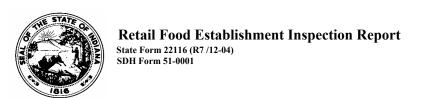


				_	1		
Establishm		Λn	Coffee Co.	Telephone Number	Date of Ins (mm/dd/yr		ъ# 13224
	_			812-602-3123	08/08	/2024	13224
612 S	Weir Weir	is (nui lba	mber and street, city, state, zip code) ch Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner			· · · · · · · · · · · · · · · · · · ·	Purpose:	Follow-u		se Date
Jessic	a Paı	S0	ns	Routine	No	08/	18/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>_ `</td><td>_</td><td>_</td></reda<>	cted>			Complaint	_ `	_	_
Person in C				Pre-Operational	CU	NC ($0_{\rm R}$
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td>. 110</td><td>_ K</td></reda<>	cted>			Temporary		. 110	_ K
Responsible	e Person's	E-ma	il		Menu Typ	e (See addi	tional page)
				НАССР		\bigcirc G	
Certified F		er		Other (list)	1 <u>U</u> 2	<u> </u>	<u> 1405</u> 0
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	LITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	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 noted violati	ons.			
							-
Received by	(name and	title 1	orinted):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td>_</td><td></td><td><redacted></redacted></td><td>,.</td><td></td><td></td></red<>		_		<redacted></redacted>	,.		
Received by				Inspected by (signature):			
received by	(Signature)	,.		improved by (signature).			
co:			991		oo:		
cc:			cc:		cc:		



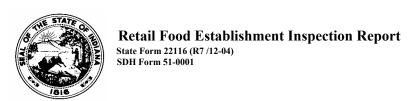
Establishme		N // a	and in Caill		lephone Number	Date of Ins		ID#
Big Bang Mongolian Grill					312-434-1725	`	5/2024	12346
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(<	<redacted></redacted>	00,00	, = • = .	
Owner					rpose:	Follow-u		
Jun Cao Owner's Address					Routine	No		15/2024
<reda< td=""><td>_</td><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<>	_				Follow-up	Summary	of Violation	
Person in Charge					Complaint	<u> </u>	$_{ m NC}$	3 .0
<redacted></redacted>					Pre-Operational	<u>c</u>	NC_	<u> </u>
Responsible	e Person's	E-ma	il		Temporary	Menu Tyj	oe (See addit	ional page)
					HACCP			
Certified Food Handler <redacted></redacted>					Other (list)	1 2		<u>/4</u>
• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
218	NC		Cooler door in need of repair gaskets and door l	orok	en door unable to st	ay shut.	08/0)5/2024
218	NC		Dish machine in need of repair no	t di	spensing sanitiz	zer	08/05/2024	
			Dish sanitizer station set up in 3	cc	mpartment sink			
177	NC		Food stored improperly on	flo	or in cooler.		08/0)5/2024
Received by	,		· /		ected by (name and title pr	rinted):		
<reda< td=""><td>acte</td><td> b</td><td></td><td><r< td=""><td>edacted></td><td></td><td></td><td></td></r<></td></reda<>	acte	 b		<r< td=""><td>edacted></td><td></td><td></td><td></td></r<>	edacted>			
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Walg	reens	s #	15099	812-464-3656		2024	12280
			mber and street, city, state, zip code)		08/08/	2024	
4701 l	N Firs	t A	ve, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
		<u>, O</u>	- License Administration	✓ Routine	No	08/	18/2024
Owner's A				Follow-up	Summary o	f Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	J _R U
<reda< td=""><td></td><td></td><td>9</td><td>Temporary</td><td>M T</td><td>(C 11:</td><td></td></reda<>			9	Temporary	M T	(C 11:	
Responsible	e Person's	L-ma	11	НАССР	Menu Type	(See aaai	tional page)
Certified F	ood Handle	or		Other (list)	102	$)_{2}$),(),5()
<redag< td=""><td></td><td></td><td></td><td></td><td>1 2</td><td><u></u></td><td><u>/4030</u></td></redag<>					1 2	<u></u>	<u>/4030</u>
		F IN	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADKED "C"			
					D 131 271 17 31 4	DD 4 #11 / E	DEL OW 10 (D
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
	1						
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:		



Establishme		role	eum Inc.	Telephone Number (812-437-5072)	Date of Ins (mm/dd/yr	j	1D# 12086
			mber and street, city, state, zip code)		08/08	/2024	
			on Ave, Evansville, IN, 47712	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Jagir S	Singh			Routine	No	08/	18/2024
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					NC ($0_{\rm R}$
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td>L</td><td>NC</td><td> R</td></reda<>	cted>			Pre-Operational	L	NC	R
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)
_				НАССР		_	
Certified Fo	ood Handle	er		Other (list)	1()2	(•) ₃ ()) ₄ () ₅ ()
<redac< td=""><td></td><td></td><td></td><td></td><td></td><td><u> </u></td><td></td></redac<>						<u> </u>	
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
	0,1110		No violations to	note			, and the second second
			140 Violations to	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>,</td><td></td><td></td></red<>	*		,	<redacted></redacted>	,		
Received by				Inspected by (signature):			
received by	(Signature)	,.		impreciou of (dignature).			
cc:			cc:		cc:		



