td=""><td>acte</td><td><u>&lt;</u>t</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	acte	<u>&lt;</u> t		<redacted></redacted>			
Received by	(signature	):		Inspected by (signature):			
cc:			cc:	1	cc:		



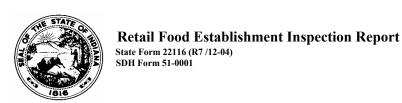
Establishm				Telephone Number	Date of Ins		ID#
Taco	Johr	าร		(812-473-7841	(mm/dd/yr	r) 1/2024	11386
			nber and street, city, state, zip code)	( ) Owner	07/11	/2024	
	Wash	ingt	ton Ave., Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner	احالك		t Hearitality TNI LLC	Purpose:	Follow-u		se Date
		⊨as	t Hospitality TN LLC	Routine	No	07/	21/2024
Owner's A				Follow-up	Summary	of Violation	ns:
Person in C				Complaint	2	(	) 1
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>(</td><td><u></u></td></reda<>				Pre-Operational	C	(	<u></u>
Responsible			1	Temporary Temporary	Menu Tv	ne <i>(See addi</i>	tional page)
F				НАССР			
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	$\bigcirc_3$	$)_{4}\bigcirc_{5}\bigcirc$
• CRITICAI	L ITEMS AI	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	EATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
191	С	R	RTE food items not date marke	ed in walk-in cooler			rrected
443	С		Sanitizer solution for wipe c		-		rrected
- 10				nound too mount			
Received by		_ *		Inspected by (name and title p	rinted):		
<pre><red< pre=""></red<></pre>	acte	d>		<redacted></redacted>			
Received by	y (signature	:):		Inspected by (signature):			
cc:			ce:		cc:		



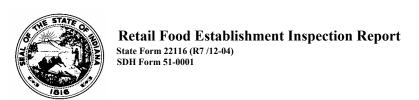
							-
Establishm		#2	001087	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-422-2153	07/08	3/2024	11384
			Expressway, Evansville, IN, 47712	' <redacted></redacted>			
Owner	-		-	Purpose:	Follow-u		se Date
Bell In		<u>L</u>	<u>_C</u>	<b>✓</b> Routine	No	07/	18/2024
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td><math>1_{R}</math></td></reda<>				Complaint			$1_{R}$
<reda< td=""><td></td><td>ı</td><td></td><td>Pre-Operational</td><td><math>^{\rm C}</math></td><td>NC</td><td>R</td></reda<>		ı		Pre-Operational	$^{\rm C}$	NC	R
Responsible			iI	Temporary	Menu Ty	pe (See addi	tional page)
				НАССР			
Certified For		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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				orrected By
310	NC		Hood vent system s	soiled.		07/0	08/2024
						<u> </u>	
						l	
						- I	
						·	
						<del></del>	
Received by				Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



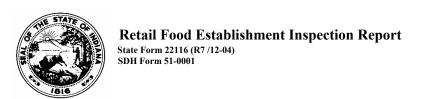
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Taco	Bell	#3	001019	812-464-2374	07/08/		11382
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre></pre>	07/06/	2024	
	First A	ŀνe	e, Evansville, IN, 47710	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
Bell In		L	LC	<b>✓</b> Routine	No	07/	18/2024
Owner's A				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>				Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	$_{\rm C}$	NC_(	$\frac{1}{R}$
Responsible			9	Temporary	M T	(C 11:	tional page)
Kesponsibio	e rerson's	c-ilia	II	HACCP	Menu Type	; (see aaai	iionai page)
Certified F	ood Handle	er		Other (list)	1()2(	$\bigcirc_3$ ( $\bullet$	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>-</td><td></td><td></td><td></td><td><u></u></td><td><u>- 1                                   </u></td></redag<>		-				<u></u>	<u>- 1                                   </u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	AARKED "C"			
					D DUTTER N	DD ATHE	DELOW AS (DE
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
Received by			printed):	Inspected by (name and title pr	rinted):		
<reda< td=""><td>acte</td><td><b>&lt;</b>c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	<b>&lt;</b> c		<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



