

943 N	tron ent Addres		mber and street, city, state, zip code) k Dr, Evansville, IN, 4771	^{Telephone Number} (812-402-6500 (<redacted></redacted>	spection) 8/2025	ір# 12133			
^{Owner} Jose F	Ramir	ez			Purpose:	Follow-u NO		^{se Date} 18/2025	
Owner's A	ddress				Follow-up				
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td colspan="4"></td></reda<>					Complaint				
Person in C					Pre-Operational	с <u></u> О			
Responsible			1	Temporary	Menu Ty	oe (See addii	tional page)		
				НАССР			$\sim \sim \sim$		
Certified F		er		Other (list)	1 <u>0</u> 2	<u>3</u>	$\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$		
• CRITICAI	L ITEMS AR	RE IDH	CNTIFIED IN THE CHECKLIST AND NARRATIVE C	MARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED I	N THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Nar	rative			To Be Co	orrected By	
191	С	R	Observed potentially hazardous	s food i	in cooler not date m	arked.	04/0	08/2025	
118	С	R	Food establishment does not	have	certified food empl	oyee.	04/0	08/2025	
294	С	R	Chemical sanitation concent	tration	tested below requi	red	04/0)8/2025	
			level in dis	sh mac	hine.				
Received by			printed):		Inspected by (name and title p	rinted):			
Received by	(signature)):			Inspected by (signature):				
cc: cc:						cc:			



Establishm 5625 Owner	lead ent Addres Pearl n Kur ddress cted> Charge cted> e Person's	na E-ma	Irritos mber and street, city, state, zip code) Ste A, Evansville, IN, 47712 r Patel	Telephone Number (253-205-5152 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C	p Release 04/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ND IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to n	lote.			
Received by				Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm	ent Addres	ss (nu	Catering at the Old Post Office	relephone Number (812-480-3573) (<redacted></redacted>	^{ID #} 12004		
-	W Se	CO	nd St, Evansville, IN, 47708			-	
owner Doug	& Ma	rla	Rennie	Purpose:	Follow-up NO		se Date 19/2025
Owner's A				Follow-up	Summary of	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	с_О	NC_(
Responsible			il	Temporary	Menu Type	(See addi	tional page)
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Section#	C/NC	R	Narrative				orrected By
			No violations to r	note.			
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
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Establishm 5210 Owner Murph Owner's Ad <reda Person in C <reda Responsible Certified F <redac< th=""><th>hy U ent Addres Pearl ddress cted> Cted> cted> e Person's</th><th>ss (nu Dr US E-ma er</th><th></th><th>Telephone Number (812-422-9519 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) MARKED "C"</redacted></th><th>Follow-u NO Summary C</th><th>p Releas 04/ of Violation NC</th><th>$\frac{ID \#}{11971}$ se Date $\frac{17/2025}{R}$ se Date $\frac{17/2025}{R}$ se Date $\frac{17/2025}{R}$</th></redac<></reda </reda 	hy U ent Addres Pearl ddress cted> Cted> cted> e Person's	ss (nu Dr US E-ma er		Telephone Number (812-422-9519 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) MARKED "C"</redacted>	Follow-u NO Summary C	p Releas 04/ of Violation NC	$\frac{ID \#}{11971}$ se Date $\frac{17/2025}{R}$ se Date $\frac{17/2025}{R}$ se Date $\frac{17/2025}{R}$
• 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 to r	note.			
Received by		-		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	/ (signature):		Inspected by (signature):			
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Establishm 925 N Owner GOAT Owner's Au <redat< th=""><th>A HU ent Addres Gree Pizz ddress cted> Charge</th><th>ss (nu en F a,</th><th>#41503 ^{mber and street, city, state, zip code)} River Rd, Evansville, IN, 4771 LLC</th><th>Telephone Number (812-426-1166 5 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted></th><th>Date of Ins (mm/dd/yr 04/09 Follow-up NO Summary</th><th>) /2025</th><th></th></redat<>	A HU ent Addres Gree Pizz ddress cted> Charge	ss (nu en F a,	#41503 ^{mber and street, city, state, zip code)} River Rd, Evansville, IN, 4771 LLC	Telephone Number (812-426-1166 5 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Date of Ins (mm/dd/yr 04/09 Follow-up NO Summary) /2025	
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Certified F	ood Handl			HACCP Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
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Section#	C/NC	R	Narrative				orrected By
431 NC Observed floor area around ice machine				ne drain in need of cle	eaning.	04/0)9/2025
Received by	(name and	l title	printed):	Inspected by (name and title p	rinted):		
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Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



	e Slic ent Addres Lincol (umal ddress cted> Charge	ss (nu In <i>I</i> r	mber and street, city, state, zip code) Ave, Evansville, IN, 47714	Telephone Number (812-499-9659 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Follow-u NO Summary	p Releas 04/	ID # 11534 se Date 17/2025		
Responsible			il	Temporary HACCP	Menu Type (See additional page)				
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>•</u> 3 <u>C</u>) ₄ <u>0</u> 5 <u>0</u>		
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Section#	C/NC	R	Narrative			To Be Co	orrected By		
			No noted violation	ons.					
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Establishm	Corn ent Addres N Fult Ches ddress cted> Charge cted>	ss (nu ton sei			elephone Number 312-428-2255 <redacted> urpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	r) D/2025 p Releas 04/ 7 of Violatior	L <u>R</u> 1
Certified F	cted>				Other (list)	1 <u>0</u> 2	<u></u> 3) ₄ <u>0</u> 5 <u>0</u>
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310	NC	R	Observed hood vent sys	ster	m soiled			10/2025
510				5101	in solicu.		0-7/	0/2025
Received by			· /	-	redacted>	rinted):		
Received by	(signature)):		Insp	bected by (signature):			
cc:			cc:			cc:		



