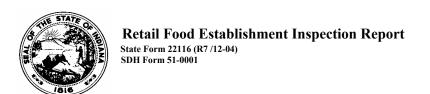
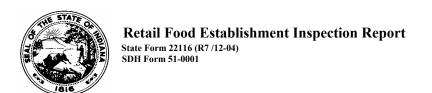


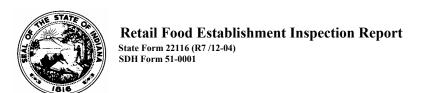
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|--|------------|---------|---|--------------------------------|-----------------------------------|--------------------|--------------|
| Establishm | | \ \ | #1075 | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
| | | | #1075 | 812-471-9730 | 02/10 | /2025 | 13340 |
| | | | mber and street, city, state, zip code) Drive, Evansville, Indiana, 47715 | ' <redacted></redacted> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Carrol | s LLC |) | | ✓ Routine | No | 02/ | 20/2025 |
| Owner's Ac | ddress | | | Follow-up | Summary | of Violatio | 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 | | | Pre-Operational | $\bigcup_{i \in \mathcal{U}} U_i$ | NC_(| J BU |
| <reda< td=""><td>cted></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-mai | il | Temporary | Menu Typ | e <i>(See addi</i> | tional page) |
| | | | | HACCP | | | |
| Certified Fo | | er | | Other (list) | 1 <u>U</u> 2 | | <u> 1405</u> |
| | | F INE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IADKED "C" | | | |
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| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N. | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No violations at time of | inspection. | | | |
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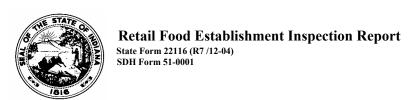
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|--|--------------------|-----------|--|----------------------------------|--------------------------|--------------|---------------------------------------|
| Establishm | | on | Coffee Co. | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | _ | | | 812-602-3123 | 02/11 | /2025 | 13224 |
| 612 S | ent Addres Weir | iba | ch Ave, Evansville, IN, 47714 | <pre><redacted></redacted></pre> | | | |
| Owner | | | · · · · · · · · · · · · · · · · · · · | Purpose: | Follow-uj | | se Date |
| Jessic | a Paı | SO | ns | Routine | No | 02/ | 21/2025 |
| 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 | | $0_{\rm R}$ |
| <reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td> ~</td><td>. 110</td><td>_ ~</td></reda<> | cted> | | | Temporary | ~ | . 110 | _ ~ |
| Responsible | e Person's | E-ma | il | | Menu Typ | se (See addi | tional page) |
| | | | | НАССР | | \bigcirc G | |
| Certified F | | er | | Other (list) | 1 <u></u> 2 | | <u> 1405</u> 0 |
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| • CRITICAL | LITEMS AF | RE IDE | NTIFIED 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 violation | ons. | | | |
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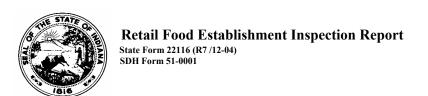
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|---|------------|---------------|---|----------------------------------|--------------------------|--------------|--------------------------------|
| Establishm Zayhi | | \I | Burkhardt | Telephone Number | Date of Ins (mm/dd/yr | | то# 13086 |
| | * | | | 812-602-5515 | 02/10 | /2025 | 13086 |
| | | | mber and street, city, state, zip code) ardt, Evansville, IN, 47715 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Justin | Harri | s C | CW Properties LLC | Routine | No | 02/ | 20/2025 |
| Owner's A | ddress | | • | 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 | | | $0_{\rm R}$ |
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| Responsible | e Person's | E-ma | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | HACCP | | \circ | |
| Certified F | | er | | Other (list) | 1 2 | <u> </u> | <u>)</u> 4 <u>U</u> 5 <u>U</u> |
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| • CRITICAL | ITEMS AF | E 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 |
| | | | No noted violation | ons. | | | |
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| Received by | (name and | title p | printed): | Inspected by (name and title p | rinted): | | |
| <red< td=""><td>acte</td><td><c</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<> | acte | < c | | <redacted></redacted> | | | |
| Received by | | | | Inspected by (signature): | | | |
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| Establishm | | -ro | zen Custard of Evansville | Telephone Number (812-258-8027 Date of Inspection (mm/dd/yr) 1229 | | | | |
|---|------------|--------|---|--|----------------------------|--|-------------------|--|
| Establishm | ent Addre | ss (nu | mber and street, city, state, zip code) | ()Owner | 02/10 | /2025 | 12201 | |
| | N Gre | en | River Rd, Evansville, IN, 47715 | | | | | |
| Owner M&M | Custa | ard | LLC | Purpose: Routine | Follow-up No | | se Date //20/2025 | |
| Owner's A | | | | Follow-up | Summary | of Violation | ns: | |
| <reda< td=""><td>cted></td><td>•</td><td></td><td>Complaint</td><td>_ `</td><td>_</td><td>_</td></reda<> | cted> | • | | Complaint | _ ` | _ | _ | |
| Person in C | | | | Pre-Operational | | NC (| $0_{\rm R}$ | |
| <reda< td=""><td></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 | |
| Certified F | | er | | | $1 \underline{\bigcirc 2}$ | $\underline{\bigcirc}_3\underline{\bigcirc}$ | <u>/405</u> | |
| | | DE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AADVED «C» | <u> </u> | | | |
| | | | | | ID IN THE N | 4 DD 4 TH /F | DELOW 10 (DE | |
| | | | P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N. | | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By | |
| | | | No violations at time of | inspection. | | | _ | |
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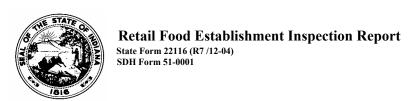
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|---|------------|--------------|---|-----------------------------------|----------------------------|------------------------|--------------|
| Azzip | | · • | | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | | | mber and street, city, state, zip code) | 812-901-0490 | 02/13 | /2025 | 12286 |
| | | | iver Rd Ste E, Evansville, IN, 47715 | <pre>(<redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Brad N | Nieme | eier | • | ✓ Routine | No | 02/ | 23/2025 |
