

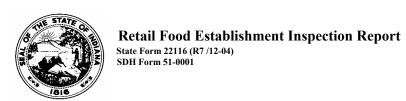
					D . CY		VD #
Meije Meije		s S	Station #287	Telephone Number (812-647-2229)	Date of Ins (mm/dd/yr		13011
			mber and street, city, state, zip code) Dr, Evansville, Indiana, 47715	<pre>(<redacted></redacted></pre>	1 1/0 1	72024	
Owner Meijer	Store	es	Limited Partnership	Purpose:	Follow-u		se Date //11/2024
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns.
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Person in C					()	NG ($0_{\rm R}$
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td><u>c</u></td><td>NC_</td><td>R</td></reda<>				Pre-Operational	<u>c</u>	NC_	R
Responsible			il	Temporary	Menu Tvi	ne (See addi	tional page)
responsion			•	HACCP		- (500 4441	
Certified Fo		er		Other (list)	102	<u></u>	$0_4 0_5 $
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection.			
Received by	*			Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
	_						
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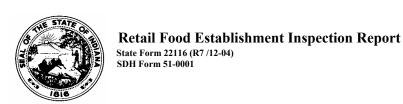
Establishm Meije		re	#287	Telephone Number (812-647-2200	Date of Ins (mm/dd/yr	·j	13006
			mber and street, city, state, zip code) 5 Drive, Evansville, IN, 47715	(<redacted></redacted>	1 1/0 1	/2024	
Owner			Limited Partnership	Purpose:	Follow-u		se Date 11/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>-</td><td></td><td></td></reda<>				Complaint	-		
Person in C				Pre-Operational	$_{\rm c}$ U	NC (0_{R}
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	se (See addi	tional page)
C (10 1 E	177 11			Other (list)	\Box	\bigcirc	\bigcirc
Certified Fo		er			1 2	\bigcirc 3 \bigcirc	<u> 405</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection.			
-							
Received by	*		printed):	Inspected by (name and title properties)	rinted):		
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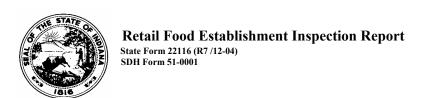
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Boke	h Loւ	ınç	ge	812-401-2400		2024	11959
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	1	10/28/	2024	
1007 I	Parre [.]	tt S	St, Evansville, IN, 47713	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Bokeh	า Vibe	s L	LC	Routine	No	11/	07/2024
Owner's A				Follow-up	Summary o	f Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ U	NC_	J _R U
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
				Other (list)	\cap		
Certified Fo		er			1 <u></u> 2		<u> 405</u>
< reu au	ileu>				<u></u>		
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No noted violation	ons.			
Received by	(name and	title 1	orinted):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
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Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Subw	⁄ay#₄	49	125	812-228-0454		2024	11851
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	10/30/2	2024	
101 O	akley	St	, Evansville, IN, 47710	<reaacted></reaacted>			
Owner	16.1			Purpose:	Follow-up		se Date
RT W		;		Routine	No	11/	09/2024
Owner's A				Follow-up	Summary o	f Violation	1S:
<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>2</td><td>Temporary</td><td>M T</td><td></td><td></td></reda<>			2	Temporary	M T		
Responsible	e Person's	L-ma	Ш	НАССР	Menu Type	(See aaai	nonai page)
Certified F	ood Handle	or		Other (list)	1(),($)_{2}$	$)_4\bigcirc_5\bigcirc$
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		EIVE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"	1		
					D D D	DD 4 mrs :-	DELOW : 2 //2 ::
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
Received by	*	_ *		Inspected by (name and title pr	rinted):		
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Received by	(signature)):		Inspected by (signature):			
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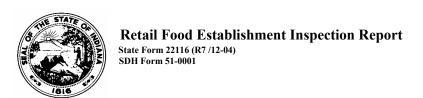
			<u> </u>				
Mena				Telephone Number	Date of Ins (mm/dd/yr		то# 11709
				812-475-8970	11/01	/2024	11709
			mber and street, city, state, zip code) Dr, Evansville, IN, 47715	' <redacted></redacted>			
Owner				Purpose:	Follow-uj		se Date
Menai	rd Inc			Routine	No	11/	11/2024
Owner's Ac	ddress			Follow-up	Summary	of Violation	us.