Establishm	ont Nama			Telephone Number	Date of In	spection	ID #
		าย	r's Cafe	⁽⁸¹²⁻⁴⁸⁸⁻²⁰⁶¹⁾	(mm/dd/yr	r)	11471
			mber and street, city, state, zip code)		04/11	/2025	11771
			Ave, Evansville, IN, 47722	(<redacted></redacted>			
Owner				Purpose:	Follow-u		se Date
Chart	wells			✔ Routine	No	04/	21/2025
Owner's A				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC L	
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Responsible	e Person's	E-ma	1	НАССР	Menu Ty	pe (See addi	tional page)
	1.77 11			Other (list)	$1 \bigcirc 1$	\bigcirc	$) \cup \cup \cup$
Certified For		er			$1 \underline{\bigcirc} 2$		<u>/4050</u>
1					<u>i</u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N				
VIOLATIC		ATEI) 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				Inspected by (name and title provided by (name and title p	rinted):		
Received by				Inspected by (signature):			
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Establishm 1801 V	ningto	ss (nu	School 6-8 mber and street, city, state, zip code) on Ave., EVANSVILLE, IN, 47714			^{r)})/2025	ID# 11432
^{Owner} Evans	ville \	∕aı	nderburgh School Corp.	Purpose:	Follow-u NO		se Date 20/2025
Owner's A				Follow-up	Summary	of Violation	15:
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Person in C				Pre-Operational			J _R U
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Responsible	e Person's	E-ma	il	НАССР	Menu Typ	pe (See addi	tional page)
				Other (list)	\cap	\frown	$) \cap \cap$
Certified For Certified For Certified For Certified For Certain Certai		er		Other (list)	$1 \underline{\bigcirc} 2$		<u>/4_5</u>
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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cc:			cc:		cc:		



	ent Addres Linco wells ddress Cted> charge cted> e Person's	ss (nu	mber and street, city, state, zip code) Ave., Evansville, IN, 47722	(812-488-2061) (mm/dd/yr) 1 (<rédacted> 04/11/2025 1 Purpose: No 04/21/2025 ✓ Routine No 04/21/2025 Follow-up Summary of Violations: 04/21/2025 Complaint C</rédacted>					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M						
	DN(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative				To Be Co	orrected By	
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Received by				-	redacted>	rinted):	L		
Received by	v (signature):		Insp	ected by (signature):				
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	Ay # ent Addres . Wall syhan ddress Cted> Cted> Cted> cted> cted> ood Handle	n T n F	mber and street, city, state, zip code) St, Evansville, IN, 47713 Patel	Telephone Number (812-425-7585 (<redacted> Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose:</redacted>	Follow-u NO Summary C) R 0	
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Section#	C/NC	R	Narrative			To Be Co	orrected By
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Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
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Establishm Stock Establishm 4001 I Owner Audre Owner's Au <reda Person in C <reda Responsible</reda </reda 	ent Addres E Eich y Chr ddress cted> Charge cted>	rist	imber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47715 ie	Telephone Number (812-476-2384 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C_1	r) 7/2025 p Releas	<u> </u>
Certified F		er		Other (list)	1 <u>U</u> 2	<u>U</u> 3	<u>)4050</u>
• VIOLATIO	DN(S) REPE	ATE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N		
Section#	C/NC	R	Narrative				orrected By
173	С		Observed meat stored above ready to	eat food in walk-in o	cooler.	Co	rrected
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 5600 Owner	Thea ent Addres Pearl can M ddress cted> charge cted> e Person's	ss (nu Dr 1ul	es Evansville 16 mber and street, city, state, zip code) , Evansville, IN, 47712 ti-Cinema, Inc.	Telephone Number (812-423-7566 (<redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 7/2025 P Releas 04/ of Violation NC	
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"	1		
• VIOLATIC	DN(S) REPE	ATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
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			No violations to r	note.			
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishm	SMAr ent Addres	s (nu	Billards & Pub	relephone Number (812-422-0801 (<redacted></redacted>	Date of Ins (mm/dd/yr 04/07		ID# 11332	
Z315 V Owner	/v Fra	INK	lin St, Evansville, IN, 47712	Purpose:	Follow-u	n Palaa	e Date	
Jerry (Chano	dle	r	✓ Routine	No		17/2025	
Owner's Ad	ldress			Follow-up	Summary	of Violation	15:	
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Person in C				Pre-Operational	с <u></u>	NC_		
Responsible			il and the second s	- Temporary	Menu Ty	oe (See addii	tional page)	
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Certified Food HandlerOther (list)12						<u>3</u>	<u>)4050</u>	
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"				
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
138	NC		Observed food cook not wearing p	proper beard restra	int.	Corrected		
352	NC		Observed men's restroom not hav	ing a self-closing d	oor.	04/07/2025 04/07/2025		
234	NC		Observed bowls without handles being use	Observed bowls without handles being used to dispense bulk dry goods.				
Received by			printed):	Inspected by (name and title provided by (name and title p	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