| 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 (| $0_{\rm R}$ |
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| Responsible | e Person's | E-ma | il | НАССР | Menu Typ | e (See addi | tional page) |
| ~ | | | | Other (list) | | | \bigcirc |
| Certified Fo | | er | | | $1 \underline{\bigcirc 2}$ | $\bigcirc 3 \bigcirc $ | <u> 1405</u> |
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| • 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 "SUI | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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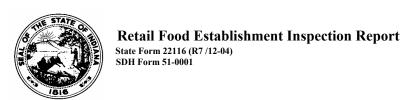
| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
|--|-------------|-------|---|--|-------------------------------|--------------|-------------------|
| Ruler | Foo | d S | Store #235 | 812-423-5751 | 02/11/ | | 12025 |
| | | | mber and street, city, state, zip code) | <pre></pre> | 02/11/ | 2025 | |
| | N Firs | st A | ve, Evansville, IN, 47710 | | | | |
| Owner Jay C | Food | Sto | res Kroger Limited Partnership 1 | Purpose: | Follow-up NO | | se Date //21/2025 |
| Owner's Ac | | | | Follow-up | Summary of | of Violation | 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_(| J _R U |
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| Responsible | e Person's | E-ma | il | HACCP | Menu Type | e (See addi | tional page) |
| G 10 17 | | | | Other (list) | $L \cap \mathcal{A}$ | \bigcirc | |
| Certified Fo | | er | | | $1 \bigcirc 2$ | <u> </u> | <u> 1405</u> |
| | | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AADVED "C" | <u> </u> | | |
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| Section# | C/NC | K | | note. | | 10 De Co | Trected by |
| | | | No violations to r | iote. | | | |
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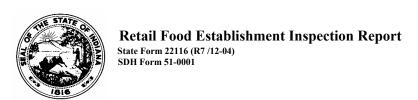
| Establishm | | In | stitute | Telephone Number | Date of Ins (mm/dd/yr | | ъ# 12001 |
|---|-------------|----------|--|----------------------------------|----------------------------|--------------|--------------|
| | | | | 812-435-6017 | 02/10 | /2025 | 12001 |
| | | | mber and street, city, state, zip code) e., Evansville, IN, 47710 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Evans | ville \ | √ar | nderburgh School Corp. | ✓ Routine | No | 02/ | 20/2025 |
| Owner's Ac | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td>$\mathbf{\Lambda}$</td><td>(</td><td>) (</td></reda<> | | 1 | | Complaint | $\mathbf{\Lambda}$ | (|) (|
| Person in C | | | | Pre-Operational | $_{\rm C}$ U | NC (| $0_{\rm R}$ |
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| Responsible | e Person's | E-mai | il | HACCP | Menu Typ | e (See addi | tional page) |
| | | | | Other (list) | | | |
| Certified Fo | | er | | | $1 \underline{\bigcirc 2}$ | | <u>/405</u> |
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| • CRITICAL | LITEMS 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 "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 at time of | inspection. | | | |
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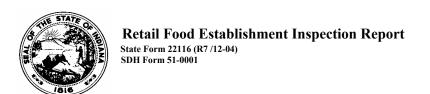
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|---|------------|--------|--|--|---------------------------|----------------|--------------|
| Establishm | | ٠ - | minaa | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
| | | | minos | 812-868-8550 | 02/13 | 2025 | 11907 |
| | | | mber and street, city, state, zip code) ay 41 Ste 9, Evansville, IN, 47725 | <pre><redacted></redacted></pre> | | | |
| Owner | i i i iig | 1100 | ay 41 Ote 9, Evalisville, IIV, 47729 | Purpose: | Follow-up | Releas | se Date |
| Franci | isco F | l L | omeli | Routine | No | | 23/2025 |
| Owner's A | | | | Follow-up | Summary | | |
| <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 | $_{\rm C}$ U | NC (| $0_{\rm R}$ |
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| Responsible | e Person's | E-ma | d . | НАССР | Menu Typ | e (See addi | tional page) |
| Certified F | ood Handl | or | | Other (list) | 102 | \bigcirc_{2} |),(),() |
| <redag< td=""><td></td><td>C1</td><td></td><td></td><td>1<u>0</u>2</td><td><u></u></td><td><u>/4030</u></td></redag<> | | C1 | | | 1 <u>0</u> 2 | <u></u> | <u>/4030</u> |
| | | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE N. | ARRATIVE | BELOW AS "R" |
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| Sections | 0,110 | | No violations at time of | inspection | | 10200 | Arrected By |
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| Received by | | | | Inspected by (name and title p < redacted> | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
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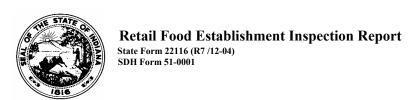
| Establishm | | | | Telephone Number | Date of Inspe | ection | ID# |
|---|-------------|--------------|---|--------------------------------|---------------|------------|-------------------------|
| Subw | <i>y</i> ay | | | 812-473-7101 | (mm/dd/yr) | 2025 | 11803 |
| | | | mber and street, city, state, zip code) | <redacted></redacted> | 02/11/2 | 2025 | |
| 1677 I | Lincol | n A | Ave, Evansville, IN, 47714 | <redacted></redacted> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| PATH | | <u>IIIN</u> | | Routine | No | 02/ | 21/2025 |
| 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_ | $\frac{1}{R}$ |
| <reda< td=""><td></td><td></td><td>9</td><td>Temporary</td><td>M T</td><td>(C 11:</td><td>· 1</td></reda<> | | | 9 | Temporary | M T | (C 11: | · 1 |
| Responsible | e Person's | E-mai | 11 | НАССР | Menu Type | (See aaai | tional page) |
| Certified F | ood Handle | or | | Other (list) | 10,0 |),(• | $)_4\bigcirc_5\bigcirc$ |
| <redag< td=""><td></td><td>.1</td><td></td><td></td><td>102</td><td><u></u></td><td><u>/4030</u></td></redag<> | | .1 | | | 102 | <u></u> | <u>/4030</u> |
| | | E IDE | ENTERED IN THE CHECKLIST AND NADDATINE COLUMNS I | MADVED "C" | | | |
| | | | 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 | | | Γο Be Co | orrected By |
| | | | No noted violati | ons. | | | |
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| Received by | | | | Inspected by (signature): | | | |
| | . 5 | | | , , , , , | | | |
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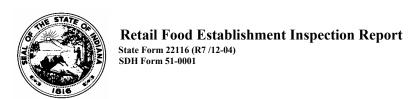