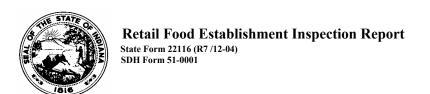
Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
Huck	s #38	33		(812-867-3811			12028
			mber and street, city, state, zip code)		08/05	/2024	
3131 I	Kansa	as	Rd, Evansville, IN, 47725	<pre><redacted></redacted></pre>			
Owner	-11 0	D 4	\(\(\operatorname{\text{F}} \(\operatorname{\text{A}} \(\operatorname{\text{F}} \(\operatorname{\text{A}} \(\t	Purpose:	Follow-up		se Date
		BA	YLEY INC	✓ Routine	No	08/	15/2024
Owner's A				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td></td><td>\sim</td></reda<>				Complaint	1		\sim
Person in C	_			Pre-Operational	C	NC_	$\frac{2}{R}$
Responsible			:1	Temporary	Monu Tyn	a (Saa addi	tional page)
Kesponsibil	e i eison s	L-IIIA	11	HACCP	Wichu Typ	c (see aaai	iionai page)
Certified F	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
<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>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
					JD IN THE M	ADD ATIVE	DELOWAS "D"
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MIMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative	af namalnia alda n			orrected By
218	NC		Make station cooler in need	<u> </u>			05/2024
431	NC		Dry storage area in need	-		08/05/2024	
118	С		Facility does not have a certi	fied food handler		08/0	05/2024
					-		
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:		



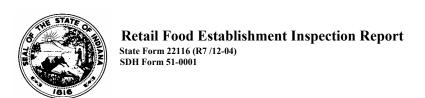
Establishm				Telephone Number	Date of Inspe	ction	ID#
Subw	<i>y</i> ay			812-473-7101	(mm/dd/yr)	2024	11803
			mber and street, city, state, zip code)	<redacted></redacted>	08/08/2	2024	
1677 I	Linco	n A	Ave, Evansville, IN, 47714	<redacted></redacted>			
Owner				Purpose:	Follow-up		se Date
PATH		<u>IIIN</u>		Routine	No	08/	18/2024
Owner's A				Follow-up	Summary of	Violation	is:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</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>9</td><td>Temporary</td><td>М Т</td><td>/C 11:</td><td></td></reda<>			9	Temporary	М Т	/C 11:	
Responsible	e Person's	E-mai	11	НАССР	Menu Type	(See aaai	nonai page)
Certified F	ood Handl	or		Other (list)	10,0	a) ₂ ($)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>.1</td><td></td><td></td><td></td><td><u></u></td><td><u>/4030</u></td></redag<>		.1				<u></u>	<u>/4030</u>
		E IDE	ENTERED IN THE CHECKLIST AND NADDATINE COLUMNS I	MARKER "C"	<u> </u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
	-						
Received by	(name and	title p	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				Inspected by (signature):			
	(2-8-1414)	, -		-r			
ec:			cc:		cc:		
cc:			cc.		cc:		



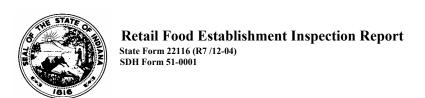
				T			T
Establishme Burge		nk		Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-475-2265	08/08	/2024	11770
1617 S	S Wei	nb	ach Ave, Evansville, IN, 47714	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
Don F	alcon	е		✓ Routine	No	08/	18/2024
Owner's Ac				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) (</td></reda<>				Complaint	\cap	() (
Person in C				Pre-Operational	$_{\rm C}$ U	NC ($0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addi	tional page)
				Other (list)			
Certified Fo		er		Other (list)	1 2	$\bigcirc 3 \bigcirc$	<u>/405</u>
<redac< td=""><td>ieu></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ieu>						
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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 noted violation	ons			
Received by				Inspected by (name and title pr	rinted):		
<pre><reda< pre=""></reda<></pre>	acte	< C		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



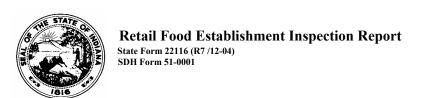
Establishm Mann		edi	terranean Grill	Telephone Number (812-473-7005)	Date of Ins (mm/dd/yr	o)	то# 11749
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		08/08	/2024	
2913 I	_incol	n A	Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner	1 1/00	20	///righti Manna	Purpose:	Follow-up		se Date
		na	/Kristi Manna	Routine	No		18/2024
Owner's Ad				Follow-up	Summary	of Violation	ns:
Person in C				Complaint		($0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R -</td></reda<>				Pre-Operational	C	NC_	- R -
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violat	ions.			
Received by	(nome and	titla	printed):	Inspected by (name and title p	rintad):		
<red< td=""><td></td><td>_</td><td>milieu).</td><td><pre><redacted></redacted></pre></td><td>inited).</td><td></td><td></td></red<>		_	milieu).	<pre><redacted></redacted></pre>	inited).		
Received by	(signature)):		Inspected by (signature):			
			<u> </u>		1		
cc:			cc:		cc:		



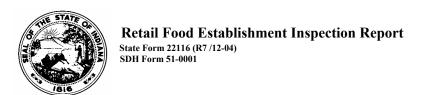
Establishm			_	Telephone Number	Date of Inspo (mm/dd/yr)	ection	ID#
Kenn	y Kei	∩t ¯	Toyota	812-473-5600	08/08/2	2024	11648
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	00/00/2	2024	
	Divisi	on	St, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner	2 D.//) I	-\/	Purpose:	Follow-up		se Date
CHRIS		KL t	<u> </u>	Routine	No	08/	18/2024
Owner's Ac				Follow-up	Summary of	f Violatior	as:
<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 Tyma	(Saa addi	tional page)
Kesponsibil	e i cison s	L-ma	11	HACCP	Wichu Type	(See addit	nonai page)
Certified F	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	•)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	MARKED "C"			
					ID IN THE NA	DD ATIVE	DELOW AC 4D9
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative National Na			To Be Co	orrected By
			No violations no	oted.			
Received by			printed):	Inspected by (name and title pr	rinted):	·	
<red< td=""><td><u>acte</u></td><td><u> </u></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	<u>acte</u>	<u> </u>		<redacted></redacted>			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