3700 ^{Owner}	ucks ent Addres First A ucks N ddress cted> Charge cted> e Person's		mber and street, city, state, zip code) e, EVANSVILLE, IN, 47710 kets Inc	Telephone Number (812-464-3920 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) B/2025 P Releas 04/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N 9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	JARRATIVE	BELOW AS "R"
	-						
Section#	C/NC	R	Narrative				orrected By
			Observed mops in bakery not be	eing properly store	d.	Co	rrected
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	v (signature)):		Inspected by (signature):			
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Establishm	Main ent Addres Main Feat ddress cted> Charge cted> cted> cted> cted> cted>	ss (nu St he		Telephone Number (812-250-4551 (<redacted> Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose:</redacted>	Follow-uj NO Summary C	p Releas 04/ of Violation NC_	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
Section#	CITC	K	No violations to n	ote		10 DC CC	nicelled By
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by				Inspected by (signature):			
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Establishm 1535 J Owner	ary N ent Addres Joyce	ss (nu PAV	dle School 6-8 ^{mber and street, city, state, zip code)} ve, EVANSVILLE, IN, 47 ⁻ nderburgh School Corp.	714	Telephone Number (812-469-5088 (<redacted> Purpose:</redacted>	Date of Ins (mm/dd/yr 04/09 Follow-u NO))/2025 p Releas	ID # 11209 ee Date 19/2025
Owner's A		vai	iderburgh School Corp.		✔ Routine			
<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 C					Complaint) [)
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	oe (See addi	tional page)	
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Certified F		er			Other (list)	$1 \underline{\bigcirc} 2$		<u>/4_5_</u>
• CRITICAI	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE (COLUMNS N	- MARKED "C"			
• VIOLATIO)N(S) REPE	ATED	PROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Nai	rrative			To Be Co	orrected By
			No noted	l violati	ons.			
Received by		-			Inspected by (name and title p	rinted):		
Received by					Inspected by (signature):			
cc:			cc:			cc:		



Establishm 1148 V Owner	ent Addres Wash Enter ddress Cted> Cted> Cted> cted> cted> cted> cted>	ss (nu ing rpri E-ma	Washington ^{mber and street, city, state, zip code)} iton Ave., Evansville, IN, 47714 ises LLC/ Susan Mann	Telephone Number (812-425-1712 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_1	p Releas 04/ of Violation NC	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		ID IN THE N	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
443	C		Sanitizing solution tested belo	w required level			rrected
0						00	
Received by			· /	Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 3704 Owner Van C Owner's Ad <reda Person in C <reda Responsible Certified F <redac< th=""><th>onald ent Addres N 1st Carvaj ddress cted> cted> cted> cted> cted> cted> cted></th><th>er (nu Av al</th><th>#35249 mber and street, city, state, zip code) 'e, Evansville, IN, 47710 il</th><th>Telephone Number (201-654-1243 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted></th><th>Follow-u Yes Summary C</th><th>p Releas 04/ of Violation</th><th></th></redac<></reda </reda 	onald ent Addres N 1st Carvaj ddress cted> cted> cted> cted> cted> cted> cted>	er (nu Av al	#35249 mber and street, city, state, zip code) 'e, Evansville, IN, 47710 il	Telephone Number (201-654-1243 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u Yes Summary C	p Releas 04/ of Violation	
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
218	NC		Observed freezer door in	poor repair.)8/2025
<u> </u>						0.10	
		1					
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 1301 Owner Evans	er Fa ent Addres Judsc sville '	ss (nu DN S	y Learning Center ^{nber and street, city, state, zip code)} St, EVANSVILLE, IN, 4 ⁻ nderburgh School Corp.		Telephone Number (812-435-8593 (<redacted> Purpose: Routine</redacted>	Date of Insp (mm/dd/yr) 04/10/ Follow-up NO	2025 Releas	ID # 11177 se Date 20/2025
Owner's A					Follow-up	Summary of	f Violatio	15:
Person in C					Complaint			
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>с</td><td>NC_</td><td><u> </u></td></reda<>					Pre-Operational	с	NC_	<u> </u>
Responsibl			1		Temporary	Menu Type	(See addi	tional page)
					HACCP	\cap		$\sim \sim$
Certified F		er			Other (list)	1 <u>0</u> 2	<u>_3</u>	$\underline{)}_{4}\underline{\bigcirc}_{5}\underline{\bigcirc}$
			NTIFIED IN THE CHECKLIST AND NARRATIV FROM PREVIOUS INSPECTIONS ARE DENOTI			D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				orrected By
			No note	ed violati	ons.			
	1							
Received by			printed):		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature):			Inspected by (signature):			
cc:			cc:			cc:		



