

	ent Addres Green Green Sarmi ddress Cted> Cted> Cted> cted> cted> cted> ood Handle	ent E-ma	mber and street, city, state, zip code) ver Rd, Evansville, Indiana, 47715	Telephone Number (812-303-6277 ( <redacted> Purpose:</redacted>	Follow-u No Summary C	r) 6/2024 up Releas 12/ y of Violation NC	
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE I	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 <redacted></redacted>	printed):		
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm Nach		rill	Mexican Restaurant	Telephone Number (812-909-0030	Date of Ins (mm/dd/yr	•)	ID# 12377
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	( ) Owner	12/20	/2024	12011
821 S	Gree	n F	River Rd, Évansville, IN, 47715	<reaacled></reaacled>			
	M Mos	sai	Jeda-Lopez	Purpose:	Follow-uj NO		se Date 30/2024
Owner's A		940		Follow-up	-		
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>of Violation</td><td></td></reda<>				Complaint		of Violation	
Person in C				Pre-Operational	$_{\rm C}$ U	NC	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td>· C</td><td></td><td></td></reda<>				Temporary	· C		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	pe (See addi	tional page)
Continue				Other (list)		$\bigcirc$	), $()$ , $()$
Certified F		er			$1 \underline{\bigcirc 2}$	$\underline{\bigcirc}$	<u>/4050</u>
1		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• VIOLATIO	DN(S) REPE	ATEE	) 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
199	NC		Improper thawing at 3 com	partment sink.		Co	rrected
				-			
Received by		- 1		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



724 N. Owner ABRA Owner's Ad <redae Person in C <redae Responsible Certified Fe <redae< th=""><th>ampii ent Addres Burkh HAM Idress Cted&gt; Cted&gt; cted&gt; e Person's</th><th>ss (nu ard Bf E-ma</th><th>mber and street, city, state, zip code) t Rd. Ste 600, Evansville, IN, 47715 ROWN</th><th>(8) ( ~ Pu ( ~</th><th>elephone Number 312-550-1585 <redacted> rrpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u Summary C</th><th>r) 7/2024 p Releas 12/ of Violation NC</th><th></th></redae<></redae </redae 	ampii ent Addres Burkh HAM Idress Cted> Cted> cted> e Person's	ss (nu ard Bf E-ma	mber and street, city, state, zip code) t Rd. Ste 600, Evansville, IN, 47715 ROWN	(8) ( ~ Pu ( ~	elephone Number 312-550-1585 <redacted> rrpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u Summary C	r) 7/2024 p Releas 12/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) 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
		Ī	No noted violation	วทร	). ).			•
				2110				
Received by				-	bected by (name and title pr Cedacted>	rinted):		
Received by	(signature	):		Insp	bected by (signature):			
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	A ay # and Address Hwy 2 KUM ddress Cted> Charge Cted>	ss (nu 11 IAF	mber and street, city, state, zip code) N, Evansville, IN, 47711 R		Iephone Number 12-455-1333 Credacted> upose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u NO Summary C	r) D/2024 P Release 12/ r of Violation NC	
Certified F		er		-	HACCP Other (list)	1_2	<u></u> 3	$)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative		action		To Be Co	orrected By
			No violations at the of i	nsp	Section.			
	-							
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Establishme 730 S Owner Jay C Owner's Ac <redac Person in C <redac Responsible Certified Fo <redac< th=""><th>Food ent Address Gree Food Idress Cted&gt; harge Cted&gt; Person's</th><th>s (nun n F St E-mai</th><th></th><th>Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary C</th><th>) /2024 P Releas 12/ of Violation NC</th><th></th></redac<></redac </redac 	Food ent Address Gree Food Idress Cted> harge Cted> Person's	s (nun n F St E-mai		Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	) /2024 P Releas 12/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M PFROM 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
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				5113.			
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Establishm 2100 M Owner	dar's N Gre dar's ( ddress cted> Charge cted> e Person's	ss (nu en Ca: E-ma	2148 Imber and street, city, state, zip code) River Rd, Evansville, IN, 47715 sual Cafe		lephone Number 312-491-9976 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 12/ r of Violation NC	
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1 ARK	XED "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
			No violations noted at time	e of	inspection.			