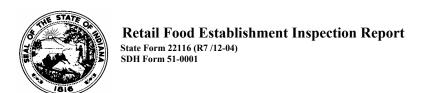
							-
Establishm		Δ±	[‡] 06574	Telephone Number	Date of Ins (mm/dd/yr		то# 11601
				812-425-3021	08/06	/2024	11001
			mber and street, city, state, zip code) Id Ave, Evansville, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Dollar	Tree	St	ores Inc	✓ Routine	No	08/	16/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<>	cted>			Complaint		_	_
Person in C				Pre-Operational			$0_{\rm R}$
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>L</td><td>, NC</td><td> K</td></reda<>	cted>				L	, NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Tyr	e (See addi	tional page)
				НАССР		\sim	
Certified F	ood Handl	er		Other (list)	$1\bigcirc 2$	\bigcirc 3 \bigcirc	$)_4 \bigcirc 5 \bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	. ITEMS AF	RE 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 no	ited.			
							_
Received by		_	printed):	Inspected by (name and title p	rinted):		
<reda< td=""><td>acte</td><td><u> </u></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	<u> </u>		<redacted></redacted>			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



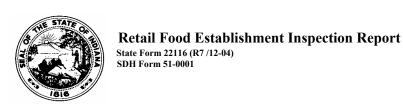
Establishm		e t	‡ 06850	Telephone Number (812-421-0225	Date of Ins (mm/dd/yr		тр# 11529
Alexander of the second of the			mber and street, city, state, zip code)		08/06	/2024	11529
			ve, Evansville, IN, 47713	<pre><redacted></redacted></pre>			
Owner Dollar	Tree	St	ores, Inc	Purpose:	Follow-up No		se Date // 16/2024
Owner's A			0100, 1110	 			
<reda< td=""><td></td><td>,</td><td></td><td>Follow-up</td><td>_ `</td><td>of Violation</td><td>_</td></reda<>		,		Follow-up	_ `	of Violation	_
Person in C				Complaint	$\int_{\Omega} \mathbf{U}$	NG ($0_{\rm R}$
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td> R</td></reda<>	cted>			Pre-Operational		NC_	R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\sim \sim	
Certified For		er		Other (list)	1 2	\bigcirc_3	<u>)4</u> 050
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	CATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
							-
Received by				Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		
			133.				



Establishm		\ _	LS Petroleum Inc	Telephone Number	Date of Ins (mm/dd/yr		ID#	
				812-401-1370	08/08	3/2024	11521	
			mber and street, city, state, zip code) Ave, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-u		se Date	
Parmo		lan	<u>kı</u>	Routine	No	08/	18/2024	
Owner's A				Follow-up	Summary	of Violatio	ns:	
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>•</td><td>) (</td></reda<>		1		Complaint		•) (
Person in C				Pre-Operational	$ _{\mathcal{C}}$ \mathbf{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 Tyj	pe (See addi	tional page)	
C .c. le	177 11			Other (list)	\Box	\bigcirc	\bigcirc	
Certified F		er				<u> </u>	<u> 1405</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 N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
431	NC		Facility in need of cl	eaning.		08/0	08/2024	
347	NC		Public Restroom in need of	f paper towels.		Corrected		
Received by	`		printed):	Inspected by (name and title p	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



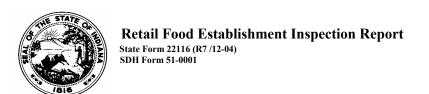
					_		
Establishm		F	ood Mart	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-473-3567	08/08	/2024	11311
			Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
		. d/	b/a University Food Mart	✓ Routine	No	08/	18/2024
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>		1		Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	0_{R}
Responsible			:1	Temporary	Monu Tym	o (Saa addi	tional page)
Kesponsion	e i eison s	L-ilia	11	НАССР	wichu Typ	c (see aaai	tional page)
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	\odot_3 C	$_{4}O_{5}O$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td><u> </u></td><td></td></redac<>	cted>					<u> </u>	
• CRITICAI	L ITEMS AI	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
			No noted violation	ons.			
Received by		_		Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
cc:			ce:		cc:		



				T		_	T
Establishmo		lkt/S	Smoke Shop DBA Columbia Food Mart	Telephone Number (812-430-7831	Date of Ins (mm/dd/yr	o)	ъ# 11293
			mber and street, city, state, zip code) Dia St, Evansville, IN, 47710	<pre><redacted></redacted></pre>	08/08	/2024	
	Oole	41111	old Ot, Evalisville, IIV, 477 TO				<u> </u>
Parmo	od Ku	ma	r	Purpose: Routine	Follow-uj		se Date // 18/2024
Owner's Ac	ddress			Follow-up	Summary	of Violation	us.
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>_ `</td><td>_</td><td>_</td></reda<>	cted>				_ `	_	_
Person in C				Complaint	l ()	NC_) ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>, R_</td></reda<>				Pre-Operational	C	NC_	, R_
Responsible	e Person's	E-ma	1	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	1(1),	\bigcirc 3 \bigcirc 3)4050
<redac< td=""><td></td><td></td><td></td><td></td><td>1</td><td><u> </u></td><td><u> </u></td></redac<>					1	<u> </u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "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	ote.			
Received by		_		Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Rosie	s Di	ine	er	812-421-1121	08/06/	2024	11289
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	00/00/	202 4	
	vv ivia	ryi	and St., Evansville, IN, 47710		<u> </u>	_	
Owner Basel	Gibso	on		Purpose:	Follow-up		se Date // 16/2024
Owner's Ac				Follow-up	Summary o		
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>	cted>			Complaint	-		
Person in C				Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_	$I_{R}U$
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>	cted>			Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
C (C IE	177 11			Other (list)	1.0.0		\bigcirc
Certified Fo		er				<u>3C</u>	<u> </u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"	<u> </u>		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
430	NC		Facility in need of repair a	and cleaning.		08/0	06/2024
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):			
cc:		-	cc:		cc:		
ĺ							



Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
CVS	Phar	ma	acy #6252	812-425-1525	` '	2024	11183
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre></pre>	08/08/	2024	
4480	First <i>F</i>	\ ve	e, Evansville, IN, 47710	<redacted></redacted>			
Owner	. 01.15	\	277110	Purpose:	Follow-up		se Date
		'타	RX LLC	Routine	No	08/	18/2024
Owner's A				Follow-up	Summary o	f Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	\mathcal{L}_{R}
Responsible			:1	Temporary	Manu Trina	(Can addi	tional page)
Kesponsibio	e rerson's	c-ilia	II	НАССР	Menu Type	(see aaai	iionai page)
Certified F	ood Handle	er		Other (list)	$_{1}\odot_{2}($	$)_{3}($	$)_4\bigcirc_5\bigcirc$
<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	MARKED "C"			
					D IN THE N	DD 4 THE	DELOW 15 (DE
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	UMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to	note.			
Received by			printed):	Inspected by (name and title p	rinted):		
<reda< td=""><td>acte</td><td><c</td><td></td><td><pre><redacted></redacted></pre></td><td></td><td></td><td></td></reda<>	acte	< c		<pre><redacted></redacted></pre>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:	ı	cc:		



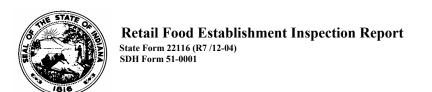
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Krisp	y Kre	m	е	(336-733-3765	08/05		11074
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	06/05	/2024	
	Burk	ha	rdt Rd, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner	17		D 1 10 "	Purpose:	Follow-up		se Date
		ne	Doughnut Corporation	Routine	No	08/	15/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>				Complaint			
Person in C	0			Pre-Operational	C	NC_	$R_{\underline{U}}$
Responsible			:1	Temporary	Manu Tur	o (Coo addi	tional page)
Kesponsible	e rerson's	r-iiia	II	HACCP	Menu Typ	e (see aaai -	nonai page)
Certified Fo	ood Handle	er		Other (list)	1002	\bigcirc 3 \bigcirc 3	$)_4\bigcirc_5\bigcirc$
<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>
		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	<u> </u>		
					ID IN THE M	ADD ATINE	DELOW AC "D"
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JIMIMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative Narrative	al forces because the second	an a tanta		orrected By
176	NC		Dough stored uncovered & unprotecte	d from hand washin	g sink.	Co	rrected
					\longrightarrow		
				T			
Received by	`		· /	Inspected by (name and title pr	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:		
					1		



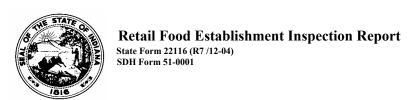
	. • •			m	D : 01		T vn "
Establishmo Donu		nk		Telephone Number (812-426-0011	Date of Ins (mm/dd/yr	r)	то# 10928
			mber and street, city, state, zip code)		08/06	5/2024	10320
			nd Ave, Evansville, IN, 47711	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
CHRIS	S KEI	ИP	F	✓ Routine	No	08/	16/2024
Owner's Ac				Follow-up	Summary	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	$_{\rm C}$ \cup	NC ($0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
C CC IE	177 11			Other (list)	100	\bigcirc	\bigcirc
Certified Fo		er			$1 \bigcirc 2$	<u> </u>	<u>/4050</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	AADVED «C»	<u> </u>		
	-		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 no	ted.			
						<u> </u>	
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				Inspected by (signature):			
Received by	(Signature	,.		inspected by (signature).			
co:			20:		cc:		
cc:			ce:		cc:		



E (III I	4 N T			TO I I NO I	D-46I	4:	ID #
Establishm Domi		Pi	zza #2578	Telephone Number (270-782-0271	Date of Ins (mm/dd/yr	·j	то# 10925
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	() Owner	08/08	/2024	
2101	S Wei	nba	ach Ave., Evansville, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Josep	<u>h M S</u>	<u>sea</u>	gle	✓ Routine	No	08/	18/2024
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) (</td></reda<>		1		Complaint	\cap	() (
Person in C				Pre-Operational	$_{\rm C}$ U	NC ($0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addi	tional page)
				Other (list)			
Certified Fo		er			1 2	$\bigcirc 3 \bigcirc$	<u>/405</u>
<redag< td=""><td>ileu></td><td></td><td></td><td></td><td></td><td></td><td></td></redag<>	ileu>						
• CRITICAL	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "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 noted violation	ons.			
							· · · · · · · · · · · · · · · · · · ·
Received by	(name and	l title p		Inspected by (name and title pr	rinted):		
<red< td=""><td>acte</td><td><b</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	acte	< b		<redacted></redacted>			
Received by				Inspected by (signature):			
	. 5	,		1 3 (3).			
cc:			cc:		cc:		
CC.			cc.				



Establishm BOSS		as	Old Fashion Smoke House	Telephone Number (812-423-2465)	Date of In (mm/dd/y	r)	10# 10874
			mber and street, city, state, zip code)		08/06	5/2024	10071
2020	String	gto	wn Rd, Evansville, IN, 47711	<pre>(<redacted></redacted></pre>			
Owner	1			Purpose:	Follow-u		se Date
		, R	aumgart	Routine	No	08/	16/2024
Owner's Ad				Follow-up	Summary	of Violation	is:
Person in C		1		Complaint		NC_) ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>P R O</td></reda<>				Pre-Operational	C	NC_	P R O
Responsible			il	Temporary	Menu Ty	pe (See addi	tional page)
				НАССР			
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4050</u>
		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	L IARKED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		JD IN THE N	ADDATIVE	DELOW AS "D"
Section#	C/NC	R	Narrative	WINIARY OF VIOLATIONS AP	ID IN THE P		orrected By
Section#	C/NC	K	No violations no	tod		10 Ве С	Trected by
			NO VIOLATIONS NO	ieu.			
Received by	/ (name and	title	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 Ins (mm/dd/yr)		ID#	
Parlo	r dou	ıgh	nuts	812-303-8011	08/08		14150	
			mber and street, city, state, zip code)	() Owner	00/00	/2024		
301 N	. Gree	en F	River Rd., Evansville, IN, 47715	<re><redacted></redacted></re>				
Owner	1. 11	1 .		Purpose:	Follow-up		se Date	
Darric		/de	n	✓ Routine	No	08/	18/2024	
Owner's Ac				Follow-up	Summary	of Violatio	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td> 1</td><td></td><td>$2_{\rm R}0$</td></reda<>				Complaint	1		$2_{\rm R}0$	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R_O</td></reda<>				Pre-Operational	C	NC_	- R_O	
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)	
responsible	c i cison s			НАССР	- mena 1yp		nonui puge,	
Certified F	ood Handle	er		Other (list)	10°	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$	
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td><u> </u></td><td></td></redac<>	cted>					<u> </u>		
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	ARKED "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		I		orrected By	
214	NC		Cutting boards in poor	condition			08/2024	
303	C		No sanitizing containers			08/08/2024		
324	NC						08/2024	
324	INC		Grease log not mair	itaineu.		06/0	J0/2U24	
Received by	,	_ ^		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:			