| Establishm | | | | Telephone Number | Date of Inspe | ection | ID# |
|---|---------------------|--------------|--|---|-----------------------|-----------------|-----------------------------|
| Burge | er Ba | nk | | 812-475-2265 | (mm/dd/yr) 02/10/2 | 2025 | 11770 |
| Establishm 1617 | ent Addres S Wei | ss (nu nb | mber and street, city, state, zip code) ach Ave, Evansville, IN, 47714 | () Owner | 02/10/2 | 2025 | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Don F | | е | | Routine | No | 02/ | 20/2025 |
| Owner's Ac | | | | 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 | C | NC_ | $R_{\rm R}$ |
| Responsible | | | il | Temporary | Menu Type | (See addi | tional page) |
| | | | | НАССР | | | |
| Certified F | ood Handle | er | | Other (list) | $_{1}\bigcirc_{2}($ | $)_3$ \bullet | $)_{4}\bigcirc_{5}\bigcirc$ |
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| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | |
| | | _ | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | ection | ID# |
|--|------------|------------|--|-----------------------------------|----------------------------|-----------|-----------------|
| | | | terranean Grill | 812-473-7005 | 02/10/2 | 2025 | 11749 |
| | | | mber and street, city, state, zip code) | <pre>(<redacted></redacted></pre> | 02/10/ | 2023 | |
| | _inco | n <i>F</i> | Ave, Evansville, IN, 47714 | | | | |
| Owner Amiac | l Man | na. | /Kristi Manna | Purpose: | Follow-up NO | | se Date 20/2025 |
| Owner's A | | Па | TRISTI Marina | Routine | | | |
| <reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary o</td><td>_</td><td></td></reda<> | | | | Follow-up | Summary o | _ | |
| Person in C | | | | Complaint | () | NC_ |) |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td><u> </u></td></reda<> | | | | Pre-Operational | | NC_ | <u> </u> |
| Responsible | e Person's | E-ma | il | Temporary | Menu Type | (See addi | tional page) |
| | | | | HACCP | | \ G | |
| Certified F | | er | | Other (list) | 1 <u>0</u> 2 | <u>3</u> | <u>)4U5U</u> |
| <redac< td=""><td>cted></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 | MARKED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | UMMARY OF VIOLATIONS" AN | D IN THE NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | , | Го Ве Со | orrected By |
| | | | No noted violati | ons. | | | |
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| <red< td=""><td></td><td>_</td><td>,</td><td><pre><redacted></redacted></pre></td><td></td><td></td><td></td></red<> | | _ | , | <pre><redacted></redacted></pre> | | | |
| Received by | | | | Inspected by (signature): | | | |
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| cc: | | | cc: | <u> </u> | cc: | | |
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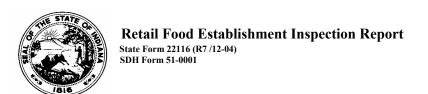
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|--|------------|-----------|--|---|--------------------------|--------------|-----------------|
| Establishmo Mara | | <u>#1</u> | <u>03</u> | Telephone Number | Date of Ins (mm/dd/yr | | тр# 11679 |
| | | | | 812-461-2301 | 02/14 | /2025 | 11079 |
| | | | mber and street, city, state, zip code) na St, Evansville, IN, 47711 | <pre><redacted></redacted></pre> | | | |
| Owner HARB | 1ALH | l S | INGH | Purpose: | Follow-up | | se Date 24/2025 |
| Owner's Ac | | <u> </u> | | 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 | | | | 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 Typ | e (See addi | tional page) |
| Certified Fo | | er | | Other (list) | $1 \bigcirc 2$ | \bigcirc_3 | 0_4 0_5 |
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| • CRITICAL | ITEMS 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 |
| 214 | NC | | Cutting boards in kitchen in | poor condition. | | 02/ | 14/2025 |
| 435 | NC | | Mops stored incorrectly on | floor in kitchen. | | 02/ | 14/2025 |
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| Received by | * | | printed): | Inspected by (name and title properties) | rinted): | | |
| Received by | (signature |): | | Inspected by (signature): | | | |
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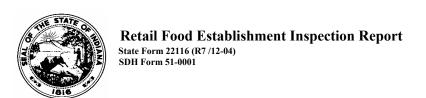
| Establishme | | | | Telephone Number | Date of Insp (mm/dd/yr) | ection | ID# |
|--|-------------|---------|---|--------------------------------|----------------------------|-------------|-------------------------------|
| Sonic | : Driv | e-l | ln #111 | 812-476-7730 | 02/13/ | 2025 | 11604 |
| | | | mber and street, city, state, zip code) | <redacted></redacted> | 02/13/ | 2023 | |
| | N Gre | en | River Rd, Evansville, IN, 47715 | | | | |
| Owner | Drivo | ما | of Evanovilla Inc | Purpose: | Follow-up | | se Date // 23/2025 |
| Owner's Ad | | -111 | of Evansville Inc | Routine | No | | |
| <reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary o</td><td></td><td></td></reda<> | | | | Follow-up | Summary o | | |
| Person in C | | | | Complaint | 1 1 | NC | 1 0 |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td> R</td></reda<> | | | | Pre-Operational | C | NC | R |
| Responsible | | | il | Temporary | Menu Type | : (See addi | tional page) |
| | | | | НАССР | | | |
| Certified Fo | | er | | Other (list) | 1 <u>0</u> 2 | <u> </u> | <u>)4</u> <u>0</u> 5 <u>0</u> |
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| • 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 | | | To Be Co | orrected By |
| 218 | NC | | Floor not easily cleanable missing | ng and cracked tile | S. | 02/ | 13/2025 |
| 295 | С | | Food contact surfaces in | walk-in rusty. | | 02/ | 13/2025 |
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| Received by | (name and | title 1 | orinted): | Inspected by (name and title p | rinted): | | |
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| Received by | | | | Inspected by (signature): | | | |
| Acceived by | (Signature) | ,. | | inspected of (Signature). | | | |
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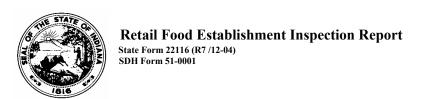
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|---|-------------|-----------------|---|--|--------------------------|----------------|-------------------------|