Establishment Name		Telephone Number	Date of Inspe	ction	ID #
Coconut Cafe @ Walther's G	olf-N-Fun Center	(812-464-4472	(mm/dd/yr) 04/09/2	0025	11163
Establishment Address (number and street, city, state, z		<pre></pre>	04/09/2	2025	
2301 N First Ave, EVANSVI	ILLE,IIN,47710			D 1	
^{Owner} Robert Walther		Purpose:	Follow-up NO	$\frac{\text{Releas}}{04}$	e Date 19/2025
Owner's Address		Follow-up	Summary of	Violatior	IS:
<redacted></redacted>		Complaint	\cap	ſ	
Person in Charge		Pre-Operational	с <u></u> U		
Responsible Person's E-mail	Temporary	Menu Type	(Soo addi	tional naga)	
Responsible rerson's E-man	НАССР	Menu Type	(see uuuii	ionai page)	
Certified Food Handler	Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc}$	<u>]3</u> C	$\underline{0}_{4} \underline{0}_{5} \underline{0}$	
<redacted></redacted>					
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIS VIOLATION(S) REPEATED FROM PREVIOUS INSPECTI 			D IN THE NA	RRATIVE	BELOW AS "R"
Section# C/NC R	Narrative				orrected By
	note.			·	
Received by (name and title printed):		Inspected by (name and title provided by (name and title p	rinted):		
Received by (signature):		Inspected by (signature):			
cc:	cc:		cc:		



Establishme LOS B		ç		Telephone Number Date of Inspection (mm/dd/yr) (812-464-3163) 04/07/2025			ID# 11103	
			mber and street, city, state, zip code)		04/07	/2025	11103	
			Expressway, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-u			
Ana B				✔ Routine	No	04/	10/2025	
Owner's Ac				Follow-up	-	of Violation		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td colspan="4">$\begin{bmatrix} 1 \\ NC \end{bmatrix}$</td></reda<>				Complaint	$\begin{bmatrix} 1 \\ NC \end{bmatrix}$			
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td></td></reda<>				Pre-Operational	C	NC		
Responsible			il	Temporary	Menu Ty	oe (See addii	tional page)	
_				НАССР		\sim		
Certified Fo		er		Other (list)	$1 \underline{\bigcirc} 2$	<u></u> 3	$\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$	
1		E 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"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
443	С		Sanitizer solution tested below required co	nsecration in wiping l	oucket.	Со	rrected	
347	NC		Observed no disposable towels p	rovided at hand sir	nk.	Co	rrected	
Received by	(name and	titla	nrinted):	Inspected by (name and title p	rinted):			
<reda< td=""><td></td><td></td><td></td><td><redacted></redacted></td><td>intea):</td><td></td><td></td></reda<>				<redacted></redacted>	intea):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm 2000 Owner Evans Owner's Ad <reda Person in C <reda Responsible</reda </reda 	e Col ent Addres Lodge sville \ ddress cted> charge cted> e Person's	ss (nu ≥ A √ar	nunity School K-8 ^{mber and street, city, state, zip code)} ve, EVANSVILLE, IN, 47714 nderburgh School Corp.	Telephone Number ⁽⁸¹²⁻⁴⁶⁹⁻⁵⁰⁸⁵⁾ ⁽ <redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	с_ 0	/2025 Releas 04/ of Violation NC_	ID # 11090 ise Date 18/2025 is:
Certified Fo		er.					<u>′4030</u>
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
Received by	(name and	title	arinted):	Inspected by (name and title pr	rinted):		
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Received by				Inspected by (signature):			
cc:			cc:		cc:		



1750 I	Spirit ent Addres	ss (nu	chool ^{mber and street, city, state, zip code)} ve., EVANSVILLE, IN, 47714	relephone Number ⁽⁸¹²⁻⁴⁷⁶⁻⁵⁹⁸⁴⁾ ⁽ <redacted></redacted>	04/08	^{r)} 9/2025	ı⊅# 11040
^{Owner} Evans	ville (Cat	tholic Diocese	Purpose:	Follow-u NO		se Date 19/2025
Owner's A	ddress			Follow-up	Summary	y of Violation	
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>(</td><td></td></reda<>		1		Complaint		(
<reda< td=""><td>0</td><td></td><td></td><td>Pre-Operational</td><td>с_U</td><td>(</td><td>P_{R}</td></reda<>	0			Pre-Operational	с_ U	(P_{R}
Responsible			il	Temporary	Menu Ty	pe (See addi	tional page)
				НАССР		\sim	$\sim \sim \sim$
Certified Fo		er		Other (list)	$1 \bigcirc 2$) ₄ <u>0</u> 5 <u>0</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	DN(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ND IN THE N	NARRATIVE	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	orinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



	er's V ent Addres V Lloy te Cro ddress cted> Charge cted>	ss (nu d E DW	mber and street, city, state, zip code) Expressway, Evansville, IN, 47712	Telephone Number (812-492-8000 (<redational Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP</redational 	ID # 13753 se Date 17/2025 ns: D R tional page)		
Certified F		er		Other (list)	1 <u>0</u> 2	<u></u> 3	<u>)4050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
• VIOLATIC Section#	DN(S) REPE	R	P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative	MMARY OF VIOLATIONS" AN	D IN THE N		orrected By
Section#	Cinc	K	No violations to r	note.		10 DC CC	freedu by
Received by	acte	d>		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