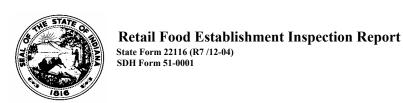
4750 \ Owner	ray ent Addres W Llo	yd	mber and street, city, state, zip code) Expwy, Evansville, IN, 47712	**Telephone Number** (812-429-0090 ( <redacted> Purpose:</redacted>	Date of Insp (mm/dd/yr) 07/11/	2024 Releas	11361 11361 se Date
Piyusł	n Pate	el		Routine	No	07/	21/2024
Owner's Ac				Follow-up	Summary o	f Violatio	1S:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>آ م</td><td>_</td><td>_</td></reda<>		1		Complaint	آ م	_	_
Person in C				Pre-Operational	$_{\rm C}$ U	NC_	$\mathcal{I}_{R}$ $U_{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified F	177 11			Other (list)	-0.0	7,6	$\bigcirc$
<redac< td=""><td></td><td>er</td><td></td><td></td><td></td><td><u> </u></td><td><u> 4050</u></td></redac<>		er				<u> </u>	<u> 4050</u>
		EIDI	NAMES OF THE CAME OF THE PARTY OF THE COLUMN OF	A DATED ((C))			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		,	Γο Be Co	orrected By
			No violations to r	note.			
Received by	acte	<u> k</u>	orinted):	Inspected by (name and title posterior < redacted >	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm	ont Nama			Telephone Number	Date of In	spection	ID#
		e-	In #105	812-421-1700	(mm/dd/y	r)	11329
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)		07/09	9/2024	
			Expressway, Evansville, IN, 47712	' <redacted></redacted>			
Owner	<b>.</b>			Purpose:	Follow-u		se Date
4		e-In	of Evansville Inc	<b>✓</b> Routine	No	07/	19/2024
Owner's A				Follow-up	Summary	of Violation	18:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>-</td><td><math>\cap</math></td></reda<>		1		Complaint		-	$\cap$
Person in C				Pre-Operational	c	NC	$I_{R}0$
Responsible			il	Temporary	Menu Tv	pe (See addi	tional page)
responsible	er erson s			НАССР	- Wiena Ty	pe (See dada)	
Certified F	ood Handl	er		Other (list)	$10^{\circ}$	$\bigcirc_3$	$_{4}\bigcirc_{5}\bigcirc$
<redag< td=""><td></td><td></td><td></td><td></td><td>1</td><td><u> </u></td><td><u></u></td></redag<>					1	<u> </u>	<u></u>
• CRITICAL	L ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	VARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
430	NC		Tiles around drain by fountain drinks missing	. Floor holding stagnar	nt water	08/3	30/2024
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



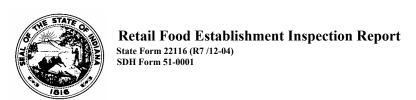
Establishm			Dizzo #125	Telephone Number	Date of Ins (mm/dd/yr		ID#	
			Pizza #135	812-473-5200	07/08	3/2024	11248	
			mber and street, city, state, zip code) a St, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner	۸ ۱			Purpose:	Follow-u			
Scott A		<u>S</u>		Routine	No	07/	18/2024	
Owner's Ad				Follow-up	Summary	of Violation	iS:	
Person in C				Complaint		7	$3_{\rm R}0$	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><math>R_{\underline{}}</math></td></reda<>				Pre-Operational	C	NC_	$R_{\underline{}}$	
Responsible			il	Temporary	Menu Tv	pe <i>(See addit</i>	ional page)	
•				НАССР				
Certified Fo		er		Other (list)	1 2	$\bigcirc_3$	$0_4 \bigcirc 5 \bigcirc$	
<redac< td=""><td>ziea&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ziea>							
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative			To Be Co	rrected By	
177	NC		Food stored incorrectly on	floor in cooler.		Coi	rrected	
431	NC		Frontline in need of c	cleaning.		07/08/2024		
218	NC		Sanitizer dispenser in need of repair	r at 3 compartment	sink.	07/0	08/2024	
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):			
<red< td=""><td>*</td><td>_ *</td><td></td><td><redacted></redacted></td><td>,</td><td></td><td></td></red<>	*	_ *		<redacted></redacted>	,			
Received by	(signature)	):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
China		_		812-423-1896	07/10/	2024	11147
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	07/10/	2024	
	Diam	non	d Ave, Evansville, IN, 47711			•	
Owner Hui Ya	ana			Purpose:	Follow-up		se Date // 20/2024
Owner's Ac				<del>                                     </del>			
<reda< td=""><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary o</td><td></td><td></td></reda<>				Follow-up Complaint	Summary o		
Person in C					$\bigcup_{i \in I} U_i$	NC_	1 50
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC</td><td>_ K</td></reda<>	cted>			Pre-Operational	<u> </u>	NC	_ K
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP	$\bigcirc$ (		
Certified Fo		er		Other (list)	1 <u></u> 2		<u>/4</u> 5 <u> </u>
		RE IDE	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 С	orrected By
177	NC		Food stored improperly on	floor in cooler		07/	10/2024
Received by		_	printed):	Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
Received by	(signature)	<i>)</i> .		inspected by (signature).			
cc:			cc:		cc:		
			1				