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cc:			cc:			cc:		



Establishm 701 N Owner Allisor Owner's Ad <reda Person in C <reda Responsible</reda </reda 	ge Le ent Addres Burk D Phill ddress Cted> Charge Cted> e Person's	is (nu ha lips	of Evansville mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715 S/OLEvansville LLC		lephone Number 312-401-5215 <b>Contracted</b> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	p Releas 12/ r of Violation NC	
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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	JARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
	0,0,0		No noted violatio	ons				
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Received by				-	redacted>	rinted):		
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800 N Owner JIE LII Owner's Ad <reda Person in C <reda Responsible</reda </reda 	a Exp ent Address Gree N ddress Cted> Cted> cted> e Person's	s (nui n F	mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Telephone Number (513-709-1190 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u Yes Summary C	r) 3/2024 p Releas	<u>6</u> <u>R</u> <u>0</u>
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			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				DELOW AS "D"
• violatic Section#	C/NC	R R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MMARY OF VIOLATIONS" AN	D IN THE P	-	orrected By
218	NC	N	Hot water heater in nee	d of repair.			18/2024
310	NC		Hood system in kitche				8/2024
218	NC		Three compartment sink in need of		used.	12/1	8/2024
177	NC		Raw chicken stored improperly	•		12/1	8/2024
214	NC		Cutting boards in poor			12/1	8/2024
324	NC		Grease trap log not m	aintained.		12/1	18/2024
Received by		_ 1		Inspected by (name and title p	rinted):	1	
Received by	v (signature)	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm	fish ( ent Addres Lloyd ish G ddress cted> Charge cted> e Person's	ss (nu d E rill E-ma		Telephone Number (812-401-3474 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u No Summary C	p Releas 12/ of Violation NC	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
Section#	C/IIC	K	No noted violatic	200		TODECO	Jirected By
				JIIS			
Received by				Inspected by (name and title p	orinted):		
Received by	/ (signature	):		Inspected by (signature):			
cc:			cc:		cc:		



	b Jap ent Address N Gree a Lin Idress cted>	is (nui en	n mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Telephone Number (812-401-1020 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Follow-u Yes	)/2024 p Releas		
Responsible	e Person's	E-mai	il de la constant de	Temporary HACCP	Menu Type (See additional page)			
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>O</u> 3C		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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	
351	NC		Trash receptacle in women restroom	stalls does not ha	ve lid.	12/1	9/2024	
256	NC		Temperature measuring device not provided	d at sushi bar reach in	cooler.	12/19/2024		
295	NC		Non-food contact surfaces ir	n kitchen soiled.		12/1	9/2024	
216	NC		Non-food contact surfaces	in cooler rusty.		12/1	9/2024	
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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423 Sl Owner Tyra S Owner's Ac <redae Person in C <redae Certified Fo <redae< th=""><th>ent Addres E Sec Sikkin Idress Cted&gt; harge Cted&gt; Person's</th><th>ss (nun CON K E-mai</th><th>nber and street, city, state, zip code) d Street, Evansville, IN, 47713</th><th>Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</th><th>Follow-u NO Summary C</th><th>) /2024 P Releas 12/ of Violation NC_</th><th>_</th></redae<></redae </redae 	ent Addres E Sec Sikkin Idress Cted> harge Cted> Person's	ss (nun CON K E-mai	nber and street, city, state, zip code) d Street, Evansville, IN, 47713	Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	) /2024 P Releas 12/ of Violation NC_	_