	x-fil-A ent Addres Linco wells ddress cted> Charge cted> cted> cted> cted>	ss (nu In / E-ma	mber and street, city, state, zip code) Ave, Evansville, IN, 47722 il	(812 (<r€ Purpose Purpose Follo Follo Pre- Tem</r€ 	tine ow-up uplaint Operational uporary	C Menu Typ) /2025 D Releas 04/ of Violation NC	<u>R</u> <u>O</u> tional page)
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>							
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	A D D A TIVE	RELOW AS "P"
Section#	C/NC	R	Narrative		of violations and			orrected By
Section#	C/NC	K	No noted violatio	000			10 De Co	frected by
				uns.				
		1						
Received by				-	t by (name and title pr	inted):		
Received by	/ (signature):		Inspected	l by (signature):			
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	ent Addres Linco Wells ddress Cted> Charge Cted> cted> e Person's	ss (nu In A E-ma	mber and street, city, state, zip code) Ave., Evansville, IN, 47722	(812-488-2061) (mm/dd/yr) 1 (<redacted> 04/11/2025 1 Purpose: Follow-up Release Dat Routine NO 04/21/2 Follow-up Summary of Violations: 0 Complaint C</redacted>					
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"					
• VIOLATIO	DN(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
			No noted violation	ons.					
Received by		-		Inspected by (name and title pr <redacted></redacted>	rinted):				
Received by	(signature):		Inspected by (signature):					
cc:			сс:		cc:				



Establishm	no´s ^{ent Addres} St.Jc	ss (nu DSE	zza #2577 ^{nber and street, city, state, zip code ph Ave, Evansville ale}		Telephone Number (270-782-0271 (<redacted> Purpose: Routine</redacted>	Date of Ins (mm/dd/yr 04/10 Follow-up NO) /2025	ID # 10924 se Date 20/2025	
Owner's A			gio		Follow-up		of Violation		
<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	0				Pre-Operational	$_{\rm C}$ U		J _R U	
<reda Responsible</reda 			1		Temporary				
Responsible	e Person's	E-ma	1		НАССР	Menu Type (See additional page)			
Certified F		er			Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{)}_{4}\underline{O}_{5}\underline{O}$	
			NTIFIED IN THE CHECKLIST AND FROM PREVIOUS INSPECTIONS A		D IN THE N	а DD а тілле	RELOW AS "D"		
• VIOLATIC Section#	C/NC	R	FROM FREVIOUS INSPECTIONS A	MART OF VIOLATIONS' AN	P IN THE N		orrected By		
Section# C/NC R Narrative Image: Comparison of the section of the sectin of the sectin of the section of the section of the sectin of th					note.		10 20 00	••••• <i>D</i> j	
Received by	·		printed):	Inspected by (name and title printed):					
Received by	(signature	e):			Inspected by (signature):				
cc:			cc:			cc:			



Establishme Dairy	-	on		Telephone Number Date of Inspection (mm/dd/yr) ID				
				(812-428-4022	04/09	/2025	10892	
			mber and street, city, state, zip code) 9, Evansville, IN, 47710	(<redacted></redacted>				
Owner	0.14			Purpose:	Follow-up		e Date	
		rga	an Kirk	✔ Routine	No	04/	19/2025	
Owner's Ac				Follow-up		of Violation	15:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><u>с_1</u></td><td>(</td><td></td></reda<>				Complaint	<u>с_1</u>	(
Person in C				Pre-Operational	С			
<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		НАССР	Menu Typ	e (See addi	tional page)	
	1 11 11			Other (list)	$-\Omega$	\bigcirc	$\mathcal{O}_{\mathcal{O}}$	
Certified Fo		er			$1 \underline{\bigcirc} 2$		<u>′4050</u>	
		E IDF	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
191	С		Observed ready to eat foods not c	late marked in coo	ler.	04/0)9/2025	
Received by		-		Inspected by (name and title printed):				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm	e Hig	ss (nu	School mber and street, city, state, zip code) on Ave., EVANSVILLE, IN, 47714	relephone Number (812-474-6935 (<redacted></redacted>	Date of In: (mm/dd/yr 04/10		^{ID #} 10875
Owner	ddress cted> Charge Cted>	√aı	nderburgh School Corp.	Purpose: Routine Follow-up Complaint Pre-Operational Temporary	с_ 0	of Violation	
Certified Fo	ood Handl			HACCP Other (list)	1 <u>0</u> 2		$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
• VIOLATIO)N(S) REPE	ATEI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!		D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
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Received by				Inspected by (signature):			
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1213 Owner JOSEP Owner's Ad <redation Person in C <redation Responsible Certified For <redation< th=""><th>OP ent Addres W Ma h T H ddress cted> cted> cted> cted> cted> cted> cted> cted></th><th>er</th><th>il</th><th></th><th>lephone Number 312-306-5319 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u NO Summary C_</th><th>p Releas 0/2025 04/ of Violation NC_</th><th>· ·</th></redation<></redation </redation 	OP ent Addres W Ma h T H ddress cted> cted> cted> cted> cted> cted> cted> cted>	er	il		lephone Number 312-306-5319 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_	p Releas 0/2025 04/ of Violation NC_	· ·
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
	0.010		No violations to r	note	2			
				ioic				
Received by			· /		redacted>	rinted):		
Received by	v (signature):			bected by (signature):			
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4579 ^{Owner} Ji Lon ^{Owner's Ad} <reda< th=""><th>e Of C ent Address Unive g Lin ddress cted></th><th>rs (nu rsi</th><th>ina Imber and street, city, state, zip code) ty Dr., Evansville, IN, 47712</th><th>Telephone Number (812-422-1260 (<redacted> Purpose: Routine Follow-up Complaint</redacted></th><th>Follow-u NO Summary</th><th>r) /2025 p Releas 04/</th><th>21/2025 ns:</th></reda<>	e Of C ent Address Unive g Lin ddress cted>	rs (nu rsi	ina Imber and street, city, state, zip code) ty Dr., Evansville, IN, 47712	Telephone Number (812-422-1260 (<redacted> Purpose: Routine Follow-up Complaint</redacted>	Follow-u NO Summary	r) /2025 p Releas 04/	21/2025 ns:		
Person in C		_		Pre-Operational	С				
Responsible			il	Temporary	Menu Type (See additional page				
Certified Fo		er		HACCP Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$		
• CRITICAI	L ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"					
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N				
Section#	C/NC	R	Narrative				orrected By		
191	C		Observed ready to eat foods in walk i	in with no date mai	kings.	04/1	1/2025		
Received by			· /	Inspected by (name and title p <redacted></redacted>	rinted):				
Received by	(signature)):		Inspected by (signature):					
cc:			cc:		cc:				