| Wenc | | + 20 | 2020 | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| | | | mber and street, city, state, zip code) | 812-424-8737 | 02/12 | /2025 | 11436 |
| | | | ph Ave, Evansville, IN, 47712 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| W.K.S | i. Fro | sty | Corportation | ✓ Routine | No | 02/ | 22/2025 |
| 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 | $_{\rm C}$ | 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 | Ш | НАССР | Menu Typ | e (See addi | tional page) |
| Certified F | ood Handl | or | | Other (list) | 102 | \bigcirc_{2} | $)_4\bigcirc_5\bigcirc$ |
| <redag< td=""><td></td><td>.1</td><td></td><td></td><td>1</td><td><u> </u></td><td><u>/4030</u></td></redag<> | | .1 | | | 1 | <u> </u> | <u>/4030</u> |
| | | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | <u> </u> | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | Approved for re-op | ening. | | | |
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| Received by | | _ | orintea): | Inspected by (name and title p <redacted></redacted> | rinted): | | |
| Received by | | | | Inspected by (signature): | | | |
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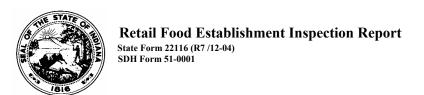
| Establishm | ont Nama | | | Tolonhone Number | Date of Ins | noation | ID# |
|----------------|------------|--------|--|--|-------------|--------------|-----------------|
| | | .utl | neran Church | Telephone Number () Establishment | (mm/dd/yr | | 11340 |
| | | | mber and street, city, state, zip code) n St., EVANSVILLE, IN, 47711 | () Owner | 02/13 | /2023 | |
| Owner ST PA | ULS | LU | THERAN CHURCH | Purpose: | Follow-uj | | se Date 23/2025 |
| Owner's Ac | ldress | | | Follow-up | _ | of Violation | |
| Person in C | | | | Complaint Pre-Operational | c_0 | NC_ | 0_{R} |
| Responsible | | | il | Temporary HACCP | Menu Typ | e (See addi | tional page) |
| Certified Fo | | er | | Other (list) | 102 | <u></u> | <u>_4</u> _5 |
| • CRITICAL | LITEMS AF | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | 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 | | | To Be Co | orrected By |
| | | | No violations at time of | inspection. | | | |
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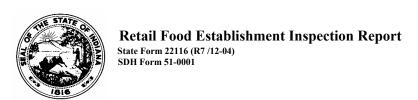
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|---|------------|-------|---|--|-----------------------------------|----------------|--------------------|
| St Bo | | e S | School | Telephone Number 812-422-1014 | Date of Ins (mm/dd/yr) |) | то# 11335 |
| | | | mber and street, city, state, zip code) | | 02/13 | /2025 | |
| 2031 V | | | an St., EVANSVILLE, IN, 47712 | <pre>(<redacted></redacted></pre> | | | |
| Owner St Bor | nifaco | D | arich | Purpose: | Follow-up | | se Date // 23/2025 |
| Owner's Ac | | Г | 311511 | Routine | | | |
| <reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violatio</td><td>_</td></reda<> | | | | Follow-up | Summary | of Violatio | _ |
| Person in C | | | | Complaint | $\begin{bmatrix} 0 \end{bmatrix}$ | NC_ |) |
| <reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational Temporary</td><td>(<u> </u></td><td>NC_</td><td> K</td></reda<> | cted> | | | Pre-Operational Temporary | (<u> </u> | NC_ | K |
| Responsible | e Person's | E-ma | ii | HACCP | Menu Typ | e (See addi | tional page) |
| Certified Fo | ood Hondl | DP . | | Other (list) | 100 | \bigcirc_{2} |),()_5() |
| <redag< td=""><td></td><td>CI.</td><td></td><td></td><td>12_</td><td><u> </u></td><td><u>/4030</u></td></redag<> | | CI. | | | 12_ | <u> </u> | <u>/4030</u> |
| • 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 |
| | | | No violations at time of | inspection. | | | |
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| Received by | * | | | Inspected by (name and title p <redacted></redacted> | rinted): | | |
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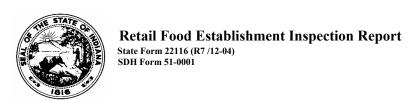
| Establishme | | _ | | Te | lephone Number | Date of In (mm/dd/y | | ID# |
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| St Ag | | | | (8 | 12-423-9115 | ` | 3/2025 | 11333 |
| Establishmo | ent Addres Glend | ale | mber and street, city, state, zip code) e Ave, EVANSVILLE, IN, 47712 | (< | redacted> | 02/10 | 72023 | |
| Owner Ct Do | nifoo | | Joriah / Ct. Agnas Cahaal | | rpose: | Follow-u | | se Date |
| | | <u> </u> | arish/ St. Agnes School | 1- | Routine | No | | 23/2025 |
| Owner's Ad | | | | | Follow-up | Summary | of Violation | is: |
| Person in C | | | | ╚ | Complaint | \cap | (|) () |
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| Responsible | | | il | ╚ | Temporary | Menu Tv | pe (See addi | tional page) |
| responsi | , 1 010011 0 | | - | | НАССР | | | |
| Certified Fo | od Handle | er | | L | Other (list) | $_{1}\bigcirc_{2}$ | \bigcirc_3 | $_{4}\bigcirc_{5}\bigcirc$ |
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| • CRITICAL | ITEMS AR | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | 1ARK | ED "C" | | | |
| • VIOLATIO | . , | ATED | 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 |
| | | | No violations at time of | ins | pection. | | | |
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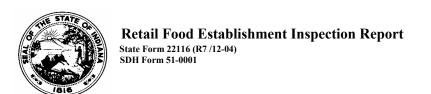
| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | ection | ID# |
|---|-------------|----------|---|--------------------------------|----------------------------|-------------|---|
| Unive | ersity | F | ood Mart | 812-473-3567 | 02/11/ | 2025 | 11311 |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) | <pre></pre> | 02/11/ | 2025 | |
| | _incol | n A | Ave, Evansville, IN, 47714 | <re><redacted></redacted></re> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Vijayk | | Κŗ | patel | Routine | No | 02/ | 21/2025 |
| Owner's A | | | | 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_ | \mathcal{L}_{R} |
| Responsible | | | :1 | Temporary | Manu Tyms | (Coo addi | tional page) |
| Kesponsibio | e rerson s | c-ilia | 11 | НАССР | Menu Type | (see aaan | iionai page) |
| Certified F | ood Handl | er | | Other (list) | $1_1\bigcirc_2$ | •),(| $)_4\bigcirc_5\bigcirc$ |
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| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | UMMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
