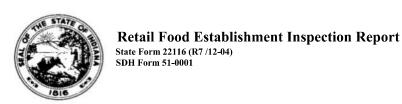


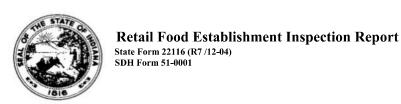
Establishm				Telephone Number Date of Inspection (mm/dd/yr)			
Murp	hy U	SA	\#7114	812-422-9519 02/14/2020 1197			11971
			mber and street, city, state, zip code)	7	02/14/	/2020	
5210	Pearl	Dr	, Evansville, IN, 47712	<pre><redacted></redacted></pre>			
Owner	01			Purpose:	Follow-up		se Date
Murph		US	SA Inc	√ Routine	No	02/	24/2020
Owner's A				Follow-up	Summary	of Violation	ıs:
<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_(J _R U
<reda< td=""><td></td><td></td><td>,</td><td>Temporary</td><td>Manage Trans</td><td>- /C 1.1:</td><td>tional page)</td></reda<>			,	Temporary	Manage Trans	- /C 1.1:	tional page)
Kesponsible	e Person's	r-ma	П	НАССР	Menu Typ	e (see aaai	nonai page)
Certified F	ood Handl	er		Other (list)	1()2(\odot_3	$)_4\bigcirc_5\bigcirc$
<redag< td=""><td></td><td>CI .</td><td></td><td></td><td>1<u> </u></td><td><u></u></td><td><u>, 4 </u></td></redag<>		CI .			1 <u> </u>	<u></u>	<u>, 4 </u>
		DE INI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADKED "C"	1		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violation	ons.			
Received by	(name and	l title i	orinted):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td></td><td><i></i></td><td><redacted></redacted></td><td>·······································</td><td></td><td></td></red<>			<i></i>	<redacted></redacted>	·······································		
Received by				Inspected by (signature):			
cc:			сс:		cc:		·

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



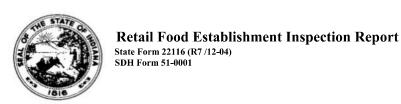
Establishm	Inte	s (nu	ational Market mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	Telephone Number (812-479-7168 (<redacted> Purpose:</redacted>	Date of In (mm/dd/y: 02/12 Follow-u	r) 2/2020	11898 e Date	
Aihua	Sun			Furpose: ✓ Routine	Yes	E .	22/2020	
Owner's Ac				Follow-up		of Violation		
<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	$ _{\mathbf{C}}$	NC 4	$\frac{2}{R}$	
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary				
Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe (See addii	tional page)	
Certified F	ood Handle	or.		Other (list)	1()2	\bigcirc_3	$)_{4}\bigcirc_{5}\bigcirc$	
<redag< td=""><td></td><td>.1</td><td></td><td><u> </u></td><td>1</td><td><u></u></td><td><u> </u></td></redag<>		.1		<u> </u>	1	<u></u>	<u> </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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
199	NC		Improper thawing of raw meat.				Corrected	
291	NC		Establishment lacking saniti	02/19/2020				
345	С	R	Hand sink being used for purpose other than hand washing.				rrected	
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):	<u> </u>		
<red< td=""><td>acte</td><td>^</td><td></td><td><redacted></redacted></td><td>•</td><td></td><td></td></red<>	acte	^		<redacted></redacted>	•			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



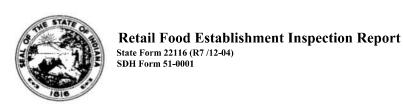
Establishm				Telephone Number	Date of Ins		ID#
Burge	er Ba	nk		812-475-2265	•	2/2020	11770
			mber and street, city, state, zip code)	() Owner	02/12	12020	
	s vvei	nb	ach Ave, Evansville, IN, 47714				
Owner Falcor	a Inv	/AS	tments Inc	Purpose:	Follow-up No		se Date 22/2020
Owner's Ac		CS		Routine			
<reda< td=""><td></td><td></td><td></td><td>√ Follow-up</td><td>Summary</td><td>of Violation</td><td>18:</td></reda<>				√ Follow-up	Summary	of Violation	18:
Person in C				Complaint	0	NC_() ()
<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			il	Temporary	Menu Tyj	pe (See addi	tional page)
				НАССР			\sim
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4<u>U</u>5<u>U</u></u>
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	ITEMS 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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			All violation from 2/3/202	0 corrected.			
Received by	(name and	title r	wrinted):	Inspected by (name and title p	rinted):		
<red< td=""><td></td><td></td><td></td><td><pre><redacted></redacted></pre></td><td>inica).</td><td></td><td></td></red<>				<pre><redacted></redacted></pre>	inica).		
Received by				Inspected by (signature):			
cc:			ce:		cc:		
					1		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