Establishm				Telephone Number	Date of Insp	ection	ID #
Doub	letre	еE	By Hilton Evansville	(812-423-5002	(mm/dd/yr) 04/08/	2025	13678
			mber and street, city, state, zip code)	<pre>(<redacted>)</redacted></pre>	04/06/	2025	
	ob Jo	ne	s Way, Evansville, IN, 47708				
		svi	lle Hotel, LLC Rick Huffman	Purpose:	Follow-up NO		se Date 18/2025
Owner's A				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td></td></reda<>				Complaint		(
Person in C				Pre-Operational	с <u></u>	NC_) _R _0
Responsibl			il	Temporary	Menu Type	See addi	tional page)
				НАССР			
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3(</u>	$)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
		RE IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
Section	ente		No noted violat	ions		10 20 0	/// <i>eecca</i> 25
		-					
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		<u> </u>					
	1						
Received by			printed):	Inspected by (name and title p <redacted></redacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:	l	cc:		



Establishm	t Ma ent Addree Linco wells	ss (nui In <i>1</i>	et (Koch Build mber and street, city, state, z Ave, Evansville	rip code)	Telephone Number (812-488-2061 (<redacted> Purpose: Purpose: Follow-up Complaint</redacted>	Date of Ins (mm/dd/yr 04/11 Follow-u NO Summary) /2025 0 Releas 04/ of Violation			
Person in C					Pre-Operational	<u>c</u> <u></u> U		J_{R}		
Responsible			il		Temporary	Menu Typ	e (See addi	tional page)		
Certified F		er			$\begin{array}{c} HACCP \\ \hline Other (list) \\ \hline \end{array} \\ 1 \\ \hline 2 \\ \hline 3 \\ 4 \\ \hline \end{array}$					
• VIOLATIO	ON(S) REPE			T AND NARRATIVE COLUMNS I ONS ARE DENOTED IN THE "SU		ID IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R		Narrative			To Be Co	orrected By		
No noted vio					ons.					
-	Received by (name and title printed):				Inspected by (name and title p	rinted):				
Received by	r (signature):			Inspected by (signature):					
cc:				cc:		cc:				



1 SE 9 Owner Tara 0 Owner's Au <reda Person in 0</reda 	Daily ent Addres 9th St Gore ddress cted> Charge	ss (nu : #1	rind ^{mber and street, city, state, zip code)} 102, Evansville, IN, 47708	Telephone Number (812-401-2040 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Follow-u NO Summary	r) 7/2025 P Releas 04/ of Violation	17/2025	
<reda Responsible</reda 			il	Menu Type (See additional page				
Certified F	ood Handl			HACCP Other (list)		<u></u> 3		
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"				
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative	izer et required lev			orrected By	
285	NC		Dishwasher not dispensing sanit	izer at required lev	ei.	04/0)7/2025	
		-						
Received by	acteo	d>		Inspected by (name and title provided by (name and title p	rinted):			
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm 601 B Owner	ucks ent Addres ob Jo	ss (nu ne	Doubletree ^{mber and street, city, state, zip code)} s Way, Evansville, IN, 47708 lle Hotel LLC Rick Huffman	Telephone Number (812-423-5002 (<redacted> Purpose: Routine</redacted>	Date of Ins (mm/dd/yr 04/08 Follow-u NO) /2025 p Releas	ID # 13926 se Date 18/2025
Owner's A				Follow-up	Summary	of Violation	15:
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>		•		Complaint			
Person in C				Pre-Operational	$_{\rm C}$ U		J _R U
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Responsible	e Person's	E-ma	11	НАССР	Menu Typ	be (See addi	tional page)
Certified F	ood Handl	er		Other (list)	1 <u>0</u> 2	<u>O</u> 3 <u>C</u>	$)_4 \bigcirc_5 \bigcirc$
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO)N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
			<u> </u>				
			<u> </u>				
Received by			printed):	Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	v (signature):		Inspected by (signature):			
cc:			cc:		cc:		