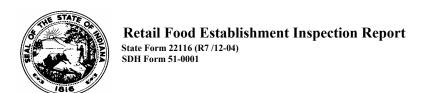
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Lic's	Ice C	<b>re</b>	am	812-477-3131	07/08/		11084
			mber and street, city, state, zip code)	<pre></pre>	07/06/	2024	
	Linco	n <i>F</i>	Ave., Evansville, IN, 47714				
Owner	طاء: مصا			Purpose:	Follow-up		se Date
Don S				<b>✓</b> Routine	No		18/2024
Owner's Ad				Follow-up	Summary of	of Violation	ns:
Person in C				Complaint	1 0	$_{\rm NC}$	) ()
<reda< td=""><td></td><td>ı</td><td></td><td>Pre-Operational</td><td>  c</td><td>NC_</td><td>- R</td></reda<>		ı		Pre-Operational	c	NC_	- R
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified F		er		Other (list)	$1 \bigcirc 2$	<u> </u>	) <u>4U5U</u>
<redag< td=""><td>cted&gt;</td><td></td><td></td><td></td><td><u> </u></td><td></td><td></td></redag<>	cted>				<u> </u>		
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	(name and	l title p	printed):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td>_</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>		_		<redacted></redacted>			
Received by				Inspected by (signature):			
cc:			cc:		cc:		



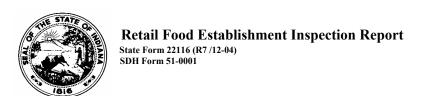
							-	
Establishm		`ro	om	Telephone Number Date of Inspection (mm/dd/yr)				
Lic's				812-424-3066	07/11	/2024	11082	
2001 \	ent Addres Nash	ina ina	mber and street, city, state, zip code) ton Ave., Evansville, IN, 47714	<pre><redacted></redacted></pre>				
Owner		<u>9</u>		Purpose:	Follow-uj		se Date	
Don S	mith			<b>✓</b> Routine	No	07/	21/2024	
Owner's A				Follow-up	Summary	of Violatio	ns:	
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) (</td></reda<>		1		Complaint	$\cap$	(	) (	
Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{0}{R}$	
Responsible			:	Temporary	Monu Tur	o (Saa addi	tional page)	
Responsible	e r erson s	L-IIIa	ı	НАССР	wienu ryp	e (see aaai	itonai page)	
Certified F	ood Handl	er		Other (list)	$1\bigcirc_2$	$\odot_3$ C	$_{4}O_{5}O$	
<redac< td=""><td>cted&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>							
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be C	orrected By	
			No noted violation	ons.				
Received by				Inspected by (name and title p	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



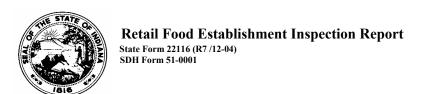
Establishm Fairfi		n	Evansville West	Telephone Number   Date of Inspection (mm/dd/yr)   1096				
			mber and street, city, state, zip code)	1		07/09	)/2024	10001
5400			Rd., Evansville, IN, 47712		<redacted></redacted>			
Owner Phybe	ell De	vel	opment Corp		rpose: Routine	Follow-u No		se Date 19/2024
Owner's A			эро	_	Follow-up		of Violation	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td><math>\vdash</math></td><td>Complaint</td><td></td><td>_</td><td></td></reda<>	cted>			$\vdash$	Complaint		_	
Person in C	Charge			╠	Pre-Operational	$\int_{C} \mathbf{U}$	NC_(	) , ()
<reda< td=""><td>cted&gt;</td><td></td><td></td><td><b>—</b></td><td>i -</td><td>C</td><td>_ NC</td><td> K</td></reda<>	cted>			<b>—</b>	i -	C	_ NC	K
Responsible	e Person's	E-ma	il		Temporary	Menu Ty	pe (See addi	tional page)
				┢	HACCP			
Certified F		er			Other (list)	1 <u>U</u> 2	<u>U</u> 3 <u>C</u>	<u>/405</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	<b>IAR</b> k	KED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations to n	ote	Э.			
Received by					redacted>	rinted):		
Received by					pected by (signature):			
				•	/			
cc:			cc:			cc:		