<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	\cup \cup	NC_(JRU
<reda< td=""><td>cted></td><td></td><td></td><td>Temporary</td><td></td><td>110</td><td>_ K</td></reda<>	cted>			Temporary		110	_ K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u> 1405</u>
Cieuac	ileu>						
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection.			
				•			
			<u> </u>				
Received by		_	orinted):	Inspected by (name and title properties)	rinted):		
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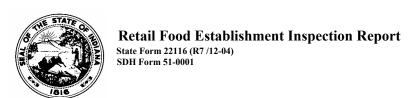
Establishm Fulto		ıaı	e Apartments	Telephone Number (812-428-8516)	Date of Ins (mm/dd/yr	·j	то# 11574
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) , Evansville, IN, 47710	' <redacted></redacted>	10/30	/2024	
Owner SWIR			,	Purpose:	Follow-uj		se Date // 09/2024
Owner's Ac				Follow-up	Summary	of Violation	ns.
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>_ `</td><td>_</td><td>_</td></reda<>	cted>			Complaint	_ `	_	_
Person in C						NC (O_{R}
<reda< td=""><td>cted></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC</td><td> K</td></reda<>	cted>			Pre-Operational		NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Tyr	e (See addi	tional page)
				НАССР		\sim	
Certified Fo		er		Other (list)	1 2	<u> </u>	<u>)4</u> 050
• CRITICAL	. ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to r	note.			
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
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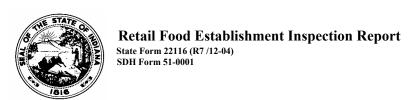
Establishm		ior	n East Coast Subs	Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)				
			mber and street, city, state, zip code)	812-434-7366	11/01	/2024	11252	
			, Evansville, IN, 47712	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-u		se Date	
4		nee	esesteaks LLC	✓ Routine	No	11/	11/2024	
Owner's A				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>\cap</td><td></td><td></td></reda<>		•		Complaint	\cap			
Person in C				Pre-Operational	$_{\rm C}$	NC	$\frac{1}{R}$	
Responsible				Temporary	Menu Tvi	ne (See addi	tional page)	
responsion	e i cison s			НАССР		or (See add)	nonai page)	
Certified F		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$)_4 \bigcirc_5 \bigcirc$	
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be C	orrected By	
410	NC		Lightbulb out above	e oven.		11/0	01/2024	
Received by				Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
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cc:			cc:		cc:			



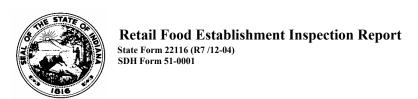
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
			n Cuisine	812-484-2222 10/28/2024 11			11216
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	<pre></pre>	10/20/	2024	
	iain S	t, E	EVANSVILLE, ÍN, 47708		<u> </u>		
Owner Rafic	Hach	em		Purpose:	Follow-up		se Date 07/2024
Owner's A		<u> </u>		Follow-up	Summary		
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Sullillary</td><td></td><td></td></reda<>	cted>			Complaint	Sullillary		
Person in C				Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC	$I_{R} 0$
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	: (See addi	tional page)
Certified F	177 11			Other (list)	$_{1}\bigcirc_{2}($		\bigcap_{i}
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
297	NC		Microwave in kitcher	n soiled.		Co	rrected
Received by				Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
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Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#	
Just F	Renn	ie'	S	(812-401-8098				
			mber and street, city, state, zip code)	(<redacted></redacted>	1 1/0 1/.	2024		
	E Fou	urth	n St, Evansville, IN, 47708	<re><redacted></redacted></re>				
Owner	0 14-		Dannia	Purpose:	Follow-up		se Date	
		rıa	Rennie	Routine	No	111/	11/2024	
Owner's Ad				Follow-up	Summary o	f Violation	as:	
Person in C				Complaint	\cap	(\cap	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>$R_{\rm C}$</td></reda<>				Pre-Operational	C	NC_	$R_{\rm C}$	
Responsible			il	Temporary	Menu Type	(See addi	tional page)	
				НАССР				
Certified F		er	_	Other (list)	$_{1}\bigcirc_{2}($	$)_3$ (\bullet	$)_{4}\bigcirc_{5}\bigcirc$	
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By	
			No noted violation	ons.				