			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
			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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Establishment Name		Telephone Number	Date of Inspo (mm/dd/yr)	ction	ID #
Vanderburgh Co Jail - A		(812-421-6288	(mm/dd/yr) 12/17/2	2024	11420
Establishment Address (number and street, city, sta 3500 N Harlan Ave, Evans		( <redacted></redacted>	12/11/2	2024	
Owner A no voo o nl c		Purpose:	Follow-up	Releas	
Aramark Owner's Address		✔ Routine	No		27/2024
<redacted></redacted>		Follow-up	Summary of		
Person in Charge		Complaint	$\sim 0$	NC_1	<b>5</b> 1
<redacted></redacted>		Pre-Operational Temporary	C	NC	<u> </u>
Responsible Person's E-mail		HACCP	Menu Type	(See addii	tional page)
		Other (list)	$1\bigcirc 2$		$\square \square \square$
Certified Food Handler <redacted></redacted>		OUICI (IISC)	$1 \underline{\bigcirc} 2 \underline{\bigcirc}$	<u>_3</u>	<u>4050</u>
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECK     VIOLATION(S) REPEATED FROM PREVIOUS INSPI	D IN THE NA	RRATIVE	BELOW AS "R"		
Section# C/NC R	Narrative			To Be Co	orrected By
430 NC R Walls behin	missing/peeling pa	int.	01/2	20/2025	
Received by (name and title printed):		Inspected by (name and title provided and title provided and the provided	rinted):		
Received by (signature):		Inspected by (signature):			
cc:	cc:	I	cc:		



Establishm	Driv	ss (nu	In #106 <sup>mber and street, city, state, zip code)</sup> rdt Rd, Evansville, IN, 47715		<b>Biphone Number</b> B12 <sup>E</sup> 473 <sup>-4</sup> 4310 ) Owner	Date of In (mm/dd/y 12/17		њ# 11330		
Owner			of Evansville Inc	_	rpose: Routine	Follow-u	Follow-up Release Date 12/27/2024			
Owner's A					Follow-up	Summary	of Violation	ns:		
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td><math>) \cap</math></td></reda<>					Complaint		(	$) \cap$		
Person in C					Pre-Operational	с <u></u> О	NC_	$\mathbf{D}_{\mathbf{R}}$		
Responsible			il	╘	tional page)					
					НАССР	Menu Type (See additional pag				
Certified Fo		er			Other (list)	1 <u>0</u> 2	<u></u> 3	<u>)4O5O</u>		
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARF	KED "C"					
• VIOLATIO	ON(S) REPE	ATEI	) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative				To Be Co	orrected By		
			No noted violation	ons	5.					
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Received by					ected by (name and title pr edacted>	rinted):				
Received by	(signature)	):		Insp	bected by (signature):					
cc:			cc:	cc:						



Establishm O'Bri		Spo	orts Bar & Grill	Telephone Number (812-401-4630	Date of Ins (mm/dd/yr	)	њ# 11322		
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	( ) Owner	12/16	/2024	11022		
	N Gre	en	River Rd, Evansville, IN, 47715						
		le D	Down Entertainment, LLC	Purpose:	Follow-uj		<sup>te Date</sup> 26/2024		
Owner's Ac				Follow-up Summary of Violations:					
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td colspan="5"></td></reda<>		•		Complaint					
<reda< td=""><td>0</td><td></td><td></td><td>Pre-Operational</td><td colspan="5"><u>c_0</u> <u>NC_</u> <u>R</u></td></reda<>	0			Pre-Operational	<u>c_0</u> <u>NC_</u> <u>R</u>				
Responsible			1	Temporary	Menu Type (See additional page)				
				НАССР					
Certified For		er		Other (list)	$1 \underbrace{\bigcirc} 2$	<u>3</u>	$\underline{0}_{4} \underline{0}_{5} \underline{0}$		
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIC	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 violations at time of	inspection.					