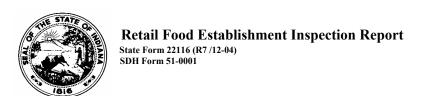
Establishm BOBS		M A	AND FITNESS CENTER LLC	Telephone Number 812-424-2627	Date of Ins (mm/dd/yr	)	10871
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	( ) Owner .	07/11	/2024	10071
	Rose	nbe	erger Ave, Evansville, IN, 47712	' <redacted></redacted>			
Owner Wayn	e Ellis	3		Purpose:	Follow-up	Releas	se Date //21/2024
Owner's A				Follow-up	Summary	of Violation	
<reda< td=""><td>cted&gt;</td><td>1</td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>	1		Complaint		_	_
Person in C				Pre-Operational		NC (	$\frac{0}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			$\bigcirc\bigcirc\bigcirc$
Certified F		er			1 2	<u>3</u>	<u>/405</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to n	note.			
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



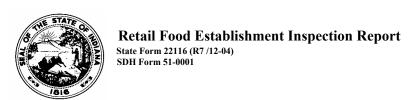
Establishm	a Expedidress Cted> Charge Cted>	rds res		Telephone Number  (812-479-8889  (redacted>  Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP	Follow-u NO Summary	P Release 07/	
Certified Fo		er		Other (list)	1 2	<u></u>	<u>)4</u> <u>0</u> 5 <u>0</u>
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ND IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	oted.			
Received by	acte	<b>d&gt;</b>	printed):	Inspected by (name and title   < redacted>	orinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



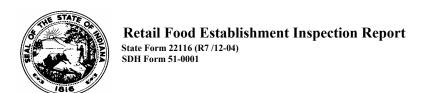
			• •	•			
Starb		C	offee Co. #29444	Telephone Number 812-549-4053	Date of Ins (mm/dd/yr)	)	13755
			mber and street, city, state, zip code) Expressway, Evansville, IN, 47712	( )Owner _	07/09	/2024	
Owner			fee Co.	Purpose:	Follow-up No		se Date /19/2024
Owner's Ac				Follow-up	Summary	of Violatio	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td>_</td></reda<>	cted>			Complaint	Summary	_	_
Person in C	harge			Pre-Operational		NC_	$J_{B}U_{I}$
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td></td><td>NC</td><td> K</td></reda<>	cted>					NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For		er		Other (list)	1 2	<u>3</u>	<u>/4</u> 5 <u> </u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	AARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1		orrected By
			No violations to n	note			<u>,                                      </u>
			140 Violations to 1	1010.			
							-
Received by	*		orinted):	Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



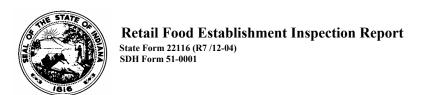
			<u> </u>				
Establishm		Ρi	e Company	Telephone Number	Date of Ins (mm/dd/yr		то# 13787
			mber and street, city, state, zip code)	812-449-7718	07/09	/2024	13/6/
			rnon Ave, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>			
Owner	_			Purpose:	Follow-up		se Date
Jennif	er La	mb	le	Routine	No	07/	19/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) (</td></reda<>		1		Complaint	$\cap$	(	) (
Person in C				Pre-Operational	$_{\rm C}$ $\cup$	NC_	J <sub>R</sub> U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>-</td><td></td><td></td></reda<>				Temporary	-		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	itional page)
				Other (list)	-		$\bigcirc\bigcirc$
Certified Fo		er			$1 \underbrace{\bigcirc 2}$	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to n	ote.			
Received by	(name and	l titla ı	printed):	Inspected by (name and title p	rinted):		
<red< td=""><td>,</td><td></td><td>milica).</td><td><redacted></redacted></td><td>inicu).</td><td></td><td></td></red<>	,		milica).	<redacted></redacted>	inicu).		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		
•			•		•		



Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
Swor	ider I	ce	Rink	812-479-0989	07/09		14048
			mber and street, city, state, zip code)	<pre></pre>	07/09/	2024	
	Boek	(e l	Rd, Evansville, IN, 47711				
Owner	t Rue	امء	II	Purpose:	Follow-up NO		se Date /19/2024
Robert Russell Owner's Address				Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<>				Follow-up	Summary	of Violation	
Person in C				Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC_	J <sub>B</sub> ()
<reda< td=""><td>cted&gt;</td><td>ı</td><td></td><td>Pre-Operational Temporary</td><td><u> </u></td><td>NC</td><td> K</td></reda<>	cted>	ı		Pre-Operational Temporary	<u> </u>	NC	K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified F		er			1 2	<u>3</u>	<u> 1405</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	NC		Food stored incorrectly on	floor in cooler.		07/0	09/2024
Received by				Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



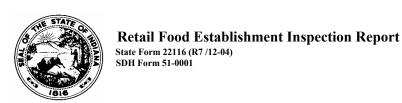
Establishm		ark	ouck's T-108	Telephone Number  Date of Inspection (mm/dd/yr)  11414			
			mber and street, city, state, zip code)	812-426-2218	07/11	/2024	14141
400 N			e, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner	. 0		•	Purpose:	Follow-up		se Date
Targe		or	ation	<b>✓</b> Routine	No	07/	21/2024
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>		1		Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	$0_{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	ll .	НАССР	Menu Typ	e (See addi	tional page)
Certified F	and Handl			Other (list)	100	$\bigcirc$	$\bigcirc$
<redag< td=""><td></td><td>er</td><td></td><td></td><td></td><td><u> </u></td><td><u> </u></td></redag<>		er				<u> </u>	<u> </u>
		VE INI	NAMES OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER.	A DAVED ((C))			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N				
• VIOLATIO		ATED	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
			No violations to r	note.			
D : 11	<u> </u>			Y			
Received by			orinted):	Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



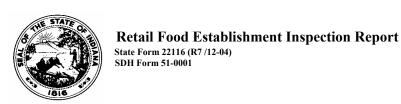
					_			
Establishm		/ar	nsville	Telephone Number	Date of Inspection (mm/dd/yr) 1416			
			mber and street, city, state, zip code)	\[ \( \) \(	07/09	/2024	14103	
1122 I	Hirsch	ılaı	nd Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-u		se Date	
Byour		Lee	9	<b>✓</b> Routine	Yes	07/	19/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>) (</td></reda<>				Complaint	1		) (	
Person in C				Pre-Operational	<b>C</b>	NC_	$\frac{2}{R}$	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-mai	il	НАССР	Menu Ty	se (See addi	tional page)	
Certified F	ood Handle	ar.		Other (list)	10,	$\bigcirc$	),()_5()	
<redag< td=""><td></td><td><b></b></td><td></td><td></td><td>1 2</td><td><u></u></td><td><u>/4030</u></td></redag<>		<b></b>			1 2	<u></u>	<u>/4030</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
199	NC		Improper thawing ted	chnique.		Co	rrected	
192	С		No policy in place for using time as	a public health cor	ntrol.	07/	16/2024	
245	NC		Improper storage of wet v	wiping cloths.		Co	rrected	
Received by			orinted):	Inspected by (name and title p	rinted):			
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>				<redacted></redacted>				
Received by	(signature)	):		Inspected by (signature):				
201			T		201			
cc:			cc:		cc:			



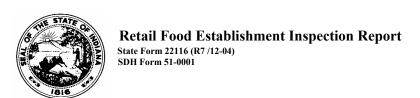
				m.,	D : 01		YD #
Establishme Tropica		oot	hie Cafe (Byrne Riney Smoothie)	Telephone Number (812-297-9727	Date of Ins (mm/dd/yr 07/09	14302	
			mber and street, city, state, zip code) iver Rd Ste 5, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>	07709	/2024	
Owner Byrne	Rine	y S	moothie Evv	Purpose:	Follow-uj		se Date 19/2024
Owner's Ac				Follow-up	Summary	of Violation	ne:
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td></td><td>_</td><td>_</td></reda<>	cted>					_	_
Person in C				Complaint		(	) ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>c</td><td>NC_</td><td><math>0_{R}</math></td></reda<>				Pre-Operational	c	NC_	$0_{R}$
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)
•				НАССР			
Certified Fo		er		Other (list)	102	<u>O</u> 3 <u>C</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	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.			
Received by	•			Inspected by (name and title p	rinted):		
<reda< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>				<redacted></redacted>			
Received by	(signature)	):	-	Inspected by (signature):			
cc:			cc:		cc:		