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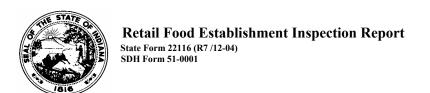
| Establishm | | | • | Telephone Number | Date of Inspe (mm/dd/yr) | ection | ID# |
|---|-------------|---------------|---|--------------------------------|-----------------------------|-------------|------------------|
| Resu | rrecti | on | School | (812-963-5556 | | 2025 | 11282 |
| | | | mber and street, city, state, zip code) | () Owner | 02/14/2 | 2025 | |
| 5301 N | lew Ha | arm | iony Rd., EVANSVILLE, IN, 47720 | | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Resur | rectio | n F | Parish | ✓ Routine | No | 02/ | 24/2025 |
| Owner's Ac | ddress | | | Follow-up | Summary o | f Violation | ns: |
| | | | | Complaint | \cap | (|) (|
| Person in C | | | | Pre-Operational | $_{\rm C}$ U | NC_ | J _R U |
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| Responsible | e Person's | E-ma | il | HACCP | Menu Type | (See addi | tional page) |
| G .10 17 | | | | Other (list) | -0.0 | 7.6 | \bigcirc |
| Certified Fo | | er | | | $1 \bigcirc 2 \bigcirc$ | <u> </u> | <u> 1405</u> |
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| • CRITICAL | L ITEMS AR | E 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 NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | , | Го Ве Со | orrected By |
| | | | No violations noted at time | of inspection | | | |
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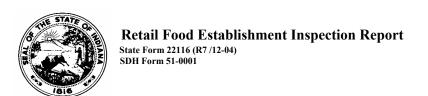
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|---|-------------|-------|---|--|--------------------------|--------------|-------------------|
| Establishmotol | | #4 | 202 | Telephone Number (812-473-0028) | Date of Ins (mm/dd/yr |) | ъ# 11218 |
| | | | mber and street, city, state, zip code) | | 02/14 | /2025 | 11210 |
| | | | River Rd, Evansville, IN, 47715 | <pre>(<redacted></redacted></pre> | | | |
| Owner FKG (| Dil Co |) | | Purpose: Routine | Follow-uj | | se Date //24/2025 |
| Owner's Ac | | | | Follow-up | C | | |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>of Violation</td><td>_</td></reda<> | | | | Complaint | Summary | of Violation | _ |
| Person in C | | | | Pre-Operational | $c_{\rm C}$ | NC_(| I_{R} |
| Responsible | | | :1 | Temporary | Manu Tru | o (Coo addi | tional page) |
| Kesponsible | e Person's | L-ma | II. | НАССР | Menu Typ | e (see aaai | tionai page) |
| Certified Fo | 3 77 31 | | | Other (list) | 10° | \bigcirc . | \bigcirc |
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| • CRITICAL | ITEMS AR | E 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 noted at time | of inspection. | | | |
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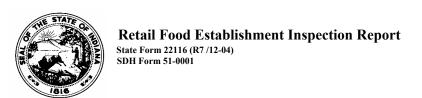
| Establishme | Dei ent Addres | s (nu | gh School mber and street, city, state, zip code) Way, EVANSVILLE, IN, 47720 | (8) | lephone Number 312-425-2268) Owner | Date of Inc (mm/dd/yr O2/10 Follow-u |)/2025 | 1D# 11193 |
|---|-------------------|---------------|--|------|-------------------------------------|---|--------------|------------------|
| | Dei H | ligl | n School | | Routine | No | | 20/2025 |
| Owner's Ad | ldress | | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td>cted></td><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td>_</td></reda<> | cted> | | | | Complaint | | _ | _ |
| Person in C | | | | | Pre-Operational | $_{\rm C}$ ${ m U}$ | NC_ |) _R U |
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| Responsible | Person's | E-mai | il | | НАССР | Menu Tyj | oe (See addi | tional page) |
| Certified Fo | od Handle | | | _ | Other (list) | 100 | \bigcirc | \bigcirc |
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| | | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | ARK | ŒD "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMA | RY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
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| | | | No violations noted at time | of | inspection. | | | |
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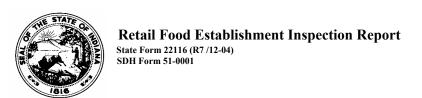
| Establishm | | | | Telephone Number | Date of Inspe (mm/dd/yr) | ection | ID# |
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| Corpu | us Cł | ris | sti School | 812-422-1208 | 02/14/2 | 2025 | 11172 |
| Establishm | ent Addres | ss (nu | mber and street, city, state, zip code) | () Owner | 02/14/2 | 2025 | |
| | Hogu | e k | Rd., EVANSVILLE, IN, 47712 | | | | |
| Owner | a Chr | .: _ 1: | Dorich | Purpose: | Follow-up | | se Date |
| | | เรเ | Parish | ✓ Routine | No | UZ/ | 24/2025 |
| Owner's Ad | | | | Follow-up | Summary of | f Violation | ns: |
| Person in C | | | | Complaint | \cap | NC_(| \cap |
| <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 | | | il | Temporary | Menu Type | (See addi | tional nage) |
| TCOP OHOLO | 0101011 5 | | - | НАССР | | ,500 | |
| Certified F | ood Handl | er | | Other (list) | $_{1}\bigcirc_{2}($ | $)_3$ (\bullet | $_{4}\bigcirc_{5}\bigcirc$ |
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| • 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 NA | RRATIVE | BELOW AS "R" |
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| | | | No violations at time of | inspection. | | | |
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| Establishm | | ah | School | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
| Centi | ai i ii | <u>yıı</u> | 301001 | 812-435-8297 | 02/10 | /2025 | 11137 |
| | | | mber and street, city, state, zip code) e, EVANSVILLE, IN, 47710 | <pre><redacted></redacted></pre> | | | |
| Owner | , | , | | Purpose: | Follow-up | | se Date |
| Evans | ville \ | ∕ar | nderburgh School Corp. | ✓ Routine | No | 02/ | 20/2025 |
| Owner's A | | | | Follow-up | Summary | of Violation | 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_(| J _R U |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<> | | | | Temporary | | | |
| Responsible | e Person's | E-ma | il | HACCP | Menu Typ | e (See addi | tional page) |
| | | | | Other (list) | - | | \bigcirc |
| Certified Fo | | er | | | $1 \underline{\bigcirc 2}$ | $\bigcirc 3 \bigcirc $ | <u> 1405</u> |