Received by				Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
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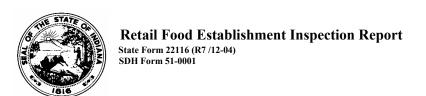
Establishm	_	_		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Hous	e of (Co	mo	812-422-0572	11/01/	2024	11045
			mber and street, city, state, zip code)	(1 1/0 1/.	2024	
2700	S Ker	<u>itu</u>	cky Ave, Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
Marth		je		✓ Routine	No	11/	11/2024
Owner's Ad				Follow-up	Summary o	f Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>\cap</td></reda<>				Complaint		(\cap
Person in C				Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
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Responsible	e Person's	E-ma	II	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handle	nr.		Other (list)	$1_1\bigcirc_2$	\bigcirc	$)_{4}\bigcirc_{5}\bigcirc$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED «C»			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
			No noted violation	ons.			
							
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Received by	*	_ *		Inspected by (name and title p	rinted):		
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Received by	(signature)):		Inspected by (signature):			
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Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#	
Hillto	p Inn			(812-303-3732				
			mber and street, city, state, zip code)	<pre></pre>	10/29/	2024		
	Harm	ony	y Way, Evansville, IN, 47720					
Owner				Purpose:	Follow-up		se Date	
Wend		Χ		✓ Routine	No		08/2024	
Owner's Ad				Follow-up	Summary o			
Person in C				Complaint			$I_{R} 0$	
<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 F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>	
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
431	NC		Physical facility is no	ot clean.		10/2	29/2024	
Received by	, (nama and	l title a	asisted):	Inspected by (name and title p	rintad):			
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Received by	(signature):		Inspected by (signature):				
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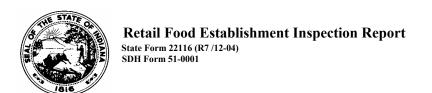
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Hebro	on El	em	nentary	812-469-5084	10/30/2	2024	11024
			mber and street, city, state, zip code)	() Owner	10/30/2	2024	
4400 E	Bellem	ead	de Ave., EVANSVILLE, IN, 47714	<re><redacted></redacted></re>			
Owner	,	,		Purpose:	Follow-up		se Date
		⁄ar	nderburgh School Corp.	✓ Routine	No	11/	09/2024
Owner's A				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) ()</td></reda<>				Complaint	\cap	() ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	\mathcal{L}_{R}
Responsible			9	Temporary	Menu Type	(Coo addi	tional nace)
Kesponsibio	e rerson's	c-ilia	ш	НАССР	Menu Type	(see aaai	nonai page)
Certified F	ood Handle	er		Other (list)	100	a) ₃ ($)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>-</td><td></td><td></td><td></td><td><u> </u></td><td><u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u></td></redag<>		-				<u> </u>	<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
					ID IN THE NA	DD 4 7F13 7F	DELOW AC 4D*
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		1	o Be Co	orrected By
			No noted violation	ons.			
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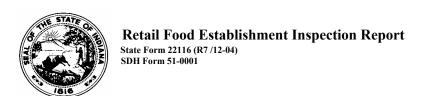
Establishm				Telephone Number	Date of Inspo (mm/dd/yr)	ection	ID#
Domi	no s	Pi	zza #2574	812-423-5511	` '	2024	10922
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		11/01/2	2024	
5714 I	First <i>F</i>	۱ve	e, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
		IZZ	ZA, INC	✓ Routine	No	11/	11/2024
Owner's Ac				Follow-up	Summary of	f Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ \cup	$_{\rm NC}$	J _R U
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Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
G 18 17				Other (list)	1.0.0		\bigcirc
Certified Fo		er			$1 \bigcirc 2 \bigcirc$	<u>3</u> C	<u>/4050</u>
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• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		-	Го Ве Со	orrected By
			No violations to	note.			