Received by		-	printed):	Inspected by (name and title pr <redacted></redacted>	rinted):				
Received by		-		Inspected by (signature):					
cc:			cc:		cc:				



Establishm 4605 Owner	_Obst ent Address Bellen obste ddress Cted> Cted> Cted> cted> cted> ood Handle	ss (nu nea er F	# 0058 mber and street, city, state, zip code) ade Ave., Evansville, IN, 47714 Restaurants, LLC	U U Pu V	Pelephone Number 312-477-9227 <b>Complaint</b> Pre-Operational Femporary HACCP Other (list)	Follow-u NO Summary C	r) )/2024 p Releas	30/2024
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I ARk	KED "C"			
• VIOLATIO	DN(S) REPE	ATEI	) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
245	NC		Wiping cloths imprope	rly	stored.		Со	rrected
Received by	acteo	d>		<	redacted>	rinted):		
Received by	(signature)	):		Insp	bected by (signature):			
cc:			cc:			cc:		



Establishm 5436   Owner SCOtt A Owner's Ac <reda< th=""><th>Johr ent Address E Indi Alpers Idress cted&gt;</th><th>s (nu) an: S</th><th>Pizza #135 mber and street, city, state, zip code) a St, Evansville, IN, 47715</th><th>Telephone Number (812-473-5200 (<redacted> Purpose: Purpose: Follow-up Complaint</redacted></th><th>Follow-u NO Summary</th><th>•) )/2024 p Releas 12/ of Violation</th><th></th></reda<>	Johr ent Address E Indi Alpers Idress cted>	s (nu) an: S	Pizza #135 mber and street, city, state, zip code) a St, Evansville, IN, 47715	Telephone Number (812-473-5200 ( <redacted> Purpose: Purpose: Follow-up Complaint</redacted>	Follow-u NO Summary	•) )/2024 p Releas 12/ of Violation		
Person in C	0			Pre-Operational	$\begin{bmatrix} 1 \\ NC \end{bmatrix} = \begin{bmatrix} 3 \\ R \end{bmatrix}$			
Responsible			1	- Temporary	Menu Type (See additional page)			
Certified Fo		er		HACCP Other (list)				
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"				
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N			
Section# 218	C/NC	R	Narrative Back door to establishment in need of repair a	areas open to outside el	ements		orrected By	
346	NC		Hand soap not provided in em					
351	NC		Trash can with lid not provided in eith		m.		19/2024	
118	C		Establishment does not have ce				19/2024	
	-					-		
Received by	(name and	titla	vinted).	Inspected by (name and title p	rinted):			
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Received by	(signature)	):		Inspected by (signature):				
cc:			cc:	I	cc:			



Establishm 8215 Owner	ker B ent Addres Eagle er Ba ddress cted> cted> cted>	rre	rel Old Country Store #216 mber and street, city, state, zip code) ake Dr., Evansville, IN, 47715 I Old Country Store, Inc	Telephone Number (812-479-8788 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C	) /2024 P Releas 12/ of Violation NC_	
Certified Fo		er		HACCP Other (list)	1 <u>0</u> 2	<u></u> 3	<u>4</u> <u>0</u> 5 <u>0</u>
• VIOLATIC	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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			
		-					
Received by			printed):	Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishm 2130 Owner	Star I ent Addres Bergc Star Fo ddress Cted> Cted> Cted> cted> cted> cted> od Handlo	ss (nu lolt 000	od Service mber and street, city, state, zip code) Rd, Evansville, IN, 47711 d Service- Richard Kennedy	(812-423-8410)       (mm/dd/yr)       1         ( <rédacted>       12/16/2024       1         Purpose:       Follow-up       Release Dat         ✓ Routine       NO       12/26/         Follow-up       Summary of Violations:       0         Complaint       C       NC         Pre-Operational       Menu Type (See additional         Temporary       Menu Type (See additional         Other (list)       1         SMARKED "C"</rédacted>				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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/IIC	K		of increation		TO BE CO	frected by	
			No violations noted at time					
		1						
Received by	acteo	d>		Inspected by (name and title p <redacted></redacted>	rinted):			
Received by	(signature	):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm		_		Telephone Number	Date of Insp (mm/dd/yr)		ID #	
			der of Eagles #427	(812-477-9208	(IIIII/dd/yr) 12/18/		10973	
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code) Wille Hwy, Evansville, IN, 47715	<pre>(<redacted>)</redacted></pre>	12/10/	2024		
Owner		001		Purpose:	Follow-up	Releas	se Date	
Fraterna		of E	Eagles WILLIAM GILHAM - SECRETARY		No		28/2024	
Owner's A				Follow-up	of Violation	ns:		
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Person in C				Pre-Operational	с <u></u>			
Responsibl			il	Temporary	Menu Typ	e (See addi	tional page)	
			_	НАССР		$\sim$		
Certified F		er		Other (list)	$1 \underline{\bigcirc} 2$	<u>3</u>	$)_4 O_5 O$	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N					
VIOLATIO     Section#	ON(S) REPE	R R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	IMMARY OF VIOLATIONS" AN			BELOW AS "R"	
Section#	Cinc	K	No violations noted at time	of inspection		10 Dt Ct	freedu by	
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Establishm 2220 Owner	lers   Ent Address E Mor hens   ddress cted> cted> cted>	rga Noi	A #452 <sup>mber and street, city, state, zip code)</sup> in Ave, Evansville, IN, 47711 rth Foods LLC	Telephone Number (812-475-6730 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	p Releas 12/ of Violation NC	ID # 10882 28/2024 hs: 2	
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$	
• VIOLATIC	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N			
Section#	C/NC	R	Narrative		4		orrected By	
177	NC		Employees in meat department and baker					
218	NC		Back door to establishment in ne	· · ·	to	10/1		
			outside elemer	nts.		12/1	18/2024	
Received by	(name and	titla	nrinted):	Inspected by (name and title p	rinted).			