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| • CRITICAL | L ITEMS AF | 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 | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No violations at time of | inspection. | | | |
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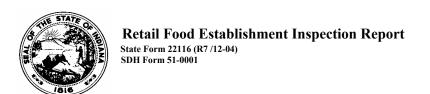
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| Hillcre Hillcre | | Ωn | ne | Telephone Number | Date of Ins (mm/dd/yr | | 11030 |
| | | | mber and street, city, state, zip code) | (812-428-0698 | 02/10 | /2025 | 11030 |
| 2700 \ | W Ind | ian | a St, EVANSVILLE, IN, 47712 | <pre>(<redacted></redacted></pre> | | | |
| Owner | \D_E0 | | IONAE | Purpose: | Follow-up | Releas | se Date |
| HILLC | | <u> </u> | IOME | ✓ Routine | No | 02/ | 20/2025 |
| Owner's Ac | ddress | | | Follow-up | Summary | of Violation | as: |
| Person in C | hargo | | | Complaint | | (| 0_{R} |
| <reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>7 R O</td></reda<> | | | | Pre-Operational | C | NC_ | 7 R O |
| Responsible | | | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | | |
| Certified F | | er | | Other (list) | $1 \bigcirc 2$ | <u>3</u> | <u>)4</u> <u>0</u> 5 <u></u> |
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| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No violations to r | note. | | | |
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| Establishm Highla | | Ξle | mentary School | Telephone Number (812-867-2428 | Date of Ins (mm/dd/yr | ·) | ть# 11028 |
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| | | | mber and street, city, state, zip code) | | 02/14 | /2025 | |
| 6701 [| Darms | stac | dt Rd., EVANSVILLE, IN, 47725 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-u | p Releas | se Date |
| Evans | ville \ | √ar | nderburgh School Corp. | ✓ Routine | No | 02/ | 24/2025 |
| Owner's Ac | ddress | | <u> </u> | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td>cted></td><td>1</td><td></td><td>Complaint</td><td>آ م</td><td></td><td></td></reda<> | cted> | 1 | | Complaint | آ م | | |
| Person in C | | | | Pre-Operational | $\begin{bmatrix} C \end{bmatrix}$ | NC_ | J _R U |
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| Responsible | e Person's | E-mai | 1 | HACCP | Menu Typ | se (See addi | itional page) |
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| Certified Fo | | er | | Other (list) | 1 <u></u> 2 | $\bigcirc 3$ | <u> 1405</u> |
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| • CRITICAL | L ITEMS 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 C | orrected By |
| | | | No violations noted at time | of inspection. | | | |
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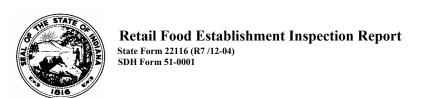
| Establishme | | | | Te | elephone Number | Date of In | | ID# |
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| | | | zza #2578 | (2 | 270-782-0271 | , |)/2025 | 10925 |
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| | <u>s vvei</u> | nba | ach Ave., Evansville, IN, 47711 | | | | | |
| Owner Josep | h N/ S | ` | ado | — | irpose: | Follow-u No | | 20/2025 |
| Owner's Ad | |) <u>Ca</u> | <u>igie</u> | ╬ | Routine | | | |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>18:</td></reda<> | | | | | Follow-up | Summary | of Violation | 18: |
| Person in C | | | | = | Complaint | $\int_{-\infty}^{\infty} \int_{-\infty}^{\infty} dt$ | NC_(|) _() |
| <reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td><u>c</u></td><td>. NC</td><td><u>R</u></td></reda<> | | | | | Pre-Operational | <u>c</u> | . NC | <u>R</u> |
| Responsible | | | il | | Temporary | Menu Ty | pe (See addi | tional page) |
| | | | | | НАССР | | | |
| Certified Fo | | er | | $ lap{}$ | Other (list) | $1 \bigcirc 2$ | <u> </u> | <u>)4<u>U</u>5<u>U</u></u> |
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| • CRITICAL | ITEMS AR | E IDF | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARK | KED "C" | | | |
| • VIOLATIO | N(S) REPE | ATED | 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 noted violation | ons | 5. | | | |
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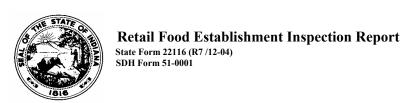
| Establishmo | | Εx | press Mobile Unit 1 | Telephone Number (270-860-8214 | Date of Ins (mm/dd/yr |) | ъ# 13729 |
|---|------------|-------|---|--|-----------------------------------|---------------|----------------------------|
| | | | mber and street, city, state, zip code) | | 02/14 | /2025 | 13729 |
| | | | e Rd., Evansville, IN, 47714 | <pre>(<redacted></redacted></pre> | | | |
| Owner Ellada | Hadi | ica | 2002 | Purpose: | Follow-uj | | se Date 24/2025 |
| | _ | 130 | ivva | Routine | | | |
| Owner's Ac | adress | | | Follow-up | ` | of Violation | _ |
| Person in C | | | | Complaint Pre-Operational | $\begin{bmatrix} 0 \end{bmatrix}$ | $_{\rm NC}$ (| $\int_{\mathbf{R}} 0$ |
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| Responsible | e Person's | E-ma | 11 | HACCP | Menu Typ | e (See addi | tional page) |
| Certified Fo | ood Handl | er | | Other (list) | $1\bigcirc 2$ | \bigcirc_3 | $_{4}\bigcirc_{5}\bigcirc$ |
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| • CRITICAL | ITEMS AF | E IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | |
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| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
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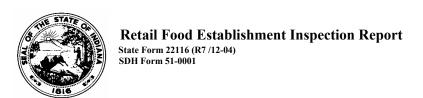
| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | | ID# |
|--|-------------|-------|---|-----------------------------------|----------------------------|--------------------------|---|
| Huck' | 's #3 | 99 | | 812-470-6068 | 02/14/ | | 13880 |
| | | | mber and street, city, state, zip code) | <pre>(<redacted></redacted></pre> | 02/14/ | 2025 | |
| | N Far | es | Ave, Evansville, IN, 47711 | <re><redacted></redacted></re> | | | |
| Owner | 0 D | | INO | Purpose: | Follow-up | | se Date |
| | | iyle | ey INC | ✓ Routine | No | 02/ | 24/2025 |
| Owner's Ac | | | | Follow-up | Summary of | of Violation | ns: |
| <reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td>$2_{\rm R}0$</td></reda<> | | | | Complaint | \cap | | $2_{\rm R}0$ |