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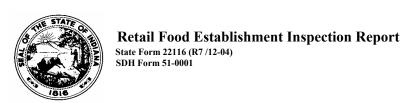
			<u> </u>					
Establishm	_	<u>on</u>		Telephone Number	Date of Ins (mm/dd/yr		ID#	
Dairy				812-423-6400	11/01	/2024	10893	
			ty Dr., Evansville, IN, 47712	' <redacted></redacted>				
Owner				Purpose:	Follow-up		se Date	
Lara		SIS		✓ Routine	No	11/	11/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
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Person in C	_			Pre-Operational	C	NC_	$R_{\rm R}$	
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)	
Responsible	c i cison s	L-ma		НАССР	wiena ryp	c (See addi	nonai page)	
Certified Fo		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$)_4 \bigcirc_5 \bigcirc$	
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• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "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	
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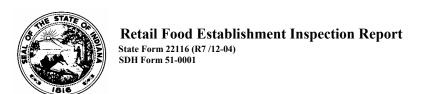
Establishm	ont Nama			Telephone Number	Date of Ins	nection	ID#
		K	orean Cuisine	812-550-1171	(mm/dd/yr	o)	13711
			mber and street, city, state, zip code)	, , , ,	10/28	/2024	
518 M	lain S	t, E	Evansville, IN, 47708	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
Josepl	h Kim	/Ga	angnam Business Systems LLC	✓ Routine	No	11/	07/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
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Person in C				Pre-Operational	$_{\rm C}$ ${ m U}$		$0_{\rm R}$
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Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)		\bigcirc	
Certified Fo		er			1 2	$\bigcirc 3 \bigcirc$	<u>/4</u> 5 <u> </u>
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• CRITICAL	LITEMS 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 "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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Establishmo			at Cafa II C		Telephone Number	Date of Ins (mm/dd/yr		ID#
			at Cafe, LLC	┙`	812-550-1553	11/01	/2024	13757
			mber and street, city, state, zip code) Evansville, IN, 47708	(<redacted></redacted>			
Owner Kenda	al Pau	ıl			Purpose: Routine	Follow-uj		se Date /11/2024
Owner's Ac					=			
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Person in C				┰┞	Pre-Operational	$_{\rm C}$ ${ m U}$	NC_($\mathcal{J}_{R}U$
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		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MAI	RKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
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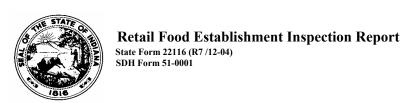
Establishm		$\overline{}$, ,	Telephone Number	Date of Ins		ID#
The D				812-401-2040		/2024	13843
			mber and street, city, state, zip code) 02, Evansville, IN, 47708	(<redacted></redacted>	1 1701	72021	
Owner				Purpose:	Follow-uj		se Date
Tara (✓ Routine	No	11/	11/2024
Owner's Ac				Follow-up	Summary	of Violation	ns:
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<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C_O</td><td>NC_</td><td>$R_{\rm R}$</td></reda<>				Pre-Operational	C_O	NC_	$R_{\rm R}$
Responsible			il	Temporary Temporary	Menu Tvr	ne <i>(See addi</i>	tional page)
TCOP OHOLO	0 1 01 0011 5		-	НАССР			
Certified Fo		er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	<u>)</u> 4 <u>0</u> 5 <u>0</u>
		E 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.			
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	's Ma		et INC	Telephone Number	Date of Income (mm/dd/yr		13853	
225 S	Gree	n F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	' <redacted></redacted>				
Owner Eutiqu				Purpose: Routine	Follow-u		e Date 08/2024	
Owner's Ad				Follow-up	Summary	of Violation	ns:	
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Responsible			il	Temporary	Menu Tyj	oe (See addi	tional page)	
				HACCP				
Certified Fo		er		Other (list) 	1 <u>U</u> 2	<u> </u>	<u> 1405</u>	
• 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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
191	С		Ready to eat foods not d			10/2	29/2024	
146	NC	R	Grab & go items not labeled	d with content.		10/29/2024		
346	NC	R	No soap at hand wash	ning sink.		Co	rrected	
345	С		Employees using prep sink for	or hand washing.		Corrected		
394	NC		Outside area not maintained of	of excess pallets.		11/0)4/2024	
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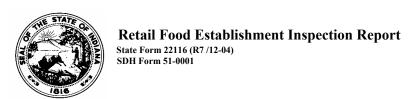
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Bud's	Roc	kir	n' Bar & Grill	812-305-4072	10/29/	2024	14040
			mber and street, city, state, zip code)	<pre></pre>	10/29/	2024	
	VV Fra	nk	lin, Evansville, IN, 47712	<re><redacted></redacted></re>			
Owner KERR	Y CH	IES	SSER	Purpose:	Follow-up No		se Date 08/2024
Owner's Ac	ddress			Follow-up	Summary o	f Violation	ns.