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Establishm	oon S ent Addree Gree Alei Ch ddress Cted> Charge Cted>	niou			ephone Number 12-475-1688 redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C	p Releas 12/ of Violation NC	ID # 10876 28/2024 hs: B	
Certified F		er			Other (list)	1 <u>0</u> 2	<u></u> 3	<u>)<sub>4</sub>0<sub>5</sub>0</u>	
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N			
Section#	C/NC	R	Narrative	To Be Correcto					
138	NC		Employee in kitchen not wearing						
216	NC		Non food contact surfaces i	in ki	tchen rusty.		12/	18/2024	
310	NC		Hood system so	iled			12/1	18/2024	
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Establishm	nont I ent Addres E Divi Patel ddress Cted> Charge Cted> e Person's	ss (nu SIC	a & Suites mber and street, city, state, zip code) on St, Evansville, IN, 47715	Te (8) ( <	$\frac{ID \#}{10860}$ $\frac{10860}{28/2024}$ $\frac{10}{100} R = 0$ $R = 0$ $\frac{100}{100} R = 0$			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	ARRATIVE	BELOW AS "R"
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		ND IN THE N	VARRATIVE	BELOW AS "R"
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			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"	
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			No noted violation	JNS.				
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Establishm 209 N Owner Rober Owner's Ad <reda Person in C Responsible</reda 	ent Addres BOEH t Rus ddress Cted> Charge e Person's	ss (nu (C) SC E-ma		Telephone Number (812-479-0989 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) MARKED "C"</redacted>	Follow-u Summary C	) 5/2024 p Releas 12/ of Violation 	$\frac{ID \#}{14048}$ $\frac{26/2024}{26/2024}$ $\frac{D}{26} \frac{0}{26}$ $\frac{1}{26} \frac{1}{26} \frac{1}{$
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			No violations at time of	inspection.			
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	Aqua ent Addres E Thi Ande ddress cted> cted> cted> cted> e Person's	rd rsc	mber and street, city, state, zip code) St, Evansville, IN, 47708 M	Telephone Number (812-455-6114 ( <redacted> Purpose:</redacted>	Follow-u Summary C	r) 7/2024 p Releas 12/ of Violation NC	· ·
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
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Establishm	a Person's	ista E-ma		(8) ( V Pu V	lephone Number 12-303-5100 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 12/ of Violation NC_	
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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Establishm	sh Fo ent Addres E Thi Seec ddress cted> Charge cted>	rd, ds	d Buying Club Urban Seeds <sup>mber and street, city, state, zip code)</sup> Evansville, IN, 47708		lephone Number 12-423-4495 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u NO Summary C_	p Releas 12/ of Violation NC_	
Certified Fo		er			HACCP Other (list)	1 <u>0</u> 2	<u>•</u> 3C	<u>4</u> <u>0</u> <u>5</u> <u>0</u>
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Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ns.	•			
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Establishm			Mexican Restaurant	Telephone Number (812-550-7142	Date of Ins (mm/dd/yr	r)	<sup>ID #</sup> 14746
			mber and street, city, state, zip code)		12/16	6/2024	14740
1919 N			River Rd, Evansville, IN, 47715				
<sup>Owner</sup> Juan	Martir	۱ez	 , _	Purpose:	Follow-u NO		se Date 26/2024
Owner's A				Follow-up		of Violation	
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Person in C				Pre-Operational	<sub>c</sub> 1	NC	
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Responsible	e Person's	E-mai	il	НАССР	Menu Tyj	pe (See addi	tional page)
Certified F	and Handl	- M		Other (list)	$  \cdot \bigcirc$	$\bigcap_{2}$	), $\bigcap_{z}$
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• CRITICAL	L ITEMS AR	RE IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	DN(S) REPE	ATED	<b>D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP</b>	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
177	NC		Raw food stored incorrectly on flo	oor in walk-in coole	er.	12/1	16/2024
173	С		Raw meat stored over ready to eat	food in walk-in co	oler.	12/1	16/2024
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Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
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619 N Owner Yaope Owner's Ad <reda Person in C <reda Responsible</reda </reda 	le Te ent Addres Burkh eng Li ddress cted> Charge cted> cted> cted> cted>		mber and street, city, state, zip code) dt Rd # G, Evansville, IN, 47715	Telephone Number (812-598-5235 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	7) 7/2024 p Releas 12/ of Violation NC	
Certified F	ood Handl	er			$1 \underline{\bigcirc} 2$		<u>/4050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M 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
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				5113.			
