

	ongi ent Addres E Indi Week ddress cted> Ched> Ched> cted> cted> ood Handlo	an (S	mber and street, city, state, zip code) a St, Evansville, IN, 47715 il	Telephone Number <sup>(</sup> 812-437-5824 <sup>(</sup> <redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 7/2024 p Releas 01/ of Violation NC	
			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
234	NC		In-use utensils improperly stored in	n water hetween u	Ses		rrected
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Establishm Hiltor		de	n Inn Evansville	Telephone Number (812-476-4000	spection )	ID# 11649		
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)		12/26	/2024		
	agle (	Cre	st Dr, Evansville, IN, 47715	( <redacted></redacted>				
Owner	tor C	roi		Purpose:	Follow-uj		e Date 05/2025	
Hamis		100	ip	Routine				
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td colspan="4">Summary of Violations:</td></reda<>				Follow-up	Summary of Violations:			
Person in C				Complaint Pre-Operational	$\begin{bmatrix} 0 \\ - \end{bmatrix}_{NC} \begin{bmatrix} 0 \\ - \end{bmatrix}_{R} \begin{bmatrix} 0 \\ - \end{bmatrix}_{R}$			
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Responsible	e Person's	E-mai	1	НАССР	Menu Type (See additional page)			
Certified Food Handler				Other (list)				
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violati	ons				
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Establishm 6401 E Owner KJAAI Owner's Ad <redat Person in C <redat Responsible Certified Fe <redat< th=""><th>s Sou ent Addres Lloyd MOA<sup>-</sup> ddress cted&gt; Cted&gt; cted&gt; e Person's</th><th>ss (nu d E T, L E-ma</th><th>i1</th><th>(¥   • • • • • • • • • • • • • • • • • • •</th><th>Alephone Number 312-491-6637 <b>Complaint</b> Pre-Operational Femporary HACCP Other (list)</th><th>Follow-u NO Summary C</th><th>p Releas 01/ of Violation NC_</th><th></th></redat<></redat </redat 	s Sou ent Addres Lloyd MOA <sup>-</sup> ddress cted> Cted> cted> e Person's	ss (nu d E T, L E-ma	i1	(¥   • • • • • • • • • • • • • • • • • • •	Alephone Number 312-491-6637 <b>Complaint</b> Pre-Operational Femporary HACCP Other (list)	Follow-u NO Summary C	p Releas 01/ of Violation NC_	
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Establishm 7201 Owner Outba Owner's Ad <reda Person in C <reda Responsible</reda </reda 	ack S ent Addres E Indi ck St ddress cted> Charge cted> e Person's		akhouse #1519 <sup>mber and street, city, state, zip code)</sup> a St, EVANSVILLE, IN, 47715 khouse of Florida, LLC	Telephone Number (812-474-0005 ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Release 01/ of Violation NC	
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Establishme	oton l	s (nu	n East mber and street, city, state, zip code) est Blvd., Evansville, IN, 47715	relephone Number (812-473-5000) ( <redacted></redacted>	Date of Inspection (mm/dd/yr) 12/26/2024		ID# 11006	
Owner			RS EVANSVILLE I LLC	Purpose:	Follow-u	Follow-up Release Date 01/05/2025		
Owner's Ad				Follow-up	Summary	of Violation	15:	
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Responsible	e rerson s	с-ша	11	НАССР	Menu Ty		ionai page)	
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>•</u> 3C	$\underline{O}_{4} \underline{O}_{5} \underline{O}_{5}$	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
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Establishment Name					Telephone Number	Date of Ins (mm/dd/yr		ID #	
Drury	Inn	& 3	Suites - Evan	sville East	(812-471-3400	12/26	10934		
			mber and street, city, state, z		( )Owner	12/20	/2024		
100 Cr	oss P	oin	t Blvd., EVANS	VILLE, IN, 47715	<reuacieu></reuacieu>				
Owner	_ + _	- (			Purpose:	Follow-u			
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Responsible Person's E-mail					Temporary	Menu Tvi	oe (See addii	tional page)	
Responsible	i cison s			НАССР	Mena 191				
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc 2$	$\bigcirc_3 \bigcirc$	$_4 \bigcirc_5 \bigcirc$		
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Establishme Holida		n E	Express	Telephone Number (812-303-0050	Date of Ins (mm/dd/yr	r)	<sup>ID #</sup> 13478
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) Dr., Evansville, IN, 47715	( <redacted></redacted>	12/26	6/2024	10110
Owner				Purpose:	Follow-u	p Releas	e Date
Dunn	Hospi	ital	ity Group Circle II, LLC	✔ Routine		01/	05/2025
Owner's Ad			_ <u>-</u>	Follow-up	Summary	of Violation	15:
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	Pizz ent Address Lloyc ddress cted> harge cted> Person's	s (nu d E IN E-ma	mber and street, city, state, zip code) xpressway, Evansville, IN, 47715	(8) (~ Pu	lephone Number 59-455-6194 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary C	r) 5/2024 p Releas	05/2025 
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	atria				312-777-0008	12/26	6/2024	15428	
			mber and street, city, state, zip code) Ave suite F, Evansville, IN, 47715	(<	<redacted></redacted>				
Owner	. morg	an			irpose:	Follow-u	n Releas	se Date	
Linda	diaz			<b></b>	Routine	No		05/2025	
Owner's A				┢	Follow-up	Summary	of Violation	ns:	
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