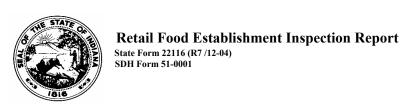
Establishm		۵	Dieu Mini Market	Telephone Number Date of Inspection (mm/dd/yr) 1.44				
			mber and street, city, state, zip code)	786-222-8363	08/08	3/2024	14204	
			Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-u		se Date	
Jeff R		el_		✓ Routine	No	08/	18/2024	
Owner's A				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	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	il	НАССР	Menu Tyj	oe (See addi	tional page)	
G de LE	1 77 11			Other (list)	\Box		\bigcirc	
Certified F	ood Handl	er			1 <u></u> 2	<u> </u>	<u>/405</u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
177	С		Food stored improperly	y on floor.		Co	rrected	
				•				
Received by				Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



Establishme				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Chick	Fil A	1		812-467-0629		2024	14260
			mber and street, city, state, zip code)	()Owner _	08/08/	2024	
4400 W	est LL/	.oyc	d Expressway , Evansville, IN, 47712	<pre><redacted></redacted></pre>			
Owner			_	Purpose:	Follow-up		se Date
J&D D	ean,	LL	C	✓ Routine	No	08/	18/2024
Owner's Ac				Follow-up	Summary o	f Violatio	ns:
<reda< td=""><td>cted></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_	$\mathcal{F}_{\mathbf{R}}$
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td></td><td> ~</td></reda<>	cted>			Temporary			~
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo		er		Other (list)	1 <u>U</u> 2		<u> 1405</u>
<redac< td=""><td>ctea></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	ctea>						
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(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		1	Го Ве Со	orrected By
			No violations to r	note.			·
			The melations to 1				
Received by	*	_ *		Inspected by (name and title pr	rinted):		
<reda< td=""><td>acte</td><td><c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	< c		<redacted></redacted>			
Received by				Inspected by (signature):			
				•			
cc:			cc:		cc:		
							
I					Ī		



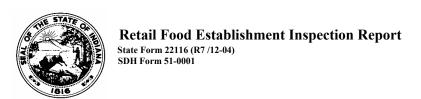
							1
Establishm Domo		an	ese Restaurant	Telephone Number (812-491-0003)	Date of Ind (mm/dd/yr	·j	то# 14301
			mber and street, city, state, zip code)		08/05	/2024	1
			River Rd., Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
Zosim	o Car	oili		✓ Routine	No	08/	15/2024
Owner's Ac	ddress			Follow-up	Summary	of Violation	us.
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>-</td><td></td><td></td></reda<>	cted>				-		
Person in C				Complaint	()	NC_] [
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td> R</td></reda<>				Pre-Operational	C	NC	R
Responsible			il	Temporary	Menu Tvi	ne (See addi	tional page)
				НАССР			
Certified F	ood Handle	er		Other (list)	10°	\bigcirc_3),(•),(
<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>
		E INE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADVED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
177	NC		Food stored incorrectly on	floor in freezer		08/0	05/2024
Received by	(nama and	titlo -	printed):	Inspected by (name and title pr	rinted):		
<red< td=""><td>•</td><td></td><td></td><td><redacted></redacted></td><td>iliteu).</td><td></td><td></td></red<>	•			<redacted></redacted>	iliteu).		
Received by	(signature)).		Inspected by (signature):			
					1		
cc:			cc:		cc:		



Establishm		ıntn	voido Orchard / Franklin Stroot Bazaar	Telephone Number	Date of Insp (mm/dd/yr)		ID#
		•	/side Orchard / Franklin Street Bazaar mber and street, city, state, zip code)	812-490-9559	08/10/	2024	14417
16800 (burg Rd., Newburgh, Indiana, 47725	<pre><redacted></redacted></pre>			
Owner		: _ 4:	Cab.ul=	Purpose:	Follow-up		se Date
		ISTI	Schulz	Routine	No		/20/2024
Owner's A				Follow-up	Summary	of Violatio	ns:
Person in C				Complaint		NC_) 0
<reda< td=""><td></td><td>,</td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>7 R C</td></reda<>		,		Pre-Operational	C	NC_	7 R C
Responsible			il	Temporary	Menu Typ	e (See addi	itional page)
				НАССР		\sim	
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> 050
• CRITICAI	L ITEMS AI	RE 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 C	orrected By
			No noted violation	ons.			
Received by			orinted):	Inspected by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



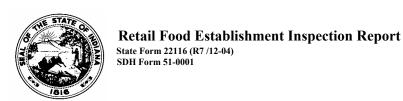
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Alexander of the second of the			Cheese Queen LLC	812-604-2131		, /2024	14442
			mber and street, city, state, zip code) 1 Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>	00/10	12024	
Owner	\all III	<i>-</i>	TAVE, EVANSVINE, IIV, 47714	Purpose:	Follow-uj	Releas	se Date
Miche		Oor	nald Smith	Routine	No		20/2024
Owner's A				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	C	NC_	7 R O
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified F		er		Other (list)	1 2	<u>•</u> 3 <u> </u>	<u> 1405</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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
171	С		Bare hand contact with rea	dy to eat foods.		Co	rrected
Received by		_		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by				Inspected by (signature):			
co:			90:		00:		
cc:			cc:		cc:		