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Establishm				Telephone Number     Date of Inspection     ID #       (mm/dd/yr)     (mm/dd/yr)			ID #
			lexican Restaurant	(812-437-5089	· •	, /2024	14843
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	( <redacted></redacted>	12/10	/2024	
Owner	Glee			Purpose:	Follow-u	Palaas	e Date
Uriel C		ba		Routine	No		26/2024
Owner's A				Follow-up	Summary	of Violation	15:
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<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u> </u></td></reda<>				Pre-Operational	C	NC_	<u> </u>
Responsible			11	Temporary	Menu Typ	e (See addi	tional page)
				НАССР	$\sim$	$\frown \frown$	$\sim \sim$
Certified For		er		Other (list)	1 <u>0</u> 2		$\underline{0}_{4} \underline{0}_{5} \underline{0}$
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• 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
345	С		Hand washing sink in kitchen obs	tructed with utensi	ls.	Co	rrected
346	NC		No soap available at hand	No soap available at hand washing sink.			
291	NC		No chemical sanitizer test s	No chemical sanitizer test strips available.			
Received by		_ 1		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by				Inspected by (signature):			
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8401 N Owner Nancy Owner's Ad <redat Person in C <redat< th=""><th>se Ca ent Addres N. Ker / Flore ddress cted&gt; Charge cted&gt;</th><th>es (nu tuc</th><th>mber and street, city, state, zip code) Cky Suite J, Evansville, IN, 47725</th><th>Telephone Number (812-626-0050 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted></th><th>Follow-u NO Summary C</th><th>p Releas 12/ of Violation NC_</th><th><u>0</u> <u>R</u><u>0</u></th></redat<></redat 	se Ca ent Addres N. Ker / Flore ddress cted> Charge cted>	es (nu tuc	mber and street, city, state, zip code) Cky Suite J, Evansville, IN, 47725	Telephone Number (812-626-0050 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C	p Releas 12/ of Violation NC_	<u>0</u> <u>R</u> <u>0</u>
Responsible Certified For <redac< td=""><td>ood Handl</td><td></td><td></td><td>HACCP Other (list)</td><td></td><td></td><td>tional page)</td></redac<>	ood Handl			HACCP Other (list)			tional page)
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M ) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		JD IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	MART OF VIOLATIONS A			orrected By
Section#	C/NC	к		increation		10 De Co	Drrected by
			No violations at time of	inspection.			
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Establishme 6840 I Owner Dugak Owner's Ac <redae Person in C <redae Responsible</redae </redae 	Dugabier J González Roblero   Dwner's Address   Complaint   Pre-Operational   Complaint   Pre-Operational   Complaint   Pre-Operational   Certified Food Handler   Certified Food Handler   Certified Food Handler   Certified Food Handler   Certified Food Handler							
					D IN THE N		DELOW AS #D?	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	WIMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No violations at time of	inspection.				