| Person in C | | | | Pre-Operational | $_{\rm C}$ | NC_ | - R_U |
| Responsible | | | :1 | Temporary | Manu Tym | Coo addi | tional page) |
| Kesponsible | e i eison s | L-ma | 11 | НАССР | Wichu Typ | . (See aaai | iionai page) |
| Certified Fo | ood Handle | er | | Other (list) | 1 ()2(| \bigcirc_3 (\bullet | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL | , ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AARKED "C" | | | |
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| Section# | C/NC | R | Narrative | a 120 ala ara ara Nasal | | | orrected By |
| 295 | NC | | Non-food contact surfaces in | | | | 14/2025 |
| 310 | NC | | Hood system in kitche | en soiled. | | 02/ | 14/2025 |
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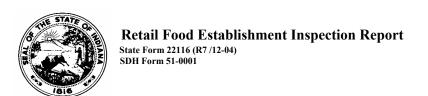
| | | | | | 1 | | - |
|---|------------|---------|--|--|--------------------------|--------------|------------------------------|
| Establishmo | | col | unt Tobacco and Convenience | Telephone Number (812-492-8800) | Date of Ins (mm/dd/yr | j | то# 14160 |
| Establishme | ent Addres | ss (nu | mber and street, city, state, zip code) by Ave, Evansville, IN, 47712 | <pre><redacted></redacted></pre> | 02/10 | /2025 | |
| | Dioac | 1 4 4 6 | ty AVC, Evalisville, IIV, 477 12 | | F 11 | D 1 | <u> </u> |
| Owner Kevin | Singl | 1 | | Purpose: Routine | Follow-up | | se Date //20/2025 |
| Owner's Ac | ddress | | | Follow-up | Summary | of Violation | ns: |
| <reda< td=""><td>cted></td><td></td><td></td><td></td><td>_ `</td><td>_</td><td>_</td></reda<> | cted> | | | | _ ` | _ | _ |
| Person in C | | | | Complaint | [| | $0_{\rm R}$ |
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| Responsible | | | il | Temporary | Menu Typ | e (See addi | tional page) |
| | | | | НАССР | | ~ ~ | \ |
| Certified Fo | | er | | Other (list) | 1 2 | <u>3</u> | <u>)4</u> <u>0</u> 5 <u></u> |
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| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No violations to r | note. | | | |
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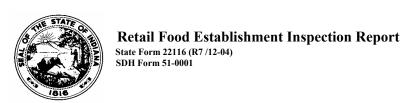
| Establishme | ent Name | | | | _ | phone Number | Date of Ins | pection | ID# | | |
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| Delmai | | | | adway Foodmart | ⁽ 81 | 2-303-5502 | (mm/dd/yr | | 14234 | | |
| | | | nber and street, city, state, zip Ave, Evansville, | | ⁽ <1 | redacted> | 02/10 | 72020 | | | |
| Owner Rajind | ler Ka | aur | | | Purp V R | oose: outine | Follow-uj | | e Date 20/2025 | | |
| Owner's Ac | | | | | F | ollow-up | Summary | of Violation | 15: | | |
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| Person in C | | | | | | re-Operational | $\begin{bmatrix} C \end{bmatrix}$ NC $\begin{bmatrix} C \end{bmatrix}$ R | | | | |
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| Responsible | Person's | E-mai | 1 | | | ACCP | Menu Type (See additional page) | | | | |
| Certified Fo | and Handle | | | | Other (list) | | | | | | |
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| • CRITICAL | ITEMS AR | E IDE | NTIFIED IN THE CHECKLIST A | AND NARRATIVE COLUMNS M | ARKE | D "C" | | | | | |
| • VIOLATIO | N(S) REPE | ATED | FROM PREVIOUS INSPECTION | NS ARE DENOTED IN THE "SUM | MMAR | Y OF VIOLATIONS" AN | D IN THE N | ARRATIVE | BELOW AS "R" | | |
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| | | | | No violations to n | ote. | | | | | | |
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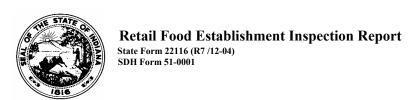
| 2001 I Owner | In Ga ent Addres Linco | n / | mber and street, city, state, zip code) Ave, Evansville, IN, 47714 | | Telephone Number (812-471-8881 (<redacted> Purpose:</redacted> | Date of Inst (mm/dd/yr) O2/11/ | /2025 | 1D# 14504 se Date |
|---|------------------------------|------|---|------------|---|--------------------------------------|--------------|-------------------------|
| Guoba | ao We | enç | 1 | | Routine | No | 02/ | 21/2025 |
| Owner's Ac | | | | | Follow-up | Summary | of Violation | ns: |
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| Person in C | | | | | Pre-Operational | $\bigcup_{C} \mathbf{U}$ | NC_(| J _R U |
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| Responsible | e Person's | E-ma | il | | HACCP | Menu Typ | e (See addi | tional page) |
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| Certified Fo | | er | | | | $1 \underline{\bigcirc 2}$ | | <u> 14050</u> |
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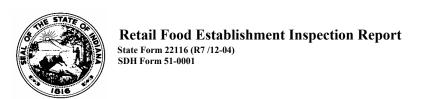
| | | | <u> </u> | | | | |
|---|------------|-------|--|---|----------------------------|-------------|--------------------------------|
| Establishmo Chipo | | 1ex | kican Grill #4692 | Telephone Number () Establishment | Date of Insp (mm/dd/yr) | | 15049 |
| Establishm | ent Addres | s (nu | mber and street, city, state, zip code) River Rd , Evansville, IN, 47715 | <pre>(<redacted></redacted></pre> | 02/10/ | 2025 | |
| Owner | | | can Grill #4692 | Purpose: | Follow-up NO | | se Date //20/2025 |
| Owner's Ac | | | <u> </u> | Follow-up | | | |
| <reda< td=""><td>cted></td><td></td><td></td><td></td><td>Summary</td><td>_</td><td>_</td></reda<> | cted> | | | | Summary | _ | _ |
| Person in C | | | | Complaint | [() | 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 | | ~ ~ | |
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| • CRITICAL | ITEMS AF | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
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| Section# | C/NC | R | Narrative | | | | orrected By |
| Section | C/ITC | IX | No violations at time of | increation | | TO BC C | orrected by |
| | | | NO VIOIATIONS AT TIME OF | пізреспоп. | | | |
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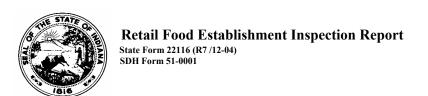
| Establishm | | _ | | Telephone Number | Date of Insp (mm/dd/yr) | ection | ID# |
|--|------------|-------|---|----------------------------------|----------------------------|-------------|-----------------------------|
| Scoot | ter's | Co | offee | 812-916-9487 | ` ' | 2025 | 15148 |
| | | | mber and street, city, state, zip code) | 1 | 02/13/ | 2025 | |