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Certified Fo		er		Other (list)	$1 \bigcirc 2 \bigcirc$		<u> 1405</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	E MARIZED (C)	<u> </u>		
					ID IN THE NA	DD ATIME	DELOW AC 4D*
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		<u> </u>	10 Be Co	orrected By
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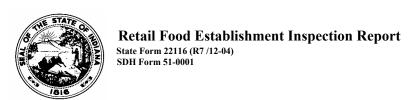
Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
Entwi	ined			812-550-1393 10/29/2024 14131				
			mber and street, city, state, zip code)		10/29/	2024		
303 M	lain S	t.,	Evansville, IN, 47708	<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Sharo		nor	<u>ıd</u>	✓ Routine	No	11/	08/2024	
Owner's A				Follow-up	Summary o	f Violation	ns:	
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Kesponsibi	e Person's	L-ma	П	НАССР	Menu Type	(See aaai	tional page)	
Certified F	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}($	$)_{3}($),(•),(•)	
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
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The E		by	Meles	Telephone Number (812-402-1272)	Date of Ins (mm/dd/yr		14303	
Establishm 550 N	ent Addres Gree	s (nu	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	() Owner	1 1/0 1	/2024		
Owner Jorge				Purpose:	Follow-u		se Date 11/2024	
Owner's Ac				Follow-up	Cumamaama	of Violation	• • • • • • • • • • • • • • • • • • • •	
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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 N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No Violations observed at tin	ne of inspection				
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Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#	
High	Scor	e S	Saloon	(812-909-3229	10/29/	2024	14350	
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	10/29/	2024		
309 M	lain S	t.,	Evansville, IN, 47708	<redacted></redacted>				
Owner				Purpose:	Follow-up		se Date	
Clint F		าร		✓ Routine	No	11/	08/2024	
Owner's Ac				Follow-up	Summary o	f Violation	ns:	
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Person in C				Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$	
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Responsible	e Person's	E-ma	11	НАССР	Menu Type	(See addi	tional page)	
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		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"				
						DD 4 #11 / E	DELOW AC ((D)	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	UMMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative	,	<u> </u>	10 Be Co	orrected By	
			No noted violati	ions.			_	
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	Placent Address E 2nc	ss (nui d. S	mber and street, city, state, zip code) St., Evansville, IN, 47713 tality	(Relephone Number 812-777-3203 <redacted> Purpose: Routine</redacted>	Date of Ins (mm/dd/yr 11/01 Follow-u NO	r) /2024 p Releas	14376 14376 11/2024
Owner's Ac					Follow-up	Summary	of Violation	ns:
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Person in C		ı			Pre-Operational	c_ O	($\frac{1}{R}$
Responsible			il	<u> </u>	Temporary	Menu Ty	pe (See addi	tional page)
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Certified Fo		er		-	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	MNS MAF	RKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMM	IARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrativ	e			To Be Co	orrected By
			No noted vio	lation	S.			
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Establishm Dolla	_	ner	al Store 24125	Telephone Number (615-855-4000	Date of Ins (mm/dd/yr)	тр# 14751	
			mber and street, city, state, zip code)		10/29	/2024		
4224 E			New Harmony Rd, Evansville, IN, 47725	<pre>(<redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Dolge	ncorp	, L	LC	✓ Routine	No	11/	08/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns.	