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Establishm 6333 Owner CASE Owner's Ad <reda Person in C</reda 	y's G ent Addres Vieth Y'S N ddress cted> Charge	ss (nu Ln /1Al	neral Store #3968 mber and street, city, state, zip code) ., Evansville, IN, 47715 RKETING COMPANY	Telephone Number (812-231-2836 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational</redacted>	Follow-uj NO	) /2024	
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Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u>	<u>4</u> 050
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	()		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations noted at time	e of inspection.			
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Establishm 800 N Owner	e Ani ent Addres Gree	ss (nu en F	's Pretzels mber and street, city, state, zip code) River Rd, Evansville, IN, 47715 cessions LLC	Telephone Number (812-475-0201 ( <redacted> Purpose: Routine</redacted>	Date of In (mm/dd/y) 12/18 Follow-u NO	r) 3/2024 p Releas	ID # 15239 se Date 28/2024
Owner's A				Follow-up	Summary	of Violation	15:
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Person in C				Pre-Operational		(	
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Certified Fo		er		Other (list)	102	<u></u> 3	$)_4 O_5 O$
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Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations at time of	inspection.			
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Establishment		<u> </u>		Telephone Number	Date of Ins (mm/dd/y)		ID #
			EVANSVILLE LLC	(347-320-8556	` <b>`</b>	, /2024	15409
Establishment	t Addres	s (nur	nber and street, city, state, zip code)	<pre>(<redacted>)</redacted></pre>	12/10	/2024	
	Burk	Ina	rdt, Evansville, IN, 47715				<b>D</b> .
<sup>Owner</sup> SHANK		ΞL	.IN	Purpose: Routine	Follow-u Yes		e Date <b>28/2024</b>
Owner's Add				Follow-up	Summary	of Violation	ns:
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Person in Cha	0			✔ Pre-Operational	с <u></u> U		
Responsible P			1	- Temporary	Menu Tvi	ne <i>(See add</i> i	tional page)
responsible i			-	НАССР			
Certified Food	d Handle	er		Other (list)	1 <u>02</u>	<u></u> 3	$\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N		
Section# (	C/NC	R	Narrative			To Be Co	orrected By
			Approved for ope	ration.			
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Establishm Boba Establishm 800 N Owner Sabrir Owner's Ac <reda Person in C <reda Responsible</reda </reda 	liciou ent Addres Gree na Go ddress cted> Charge cted> cted> cted> cted>	ss (nu n F nZa E-ma		Telephone Number (346-375-8574 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas p Releas 12/ of Violation _ NC_	
• CRITICAI	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	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 violations at time of	inspection.			
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Received by				Inspected by (name and title p	rinted):		
Received by	(signature)	):		Inspected by (signature):			
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Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID #		
Lyle's Sportszone Pizza & Pub LLC					(812-425-7729			15423	
Establishment Address (number and street, city, state, zip code)					( ) Owner	12/18	/2024		
1404 I	E Mor	'ga	n Ave, Evansville, IN, 477	711					
Owner				Purpose:	Follow-up				
Natha	n Hilly	yar	d	✔ Routine	No	12/	28/2024		
Owner's Ad	ldress			Follow-up	Summary	of Violatior	IS:		
					Complaint	Ω	ſ		
Person in C					Pre-Operational	$_{\rm C}$ U			
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Responsible	e Person's	E-mai	1		НАССР	Menu Type (See additional page)			
C C LE	1 87 11				Other (list)				
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Establishment Name					ephone Number	Date of Ins (mm/dd/yr		ID #
Green River Coffee DBA Scooter's Coffee					01-706-0560		, /2024	15424
Establishment Address (number and street, city, state, zip code) 1948 N Green River Road, Evansville, IN, 47715					redacted>	12/10	/2021	
Owner					·pose: Routine	Follow-u Yes		<sup>e Date</sup> 26/2024
Owner's Ad					Follow-up	Summary	of Violatior	IS:
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Person in C	harge				Pre-Operational	с_ <b>U</b>		J <sub>R</sub> U
Responsible	e Person's	E-mai	1		Гетрогагу НАССР		e (See addii	
Certified Fo	ood Handle	er		<b> </b>	Other (list)	1 <u>02</u>	<u>•</u> 3 <u></u>	$\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$
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