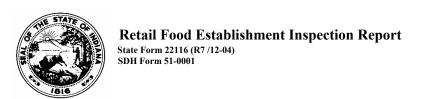
Establishm	_	_		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Sunri	se Ca	afe	)	812-626-0050	07/09/	2024	14858
			mber and street, city, state, zip code)	()Owner	07/09/	2024	
8401 N	N. Ken	tuc	ky Suite J, Evansville, IN, 47725	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
Nancy		es		<b>✓</b> Routine	No	07/	19/2024
Owner's Ac				Follow-up	Summary o	f Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		(	) ()
Person in C				Pre-Operational	C	NC_	$\frac{1}{R}$
Responsible			:1	Temporary	Manu Tyme	(Saa addi	tional page)
Kesponsibil	e i cison s	L-ma	ш	НАССР	Wichu Type	(see aaai	iionai page)
Certified F	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	$\bigcirc$ 3 $\bigcirc$	$)_4\bigcirc_5\bigcirc$
<redac< td=""><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td><u>- 1                                   </u></td></redac<>						<u></u>	<u>- 1                                   </u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE NA	DD ATIVE	DELOWAS "D"
Section#	C/NC	R	Narrative	WIWIARY OF VIOLATIONS AN			
Section#	C/NC	K		+o.d		10 ве С	orrected By
			No violations no	ilea.			
Received by	*	_ *	printed):	Inspected by (name and title pr	rinted):		
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>				<redacted></redacted>			
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



E ( 111 1	4 <b>3</b> Y				D / CI		TD #	
Establishmo Dunk				Telephone Number	Date of Inspection (mm/dd/yr) ID #			
		(	mber and street, city, state, zip code)	856-577-1106	07/08	/2024	10223	
			River Rd., Evansville, IN, 47715	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-uj		se Date	
Kamle	sh Pa	ate		Routine	No	07/	18/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_	
Person in C				Pre-Operational	$\bigcup_{i \in I} U_i$	NC (	$0_{\rm R}$	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>C</td><td>. 110</td><td>_ K</td></reda<>	cted>				C	. 110	_ K	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР		$\sim$		
Certified Fo	ood Handl	er		Other (list)	$1 \bigcirc 2$	<u> </u>	<u>)4U5U</u>	
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		2 11, 1112 1,		orrected By	
Section	C/ITC	IX		200		10 bt C	nrected By	
			No noted violation	JIIS.				
Received by				Inspected by (name and title p	rinted):			
<pre><reda< pre=""></reda<></pre>	acte	<b>&lt;</b> C		<redacted></redacted>				
Received by	(signature	):		Inspected by (signature):				
cc:			cc:		cc:			



				T			I	
Establishm Tater		nta	ations	Telephone Number (270-860-8214)	Date of Inspection (mm/dd/yr) ID#			
			mber and street, city, state, zip code)		07/09	/2024	10020	
			ach Ave., Evansville, IN, 47711	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-u		se Date	
David	Tuck	er		Routine	No	07/	19/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td>_ `</td><td></td><td>_</td></reda<>	cted>			Complaint	_ `		_	
Person in C	harge					NC	$0_{\rm R}$	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Pre-Operational</td><td>L</td><td>NC</td><td> K</td></reda<>	cted>			Pre-Operational	L	NC	K	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	oe (See addi	tional page)	
				НАССР				
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$	04050	
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
	0,1110		Approved for oper	ation				
			πρριονέα τοι όρει	ation.				
D-: 11	. (	4141		Tunnet-11 / 177	-i4- 1\			
Received by	*			Inspected by (name and title p	rınted):			
<red< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>				<redacted></redacted>				
Received by	(signature	):		Inspected by (signature):				
cc:			cc:		cc:			



Establishmond 2008 \	eria E ent Addres Wash eatriz ddress cted>	ing FI	Regio  mber and street, city, state, zip code) ton Ave, Evansville, IN, 47714  ores Ayala	Purpose: Routine Follow-up Complaint	-	Release	15329 se Date
<reda< td=""><td></td><td></td><td></td><td>✓ Pre-Operational  Temporary</td><td></td><td></td><td></td></reda<>				✓ Pre-Operational  Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handl	er		Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Approved				
Received by				Inspected by (name and title properties)	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			ec:		cc:		