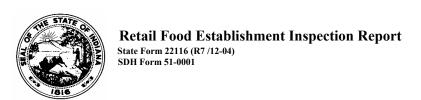
Establishm	_			Telephone Number	Date of Ins		ID#
Linco	In Ga	ard	en	812-471-8881	,	, /2024	14504
			mber and street, city, state, zip code)	<pre></pre>	00/00	/2024	
2001	Lincol	n A	Ave, Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner	\^/.			Purpose:	Follow-up		se Date
Guoba		eng	J	Routine	No	08/	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>NC_</td><td></td></reda<>				Complaint		NC_	
Person in C				Pre-Operational	$C_{\underline{C}}$	NC	
Responsible			il	Temporary	Menu Tvr	ne <i>(See addi</i>	tional page)
responsible	c i cison s			НАССР	- Wiena Typ		
Certified F	ood Handle	er		Other (list)	10^{2}	\bigcirc_3 \bullet	$)_{4}\bigcirc_{5}\bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td> </td><td><u> </u></td><td></td></redac<>	cted>					<u> </u>	
• CRITICAI	L ITEMS AR	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		<u> </u>		orrected By
347	NC		Disposable towels not provide	ded at hand sink			rrected
017	110		Biopodabio towolo not provid	dod at Harra on It.			1100100
Received by	(name and	l title r	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).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



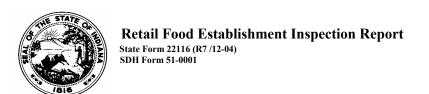
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Aihua	ı Inte	rna	ational Market	812-479-7168	08/06/		14603
			mber and street, city, state, zip code)	() Owner	06/06/	2024	
1624 N	N Gre	en	River Rd, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
Mo Mo				✓ Routine	No	08/	16/2024
Owner's A	_			Follow-up	Summary o	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
Responsible			9	Temporary	Manu Trin	(Can addi	tional page)
Kesponsibio	e rerson s	c-ilia	ш	НАССР	Menu Type	; (see aaai	iionai page)
Certified F	ood Handl	er		Other (list)	100_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 M	AARKED "C"			
					IN IN THE N	DD 4 #11 #	DELOW AS (DE
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	4		To Be Co	orrected By
			No violations no	ted.			
		L					
Received by				Inspected by (name and title p	rinted):		
<reda< td=""><td>acte</td><td><c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	< c		<redacted></redacted>			
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



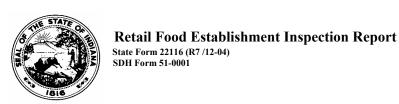
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Poké	Rive	r		(812-303-8003			14775
			mber and street, city, state, zip code)	() Owner	08/06	/2024	
6240 E	. Virgi	nia	St. Suite C, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Wen F				✓ Routine	No	08/	16/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td>\sim</td></reda<>				Complaint	\cap		\sim
Person in C				Pre-Operational	C_{C}	NC_	$\frac{2}{R}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>M T</td><td>/G 11:</td><td></td></reda<>				Temporary	M T	/G 11:	
Responsible	e Person's	L-ma	II.	НАССР	Menu Typ	e (See aaai	tional page)
Certified Fo	ood Handle	or		Other (list)	10,0	\bigcirc_{2}	$)_4\bigcirc_5\bigcirc$
<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>
		E INI	ENTERED IN THE CHECKLIST AND NADDATIVE COLUMNS M	LADVED "C"			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative				orrected By
234	NC		In-use utensils improperly s				rrected
177	NC		Items in the walk-in not pro	perly covered.		Co	rrected
	-						
Received by	`	- *		Inspected by (name and title pr	rinted):		
<reda< td=""><td><u>acte</u></td><td><u> </u></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	<u>acte</u>	<u> </u>		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm		_		Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Kitch	en 81	2		270-860-8215	08/09/2	2024	14885
			mber and street, city, state, zip code)	<pre> <redacted></redacted></pre>	00/09/2	2024	
	Weir	nba	ch, Evansville, IN, 47711	<re><reuacieu></reuacieu></re>			
Owner	111:			Purpose:	Follow-up		se Date
Doros		ısa	vvas	Routine	No	08/	19/2024
Owner's A				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>NC_</td><td></td></reda<>				Complaint	\cap	NC_	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td>$R_{\underline{}}$</td></reda<>				Pre-Operational	C	NC	$R_{\underline{}}$
Responsible			il	Temporary	Menu Type	(See addi	tional nage)
responsible	c i cison s			НАССР	mena Type	(See daar	nonui puge)
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$\mathbf{D}_{3}($	$)_{4}\bigcirc_{5}\bigcirc$
• CRITICAL	ITEMS AR	E 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	ID IN THE NA	RRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	MINIMART OF VIOLATIONS AN			orrected By
347	NC	IX	Disposable towels not available a	at hand washing sir	ï		rrected
347	INC		Disposable towers not available a	at Hariu washing Sii	IK.	CO	necieu
							_
Daggiyyad 1	(nome or 1	titla -	printed):	Inspected by (name and title	rintad):		
Received by		_	prince).	Inspected by (name and title p <redacted></redacted>	imtea):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