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>Summary</td><td>_</td><td>_</td></reda<>	cted>			Complaint	Summary	_	_	
Person in C	harge					NC_) , ()	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td> R</td></reda<>				Pre-Operational		NC_	R	
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)	
_				НАССР				
Certified F	ood Handl	er		Other (list)	1)	$()_3(\bullet)$)4()5()	
						<u> </u>	<u></u>	
• CRITICAL	ITEMS AE	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADKED "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 observed at tin	ne of inspection.				
				<u> </u>				
							_	
	1							
Received by	•			Inspected by (name and title properties)	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



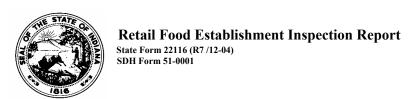
Establishm				Telephone Number	Date of Ins		ID#	
Shah				812-602-1825	`	, /2024	15140	
			mber and street, city, state, zip code)	<pre><redacted></redacted></pre>	1 1/0 1	/2024		
	Red B	anı	k Rd Unit L, Evansville, IN, 47712		<u> </u>			
Owner	d kac	oin		Purpose:	Follow-u		se Date /11/2024	
Amge Owner's A		SIII	<u> </u>	Routine	No			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>-</td><td>of Violation</td><td></td></reda<>				Follow-up	-	of Violation		
Person in C				Complaint	1 . 1		$\frac{2}{R}$	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>- R_</td></reda<>				Pre-Operational	C	NC_	- R_	
Responsibl			<u> </u>	Temporary	Menu Tyj	oe (See addi	tional page)	
				НАССР		\bigcirc G		
Certified F		er		Other (list)	1 2	\bigcirc_3	<u>)4U5U</u>	
					<u> </u>			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative	71 1			orrected By	
310	NC		Hood vent system s				01/2024	
410	NC		Lightbulb out above				01/2024	
177	С		Food stored improperly on t	floor in freezer.		11/01/2024		
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):			
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Received by	(signature)):		Inspected by (signature):				
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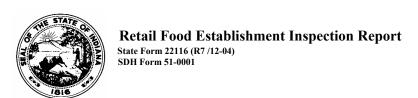
Establishm		الا	The River LLC	Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)			
			mber and street, city, state, zip code)	812-604-1762	11/01	/2024	15195
			Evansville, IN, 47708	<pre>(<redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Rober	t Rus	se	II	Routine	No	11/	11/2024
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<>		•		Complaint		() (
Person in C				Pre-Operational	$ _{c}$	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	НАССР	Menu Typ	e (See addi	itional page)
				Other (list)			
Certified F		er			$1 \underline{\bigcirc 2}$		<u> 1405</u>
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• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			No violations to r	note.			
Received by	,			Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
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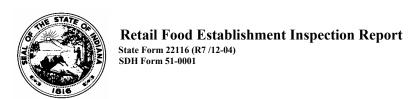
Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Rocki	in Ch	iCk	(en	812-773-3289	10/30/2	2024	15257
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	10/30/2	2024	
	First <i>F</i>	\ ve	e, Evansville, IN, 47710	<re><redacted></redacted></re>			
Owner			_	Purpose:	Follow-up		se Date
Harolo		adie	9	Routine	No	111/	09/2024
Owner's Ac				Follow-up	Summary of	Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>NC_</td><td></td></reda<>				Complaint		NC_	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td>$R_{\underline{}}$</td></reda<>				Pre-Operational	C	NC	$R_{\underline{}}$
Responsible			il	Temporary	Menu Type	(See addi	tional nage)
responsible	c i cison s			HACCP	mena Type		iionai page)
Certified Fo	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	$)_3$ \bullet	$_{4}\bigcirc_{5}\bigcirc$
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• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	IMMARY OF VIOLATIONS" AN	ID IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
297	NC	10	Drink nozzles so	nilad			30/2024
231	110		Dillik Hozzles 30	ilicu.		10/0	00/2024
							
Received by	I (name and	title 1	printed):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
	(3			1 -5 (- 5).			
