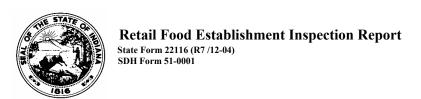
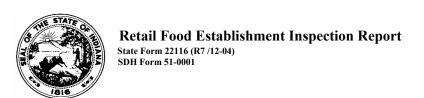


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Establishm		اما	- -	Telephone Number	Date of Ins (mm/dd/yr		ID#	
Super 8 Motel				812-476-4008	07/22	2/2024	11562	
Establishment Address (number and street, city, state, zip code) 4600 E Morgan Ave, Evansville, IN, 47715				<pre><redacted></redacted></pre>	01722	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Owner	_ 10101	gu		Purpose:	Follow-u	n Releas	se Date	
JATIN	I PAT	EL		Routine	No		01/2024	
Owner's A	ddress			Follow-up	Summary	of Violation	ns:	
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Person in C				Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC_	I _R U	
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	se (See addi	tional page)	
				Other (list)				
Certified F		er			1 2	$\bigcirc 3 \bigcirc$	<u> 1405</u>	
Cieuad	JIEU>							
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
218	NC		Freezer in need of repair	door broken.		07/22/2024		
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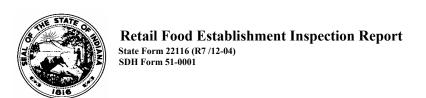
Fetablishm	ont Nama			Telephone Number	Date of Ins	enection	ID#	
Establishment Name Econolodge Inn & Suites				812-471-9340	(mm/dd/yr	11214		
Establishment Address (number and street, city, state, zip code) 1930 Cross Pointe Blvd., Evansville, IN, 47715				() Owner .				
	71033	1 0	inte biva., Evansville, IIV, 477 13		F 11	D 1	<u> </u>	
Owner Piyush	n(Pete	e)	Patel	Purpose: Routine	Follow-u		se Date 01/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>_ `</td><td>_</td><td></td></reda<>	cted>			Complaint	_ `	_		
Person in C	harge				$\int_{\Omega} \int_{\Omega} \int_{\Omega} du$	NG ($0_{\rm R}$	
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Responsible			il	Temporary	Menu Tvi	oe (See addi	tional page)	
				НАССР				
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		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"				
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No violations no	nted				
			THE VIOLATION IN	nou				
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Establishm				Telephone Number	Date of Inspe	ection	ID#	
Jersey Mike's				812-618-3939	(mm/dd/yr)	2024	14543	
Establishment Address (number and street, city, state, zip code)					07/26/2	2024		
939 B	urhar	dt S	Suite A, Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
		Sub	os, LLC	✓ Routine	No	08/	05/2024	
Owner's Ac				Follow-up	Summary of	f Violatio	ns:	
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_(J _R U	
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Responsible	e Person's	E-mai	il	НАССР	Menu Type (See additional page)			
Certified F	ood Handle	256		Other (list)	10,0,0,0			
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADKED "C"	<u> </u>			
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative			10 Be Co	orrected By	
			No noted violation	ons.				
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Received by				Inspected by (signature):				
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Big Ass Slice Shop				Telephone Number	Date of Ins (mm/dd/yr	ID#		
U				812-202-8171	07/26	15335		
Establishment Address (number and street, city, state, zip code) 900 Main St suite 230, Evansville, IN, 47708				<pre><redacted></redacted></pre>				
Owner	<u> </u>			Purpose:	Follow-u	p Releas	se Date	
Josep	h Not	ter	& Michael Wathen	Routine	Yes		05/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Responsible	e Person's	E-ma	ll .	НАССР	Menu Ty	se (See addi	tional page)	
Certified F	ood Handl	er		Other (list)	10,0,0,0,0			
Certified 1	ood IIIIIGI				1	<u></u>	<u>/ 4 </u>	
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
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Section#	C/NC	R	Narrative			To Be C	orrected By	
			Approved for oper	ation.				
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Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#	
Kung Fu Chicken Inc				812-550-1145	07/23		15337	
Establishment Address (number and street, city, state, zip code)				() Owner	01/23/	2024		
325 S.	. Gree	n F	River Rd., Evansville, IN, 47715	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Wen [ıng		Routine	No	08/	02/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Person in C				✓ Pre-Operational	$_{\rm C}$ \cup	NC_(J _R U	
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Responsible	e Person's	E-mai	il	HACCP	Menu Type (See additional page)			
C (10 1 E	1 77 11			Other (list)				
Certified F	ood Handl	er				<u>3</u> C	<u> 405</u>	
				l				
• CRITICAL	L ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
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				Inspected by (name and title p <redacted></redacted>	imtea):			
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