22 NW Owner Carl A Owner's Ad <reda Person in C <reda< th=""><th>demie ent Addres V Sixt Innhei ddress Cted> Cted> Cted></th><th>ter</th><th></th><th>(6 (V Pu V</th><th>lephone Number 46-361-0903 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary</th><th>Follow-u NO Summary C_</th><th>r) D/2025 P Releas 04/ of Violation NC_1</th><th>19/2025</th></reda<></reda 	demie ent Addres V Sixt Innhei ddress Cted> Cted> Cted>	ter		(6 (V Pu V	lephone Number 46-361-0903 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u NO Summary C_	r) D/2025 P Releas 04/ of Violation NC_1	19/2025
Responsible Certified Fo	ood Handle				HACCP Other (list)		pe (See addit 03	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative					orrected By
138	NC		Observed kitchen employee not wearing	ng	proper beard res	straint.	Coi	rrected
							·	
							·	
Received by	acteo	d>			ected by (name and title pr edacted>	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



401 SE Owner Allisor Owner's Ad <redae Person in C <redae Responsible</redae </redae 	and Address and Skel Address Cted> harge Cted> Person's pood Handle Cted>	ss (nui St : Itor E-ma	mber and street, city, state, zip code) Suite 104, Evansville, IN, 47713	(¿)	elephone Number 312-598-2049 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) KED "C"</redacted>	Follow-u NO Summary C) /2025 P Releas 04/ of Violation NC	
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	JMMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violat	ons	6.			
Received by	acteo	d>	printed):	<	redacted>	inted):		
Received by	(signature)):		Insp	bected by (signature):			
cc:			cc:			cc:		



Establishm Fredo Establishm 5501 Owner M&M Owner's Ad <reda Person in C <reda Responsible</reda </reda 	dy's Pearl Custa ddress cted> Charge cted>	Dr. ard.		Telephone Number (812-303-6137 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C	r) /2025 p Releas	<u></u>		
Certified F		er		HACCP Other (list)					
• CRITICAI	L ITEMS AR	₹E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"					
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP	MMARY OF VIOLATIONS" AN	D IN THE N				
Section#	C/NC NC	R	Narrative	propor boir rootroi	nt		prrected By		
130			Observed employee not wearing	proper nail restrai	11.		Tecleu		
						<u> </u>			
Received by	acteo	d>		Inspected by (name and title provided by (name and title p	rinted):				
Received by	(signature)):		Inspected by (signature):					
cc:			сс:		cc:				



2039 \ Owner	BBC ent Addres Wash & Ta ddress cted> Charge cted> cted> cted> cted>	ss (nu ing imi mi E-ma	mber and street, city, state, zip code) ton Ave., Evansville, IN, 47714 a McNeal	Telephone Number (812-746-3184 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 04/ of Violation NC_	<u>R</u> <u>O</u> tional page)
	TEME AT		ENTREPORT IN THE CHECKLET AND MADDATIME COLUMNIC A				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Approved for the se	eason			
Received by				Inspected by (name and title provided by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			сс:		cc:		



204 M ^{Owner}	r Dor ent Addres ain S	ss (nu) t.,	S ^{nber and street, city, state, z} Evansville, IN,		Telephone Number (812-303-4487 (<redacted> Purpose:</redacted>	Follow-u	.) 7/2025 p Releas	ID # 14320 e Date		
Josh Owner's Ad		a			✔ Routine	No		17/2025		
Person in C					Follow-up Complaint Pre-Operational	-	of Violation			
Responsible	e Person's	E-mai	1		Temporary	Menu Tyj	pe (See addi	tional page)		
Certified Fo		er			HACCP Other (list)	102	<u>•</u> 3C	<u>4</u> <u>0</u> 5 <u>0</u>		
				T AND NARRATIVE COLUMNS I ONS ARE DENOTED IN THE "SU		ND IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R		Narrative			To Be Corrected By			
413 NC Observed gap to outside				gap to outside at bo	ottom of back door.		04/0)7/2025		
Received by			printed):		Inspected by (name and title p	orinted):				
Received by	(signature):			Inspected by (signature):					
cc:				cc:	cc:			cc:		



Establishm	CEN S	ss (nu	ad Chick Imber and street, city, state, zip code) nd Road, Evansville, IN, 47715	8) (<	redacted>	Date of Inspection (mm/dd/yr) 04/09/2025		ID # 14379 e Date
Danny	/ Dua	ae	r		rpose: Routine	Follow-u NO	T	19/2025
Owner's A		90			Follow-up		of Violation	
<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			J _R U
<reda< td=""><td></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 Ty	pe <i>(See addii</i>	ional page)
Certified F		er			Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{O}_4 \underline{O}_5 \underline{O}_5$
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	мма	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section# C/NC R Narrative							To Be Co	orrected By
294 C Chemical sanitizer tested below r				required concentration. Correct				
303 C Observed food contact surfaces not properly s				aniti	zed in 3 compartme	ent sink.	Co	rrected
Received by		_		-	ected by (name and title pr edacted>	rinted):		
Received by	/ (signature):		Insp	ected by (signature):			
cc:			cc:			cc:		



	a Jap		nese Restaurant mber and street, city, state, zip code)	Telephone Number (812-303-0359	Date of In: (mm/dd/yr 04/09		^{ID #} 14383	
			Ste 3D, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>				
^{Owner} Winda				Purpose:	Follow-u NO		^{e Date} 19/2025	
Owner's Ad				Follow-up	Summary	of Violation	IS:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>1</td><td>1</td></reda<>				Complaint	1	1	1	
Person in C	0			Pre-Operational	C	NC_	R	
Responsible				- Temporary	Menu Type (See additional page)			
responsion	i cison s			НАССР				
Certified Fo		r		Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{O}_4 \underline{O}_5 \underline{O}_5 \underline{O}_5$	
• CRITICAL	ITEMS AR	E IDI	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	
329	С		Women's restroom sink not pro	oviding hot water.		04/0)9/2025	
234 NC R Observed bowls without handles being us				d to dispense bulk dry	goods.	Co	rrected	
Received by		-		Inspected by (name and title p <redacted></redacted>	rinted):			
Received by	(signature)	12		Inspected by (signature):				
cc:			cc:		cc:			