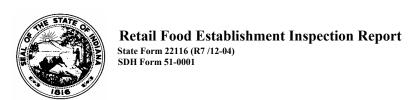
Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Hone	у Мо	on	Coffee Co.	812-470-3205	08/08/2	2024	14918
			mber and street, city, state, zip code)	() Owner	00/00/2	2024	
2903 I	VIt. Ve	ern	on Ave., Evansville, IN, 47712	<re><redacted></redacted></re>			
Owner	J			Purpose:	Follow-up		e Date
Jessic		'SO	ns	✓ Routine	No	08/	18/2024
Owner's Ad				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>\cap</td></reda<>				Complaint	\cap	(\cap
Person in C				Pre-Operational	$_{\rm C}$	NC_	$R_{\rm R}$
Responsible			:1	Temporary	Menu Type	(Saa addi	tional naga)
Kesponsible	e i ci sun s	L-ma	11	НАССР	Wienu Type	(see aaai	nonui puge)
Certified Fo	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}(0)$	D) 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>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
	0,11,0		No violations to r	note			
			140 Violations to 1	1010.			
Received by	(name and	title 1	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				Inspected by (signature):			
cc:			cc:		cc:		



			<u> </u>				
Establishm Willik		C		Telephone Number	Date of Ins (mm/dd/yr)	ъ# 15082
			mber and street, city, state, zip code)	812-315-2020	08/10	/2024	13002
7610 I			dt Road, Evansville, IN, 47710	' <redacted></redacted>			
Owner Adam	Hiad	Ωn		Purpose:	Follow-up		se Date /20/2024
Owner's A		OH		Routine		L	
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violatio</td><td>ns:</td></reda<>				Follow-up	Summary	of Violatio	ns:
Person in C				Complaint	L ()	NC_) _ ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td>- R_</td></reda<>				Pre-Operational		NC_	- R_
Responsible			1	Temporary	Menu Typ	e (See addi	itional page)
				НАССР		\sim \sim	
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> 05 <u>0</u>
• CRITICAI	L ITEMS AI	RE 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	E 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:			ec:		cc:		
			ι				



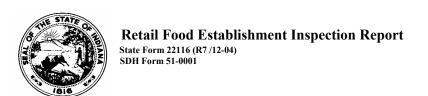
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Gattit	own			812-473-3800	` '	2024	15101
			mber and street, city, state, zip code)	() Owner	08/08/	2024	
316 N	Gree	n F	River Rd, Evansville, IN, 47715	<re><redacted></redacted></re>			
Owner			11.0	Purpose:	Follow-up		se Date
Pac-M		ıes	, LLC	✓ Routine	No	08/	18/2024
Owner's Ad				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	$_{\rm C}$	NC_	$\frac{1}{R}$
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>М Т</td><td></td><td></td></reda<>			2	Temporary	М Т		
Kesponsible	e Person's	L-ma	II.	НАССР	Menu Type	(see aaai	tional page)
Certified F	ood Handle	or		Other (list)	$1_1\bigcirc$),(•	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>, 1</td><td></td><td></td><td></td><td><u></u></td><td><u>/43_</u></td></redag<>		, 1				<u></u>	<u>/43_</u>
		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	4		To Be Co	orrected By
			No violations no	ted.			
	1						
	-						
Received by	*	_ *		Inspected by (name and title p	rinted):		
<red< td=""><td><u>acte</u></td><td><u> </u></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	<u>acte</u>	<u> </u>		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



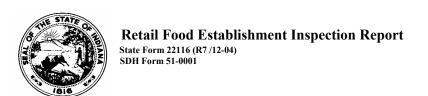
			<u> </u>	•			
Establishm		مادم	4	Telephone Number () Establishment	Date of Ins (mm/dd/yr		ID#
Don's				() Establishment	08/08	/2024	15126
			mber and street, city, state, zip code) River Rd., Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner Kantila	aln Pa	ate		Purpose:	Follow-up		ne Date 18/2024
Owner's Ac			<u> </u>	Follow-up		of Violation	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Summary</td><td></td><td></td></reda<>	cted>			Complaint	Summary		
Person in C					$\bigcup_{i \in I} U_i$	NC_	$L_{B}O$
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td>(<u> </u></td><td>NC</td><td> R</td></reda<>	cted>			Pre-Operational	(<u> </u>	NC	R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		$\sim c$	
Certified Fo	ood Handle	er		Other (list)	1 2	<u>3</u>	<u> 14050</u>
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "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		Ι	To Be Co	orrected By
295	NC		Shelves in stand up refrig	erator soiled			08/2024
	110		enervee in etaile up reing	orator conca.		00/	30,202 1
Received by	(name and	title •	printed):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td>_</td><td></td><td><redacted></redacted></td><td>cuj.</td><td></td><td></td></red<>		_		<redacted></redacted>	cuj.		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



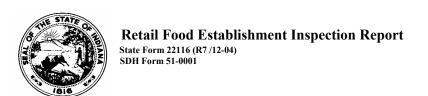
Establishm		ien	eral Store #3968	Telephone Number (812-231-2836 Date of Inspec (mm/dd/yr)			то# 15154
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code) ., Evansville, IN, 47715	<pre><redacted></redacted></pre>	08/06	/2024	10101
Owner			RKETING COMPANY	Purpose:	Follow-uj		se Date 16/2024
Owner's Ac		/1/\	RETING COMPAINT	Routine	No	1	
<reda< td=""><td></td><td>,</td><td></td><td>Follow-up Complaint</td><td> `</td><td>of Violation</td><td></td></reda<>		,		Follow-up Complaint	`	of Violation	
Person in C	Charge			Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_) , ()
<reda< td=""><td>cted></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-ma	il	HACCP	Menu Typ	e (See addi	tional page)
G 10 17				Other (list)	\sim		\bigcirc
Certified Fo		er			1 2	<u> </u>	<u> 405</u>
• CRITICAL	LITEMS AF	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
			No violations no	ted.			
Received by	(name and	l title 1	printed):	Inspected by (name and title p	rinted)·		
<red< td=""><td></td><td>_</td><td>· ····y·</td><td><redacted></redacted></td><td></td><td></td><td></td></red<>		_	· ····y·	<redacted></redacted>			
Received by	(signature):		Inspected by (signature):			
cc:			ce:		cc:		