| 535 E | ast D | ian | nond, Evansville, IN, 47710 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up NO | | se Date |
| Benja | | lips | sch | ✓ Routine | 23/2025 | | |
| 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 | $_{\rm C}$ \cup | NC_(| J _R U |
| <reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<> | | | | Temporary | | | |
| Responsible | e Person's | E-mai | il | НАССР | Menu Type | (See addi | tional page) |
| Certified F | ood Hondl | 256 | | Other (list) | $1_1\bigcirc_2$ | 7,6 | $)_{4}\bigcirc_{5}\bigcirc$ |
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| | | E IDE | ENTERED IN THE CHECKLIST AND NADDATIVE COLUMNS A | AADVED «C» | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | | | | |
| | | | PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | <u> </u> | Го Ве Со | orrected By |
| | | | No violations noted at time | of inspection. | | | |
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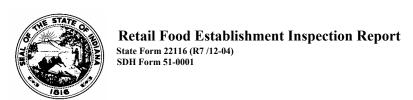
| | | | <u> </u> | | | | |
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| Establishm | | مادة | 00 | Telephone Number | Date of Ins (mm/dd/yr | | ID# |
| cruml | | | | 812-965-4133 | 02/10 | /2025 | 15339 |
| | | | mber and street, city, state, zip code) rdt STE B, Evansville, IN, 47715 | <pre><redacted></redacted></pre> | | | |
| Owner | . Duik | IIai | dt 31L B, Evansville, IIV, 477 13 | Purpose: | Follow-up | Palas | se Date |
| Steve | n And | ders | son | Routine | No | | /20/2025 |
| Owner's Ac | | | | Follow-up | | of Violatio | |
| <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_ | J _R U |
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| Responsible | e Person's | E-mai | 1 | HACCP | Menu Typ | e (See addi | itional page) |
| G .10 17 | | | | Other (list) | | | \bigcirc |
| Certified Fo | ood Handl | er | | | $1 \bigcirc 2$ | <u> </u> | <u> 1405</u> |
| • CDITICAL | ITEMS 41 |)E INT | INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | AADKED "C" | I | | |
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| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE N. | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| cc: | | | cc: | | cc: | | |



| | os Pu ent Addres Main | s (nui St | mber and street, city, state, zip code) t, Evansville, IN, 47711 er | (E | Plephone Number 312-990-5253 <redacted> Irpose: Routine</redacted> | Date of Ind. (mm/dd/yr 02/13 Follow-u | 6/2025 Releas | 15387 15387 se Date 23/2025 | | |
|---|--|--------------|---|---|--|--|------------------|--------------------------------------|--|--|
| Owner's Ad | | | | ⇈ | Follow-up | | of Violation | | | |
| <reda< td=""><td>cted></td><td></td><td></td><td></td><td>Complaint</td><td><u> </u></td><td>_</td><td></td></reda<> | cted> | | | | Complaint | <u> </u> | _ | | | |
| Person in C | | | | ▐ | Pre-Operational | $_{\rm C}$ ${ m U}$ | NC_ | \mathcal{I}_{R} U_{R} | | |
| <reda< td=""><td></td><td></td><td></td><td colspan="6">Temperary</td></reda<> | | | | Temperary | | | | | | |
| Responsible | Person's | E-mai | il | | Menu Type (See additional page) HACCP | | | | | |
| Certified Fo | and Handle | | | ╀ | Other (list) | 100 | \bigcirc_3 |),(),() | | |
| Certified F | ou Hanuic | 31 | | _ | | 1 | <u></u> 3 | <u>/4030</u> | | |
| • CRITICAL | ITEMS AR | E IDF | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARI | KED "C" | | | | | |
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| Establishm | | | | Telephone Number | Date of Insp (mm/dd/yr) | ection | ID# |
|---|-------------|-------|---|----------------------------------|----------------------------|-------------|---|
| Acrop | oolis | Ex | press Mobile Unit 2 | 270-860-8214 | ` ' | 2025 | 15432 |
| | | | mber and street, city, state, zip code) | | 02/14/ | 2025 | |
| 1401 l | N. Bo | eke | e Rd., Evansville, IN, 47714 | <pre><redacted></redacted></pre> | | | |
| Owner | | | | Purpose: | Follow-up | | se Date |
| Ellada | _ | ISa | ivva | Routine | No | 02/ | 24/2025 |
| Owner's Ac | ddress | | | Follow-up | Summary o | f Violation | ns: |
| | | | | Complaint | | (|) () |
| Person in C | | | | Pre-Operational | C | NC_ | \mathcal{L}_{R} |
| Responsible | | | :1 | Temporary | Manu Tyms | (Can addi | tional page) |
| Kesponsible | e r erson s | L-ma | ш | HACCP | Wienu Type | (See aaai | iionai page) |
| Certified F | ood Handl | er | | Other (list) | $1_1\bigcirc_2$ | $)_3$ | $)_4\bigcirc_5\bigcirc$ |
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| • CRITICAL | , ITEMS AR | E IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I | MARKED "C" | <u> </u> | | |
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| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | MIMARY OF VIOLATIONS" AN | | | |
| Section# | C/NC | R | Narrative | | | To Be Co | orrected By |
| | | | No noted violation | ons. | | | |
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| Establishment Name | | | | Telephone Number | (mm/dd/yr | | ID# |
|--|-------------|-----------|---|----------------------------------|--------------|-------------|--------------|
| Huck's #402 | | | | 930-204-0255 | 02/13/202 | | 15445 |
| Establishment Address (number and street, city, state, zip code) 2001 Lynch Road, Evansville, IN, 47711 | | | | <pre><redacted></redacted></pre> | | | |
| Owner | <u> </u> | 1 17 | Jau, Evansville, IIV, 47711 | Purpose: | Follow-up | Releas | se Date |
| Martin & Bayley, Inc. | | | | Routine | Yes | | 23/2025 |
| Owner's A | | ., . | | Follow-up | Summary | | |
| <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 | $_{\rm C}$ U | | 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 Typ | e (See addi | tional page) |
| Certified F | ood Handl | O.M. | | Other (list) | 100 | 7,6 |),()_5() |
| Certified | oou manui | CI | | | 1 <u>02</u> | <u></u> | <u> </u> |
| • CRITICAI | L ITEMS AI | RE IDE | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | IARKED "C" | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | | D IN THE N | ARRATIVE | BELOW AS "R" |
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| Sections | 0/110 | | Approved for oper | ation | | 10200 | Arrected By |
| | | | 7,00104001010001 | ation. | | | |
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