Establishm MCAI Establishm 5301 Owner David Owner's Au <reda Person in C <reda Responsible Certified F <reda< th=""><th>ent Address Pearl Black ddress Cted> Cted> Cted> cted> cted> ood Handle</th><th>ss (nu Dr kbu</th><th>umber and street, city, state, zip code) Ste 100, Evansville, IN, 47712 Jrn</th><th>Telephone Number (812-228-4222 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u NO Summary C_1</th><th>r) 7/2025 p Releas</th><th><u> </u></th></reda<></reda </reda 	ent Address Pearl Black ddress Cted> Cted> Cted> cted> cted> ood Handle	ss (nu Dr kbu	umber and street, city, state, zip code) Ste 100, Evansville, IN, 47712 Jrn	Telephone Number (812-228-4222 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C_1	r) 7/2025 p Releas	<u> </u>
1		F ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
443	С		Sanitizer solution tested above required co	onsecration in wiping	bucket.		rrected
				1 3			
Received by				Inspected by (name and title p <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 5501 Owner Derek Owner's A <reda Person in C <reda Responsibl</reda </reda 	ent Addres Pearl Unge ddress cted> Charge cted> e Person's	ss (nur Dr eth		Telephone Number (812-303-4036 (<redacted> Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose:</redacted>	Follow-u NO Summary C	r) /2025 P Releas 04/ of Violation NC	L R O
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
294	C		Chemical sanitation concentration	n below required le	vel.		11/2025
346	NC		Soap not provided at I			11/2025	
324	С		Grease trap log not m			04/1	1/2025
Received by	i (name and	l title ı	printed):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
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1418 Owner Jerem Owner's Ad <redae Person in C <redae Responsible Certified Fe <redae< th=""><th>Rand ent Address W Fra iah G idress cted> cted> cted> e Person's cted></th><th>ss (nu ank Gale E-ma</th><th>nber and street, city, state, zip code) lin St, Evansville, IN, 47710 ey</th><th></th><th>elephone Number 312-401-2332 <redacted> urpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u NO Summary C</th><th>p Releas 04/ of Violation NC_</th><th></th></redae<></redae </redae 	Rand ent Address W Fra iah G idress cted> cted> cted> e Person's cted>	ss (nu ank Gale E-ma	nber and street, city, state, zip code) lin St, Evansville, IN, 47710 ey		elephone Number 312-401-2332 <redacted> urpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 04/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
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				1101				
Received by		-	printed):	-	redacted>	inted):		
Received by	(signature)):		Insj	bected by (signature):			
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Establishm 900 M Owner	's Ve ent Addres lain S nder I ddress cted>	ss (nu St., Rai	ezuelan Cuisine Imber and street, city, state, zip code) Evansville, IN, 47708 mirez Villalobos	(4 (~ Pu	Performe Number 107-371-8818 <redacted> urpose: Routine Follow-up Complaint</redacted>	^{Follow-u} NO	r))/2025 p Releas	
<reda< td=""><td></td><td>•</td><td></td><td></td><td>Pre-Operational</td><td>L</td><td>NC</td><td><u> </u></td></reda<>		•			Pre-Operational	L	NC	<u> </u>
Responsible	e Person's	E-ma	il	┣	Temporary HACCP	Menu Ty	pe <i>(See addi</i>	tional page)
Certified F		er			HACCP Other (list)	1 <u>0</u> 2	<u></u> 3)_45
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	ЛАRF	KED "C"			
• VIOLATIO	DN(S) REPE	ATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MM/	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
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Received by	/ (name and	l title	printed):	Insr	bected by (name and title pr	rinted):		
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Received by					pected by (signature):			
cc:			cc:			cc:		



	gan's ent Addree lain S a Pie ddress cted> Charge cted>	ss (nu t., tro	mber and street, city, state, zip code) Evansville, IN, 47708 wski	Telephone Number (812-746-8848 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	r) B/2025 P Releas 04/ of Violation NC	
Certified F		er		Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
Section#	C/NC	K				TO BE CO	Jirected By
	No noted violations.						
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



	s Piz ent Addres W. De Clark ddress cted> Charge cted> e Person's	ss (nu elav E-ma	mber and street, city, state, zip code) ware St., Evansville, IN, 47712	Telephone Number (812-423-3160 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>			<u> </u>
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" 							
Section#	C/NC	R	Narrative				orrected By
Section#	C/NC	K	No violations to r	noto		TO BE CO	frected by
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<redacted></redacted>				Inspected by (name and title printed): <redacted></redacted>			
Received by (signature):				Inspected by (signature):			
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