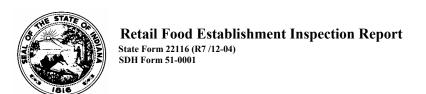
			•	•			
Establishmo Dolla	_	ner	al Store #25620	Telephone Number (615-855-4000	Date of Insp (mm/dd/yr)		тр# 15175
			mber and street, city, state, zip code)		08/08/	2024	10110
4818 (r, Evansville, IN, 47725	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Dolge	ncorp	, L	LC	Routine	No	08/	18/2024
Owner's Ac	_			Follow-up	Summary	of Violatio	ne:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td></td></reda<>	cted>			Complaint	Summary	_	
Person in C					[()	NC_()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td> C</td><td>NC_</td><td> R</td></reda<>				Pre-Operational	C	NC_	R
Responsible			il	Temporary	Menu Typ	e (See addi	itional page)
•				НАССР			
Certified Fo	ood Handle	er		Other (list)	1 ()2(•)3() ₄ () ₅ ()
					1	<u> </u>	<u></u>
• CDITICAL	ITEMS AT	E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADIZED %C?	1		
• CRITICAL	ATTEMIS AN	E IDE	INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	WARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations no	oted.			
					T	_	
D : 1:			D	Lx	: D		
Received by		_	orinted):	Inspected by (name and title p	rinted):		
<reda< td=""><td><u>acte</u>(</td><td><u>>د</u></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	<u>acte</u> (<u>>د</u>		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:	<u> </u>	cc:		



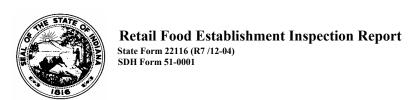
			•	-				
Establishmo Dolla	_	ner	al Store #25620	Telephone Number (615-855-4000	Date of Insp (mm/dd/yr)		ъ# 15175	
			mber and street, city, state, zip code)		08/08	/2024	10170	
4818 (or, Evansville, IN, 47725	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Dolge	ncorp	, L	LC	✓ Routine	No	08/	18/2024	
Owner's Ac		•		Follow-up	Summary	of Violatio	ne:	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td></td></reda<>	cted>			Complaint	Summary	_		
Person in C					[()	NC_()	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td>R</td></reda<>				Pre-Operational		NC_	R	
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)	
_				НАССР				
Certified Fo	ood Handl	er		Other (list)	$1 \bigcirc 2$	\bullet) ₃ () ₄ () ₅ ()	
						<u> </u>	<u> </u>	
• CDITICAL	ITEMS AT	E IVE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	1			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No violations no	oted.				
Received by		_	printed):	Inspected by (name and title p	rinted):			
				Inspected by (signature):				
Received by	(signature).		inspected by (signature):				
cc:			cc:		cc:			



	y's #	s (nu	mber and street, city, state, zip code)	(Relephone Number 812-867-6410 <redacted></redacted>	Date of Insp (mm/dd/yr) 08/06/		15192	
Owner			Hwy 41, Evansville, IN, 47725 Corportation	P	Purpose:	Follow-up		lee Date 16/2024	
Owner's Ac	ddress		<u>'</u>		Follow-up	Summary			
Person in C				<u> </u>	Complaint	\cap	(\cap	
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R C</td></reda<>					Pre-Operational	C	NC_	R C	
Responsible	e Person's	E-ma	il	┪	Temporary HACCP	Menu Type (See additional page)			
Certified Fo	ood Handle	er			Other (list)	10,0,0,0,0,0			
<redag< td=""><td></td><td>-</td><td></td><td>-</td><td><u> </u></td><td>1</td><td><u></u></td><td><u> </u></td></redag<>		-		-	<u> </u>	1	<u></u>	<u> </u>	
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MAR	KED "C"				
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMM	ARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	orrected By	
			No violations r	ote	d				
D : 11			D		. 11 (1			
<redacted></redacted>					Inspected by (name and title printed): <redacted></redacted>				
Received by	(signature):		Ins	spected by (signature):				
cc:			cc:			cc:			



Penn		ne	Coffeehouse North	Telephone Number (812-568-7412	Date of Ins (mm/dd/yr	·j	ть# 15264	
			mber and street, city, state, zip code) ew Harmony Rd, Evansville, IN, 47725	() Owner 4	08/05	/2024		
Owner Brian			,,	Purpose:	Follow-up		te Date 15/2024	
		Cii		Routine	110	00/	13/2027	
Owner's Ad				Follow-up	_ `	of Violation	_	
Person in C				Complaint		(0_{R}	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C_{-}</td><td>NC_</td><td>R</td></reda<>				Pre-Operational	C_{-}	NC_	R	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addi	tional page)	
Certified Fo	and Handle			Other (list)	10,	\bigcirc),(),()	
<redag< td=""><td></td><td>ег</td><td></td><td></td><td></td><td><u></u></td><td><u> 4030</u></td></redag<>		ег				<u></u>	<u> 4030</u>	
• CRITICAL	ITEMS AR	RE 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	
			No Violations observed at tir	ne of inspection				
Received by		_		Inspected by (name and title predacted>	rinted):			
Received by				Inspected by (signature):				
cc:			сс:		cc:			



	bl Coent Address Cated>	Dr. Dr. Iers	mber and street, city, state, z ., Evansville, II son	Pu	lephone Number 30-212-0677 < redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	P Release 08/	18/2024 as:		
				T AND NARRATIVE COLUMNS M						
			FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R		Narrative				To Be Corrected By		
294	С		Chemical sani	tation concentration	be	low required lev	el.	08/0	08/2024	
Received by	(name and	title r	printed):		Insp	ected by (name and title pr	inted):			
						edacted>	<i>)</i> -			
Received by						ected by (signature):				
cc:				cc:			cc:			