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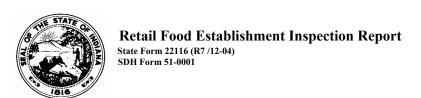
Kung Fu Chicken Inc				Telephone Number	Date of In (mm/dd/y)	r)	
Kung	Fu (<i>i</i> hi	cken Inc	812-550-1145	` •	0/2024 15337	
			mber and street, city, state, zip code)	() Owner	10/30	0/2024	
325 S. Green River Rd., Evansville, IN, 47715				<re><redacted></redacted></re>			
Owner				Purpose:	Follow-u		
Wen [ıng		✓ Routine	No	11/09/2024	
Owner's Ac				Follow-up	Summary	of Violations:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>2 0</td></reda<>				Complaint	1	2 0	
Person in C				Pre-Operational	\mathbf{c}^{-1}	$_{NC}2_{R}0$	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-mai	1	НАССР	Menu Ty	pe (See additional page)	
				Other (list)		\bigcirc	
Certified Fo	ood Handle	er		Other (list)	1 <u>U</u> 2	$\bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc$	
• CRITICAL	LITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Corrected By	
412	NC		Improper placement of fly	control station.		Corrected	
199	NC		Improper thawing under re			Corrected	
187	С		Fried chicken not held at 135F or h				
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
<red< td=""><td>*</td><td>-</td><td>,</td><td><redacted></redacted></td><td>,</td><td></td></red<>	*	-	,	<redacted></redacted>	,		
				Inspected by (signature):			
cc:			cc:		cc:		



Establishm				Telephone Number	Date of Insp		ID#
Munc	hee	Bu	rger'z	812-305-7232	(mm/dd/yr) 11/01/		15404
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	1 1/0 1/	2024	
	corre	gibo	or circle, Evansville, IN, 47714				
Owner	r \//oc	JI:n	aton	Purpose:	Follow-up		se Date // 11/2024
Walte Owner's Ac		ווווג	gion	Routine	No		
<reda< td=""><td></td><td>,</td><td></td><td>Follow-up</td><td>Summary o</td><td>of Violation</td><td>18:</td></reda<>		,		Follow-up	Summary o	of Violation	18:
Person in C				Complaint		$_{\rm NC}$)
<reda< td=""><td></td><td>į</td><td></td><td>Pre-Operational</td><td> C</td><td>NC_</td><td>- R_</td></reda<>		į		Pre-Operational	C	NC_	- R_
Responsible			<u> </u>	Temporary	Menu Type	(See addi	tional page)
				НАССР		$\sim c$	
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>
• CRITICAI	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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	- (1 4:41		I	-i4- J).		
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Received by	y (signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishment Name Qdoba UE				Telephone Number	Date of Inspection (mm/dd/yr) ID #			
Establishment Address (number and street, city, state, zip code)			812-746-7081	10/29	/2024	15412		
	004 Lincoln Ave, Evansville, IN, 47714			<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-uj		se Date	
Derek	Unge	eth	iem	Routine	Yes	11/	07/2024	
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	CU	NC (O_{R}	
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Responsible	e Person's	E-ma	il		Menu Typ	e (See addi	tional page)	
				НАССР				
Certified F	ood Handl	er		Other (list)	1 2	<u> </u>	<u> 1405</u> 0	
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	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	
			Approved for oper	ration				
			7.pp.0.00 10. 0po.					
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Received by			printed):	Inspected by (name and title pr	rinted):			
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Establishm Pann		ar'	s Bowls	Telephone Number	Date of Inspection (mm/dd/yr) ID #			
				812-618-8389	10/30	/2024	15415	
Establishment Address (number and street, city, state, zip code) 1400 Heinlein Rd, Evansville, IN, 47725				<pre><redacted></redacted></pre>				
Owner				Purpose:	Follow-up		se Date	
Brent	Weat	hei	rwax	Routine	No	11/	09/2024	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td>) (</td></reda<>				Complaint	\cap	() (
Person in C				✔ Pre-Operational	$_{\rm c}$ U	NC ($0_{\rm R}$	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)	
Certified F				Other (list)	100		\bigcap_{i}	
Certified F	ood Handi	er			1 2	<u> </u>	<u>/4050</u>	
• CRITICAL	. ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"	1			
• 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	
			Approved for oper	ration.				
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