			• •	_			
Establishm		or	Pocket	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-428-2255	02/11	/2020	11507
			Mber and street, city, state, zip code) Ave, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Kerry	Ches	ser	· Jr	✓ Routine	No	02/	21/2020
Owner's A				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td>cted></td><td></td><td></td><td>Complaint</td><td>1</td><td>(</td><td><u> </u></td></reda<>	cted>			Complaint	1	(<u> </u>
Person in C	Charge			Pre-Operational		NC (J b U
<reda< td=""><td>cted></td><td></td><td></td><td></td><td>C</td><td>110</td><td></td></reda<>	cted>				C	110	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	itional page)
				НАССР		\bigcirc \subseteq	
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	ITEMS AF	RE 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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
438	С		Working container of toxic ma	storial not laboled			rrected
430	U U		Working container or toxic ma	iteriai riot iabeleu.		<u> </u>	Hecteu
D : ::	, .	1,7.4	· D	T (11 Z 3.00	* , 45		
Received by			orinted):	Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



Establishm	ent Name				Telephone Number	Date of Ins		ID#
Wolfe	s A	utc	Auction Inc		⁽ 812-425-4576	(mm/dd/yr)		11455
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		() Owner .	02/10	2020	
2229 S	S Kent	ucl	ky Ave, EVANSVILLE, IN, 477	14	' <redacted></redacted>			
Owner Jeff W	/olfe				Purpose:	Follow-up		se Date 20/2020
Owner's Ac					√ Routine			
<reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>_</td><td>_</td></reda<>					Follow-up	Summary	_	_
Person in C					Complaint	()	NC_()
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td><u> </u></td><td>NC</td><td>R</td></reda<>					Pre-Operational	<u> </u>	NC	R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)	
				HACCP				
Certified Fo		er		Other (list)	1 2		<u> 14050</u>	
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	ANS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	e			To Be Co	orrected By
			No noted viol	atio	ns.			
Received by	(name and	title p	printed):	1	Inspected by (name and title pr	rinted):		
<reda< td=""><td>acte</td><td><t</td><td></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></reda<>	acte	< t			<redacted></redacted>			
Received by	(signature):		Inspected by (signature):				
			1					
cc:			cc:			cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

Wenc Establishme	stablishment Name Vendy's #324 stablishment Address (number and street, city, state, zip code) 351 First Ave, Evansville, IN, 47710 wner EERVUS, Inc.					S12-425-2359 <redacted></redacted>	Date of Inc (mm/dd/yr 02/10 Follow-u) 1/2020	11435 e Date
	US, I	nc.				Routine	No		20/2020
Owner's Ac	ldress					Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td>-</td><td>1</td></reda<>						Complaint	\cap	-	1
Person in Charge <redacted></redacted>						Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	R
Responsible Person's E-mail						Temporary	Menu Tvi		tional page)
Responsible	er croom s	L-ma				НАССР	Wicha Ty		
Certified Food Handler						Other (list)	1 2	<u></u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST	Γ AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				To Be Co	orrected By
177	NC	R	Food in walk ir	n cooler not stored s	six i	nches above flo	or.	Co	rrected
				_	rected by (name and title proceeded>	rinted):			
Received by	(signature)):			Inspected by (signature):				
cc:				cc:			cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



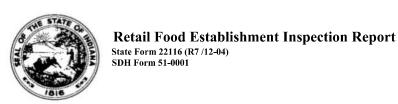
Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001

Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

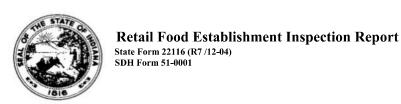
401 N Owner Wal-m Owner's Ac <redae< th=""><th>nart # ent Addres Burk nart S ddress cted></th><th>hai tor</th><th>263 mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715 es East, LP</th><th>(8) (~</th><th>Stephone Number 12-473-1815 Tedacted> Trose: Routine Follow-up Complaint</th><th>Follow-u</th><th>Release 02/</th><th>•</th></redae<>	nart # ent Addres Burk nart S ddress cted>	hai tor	263 mber and street, city, state, zip code) rdt Rd, Evansville, IN, 47715 es East, LP	(8) (~	Stephone Number 12-473-1815 Tedacted> Trose: Routine Follow-up Complaint	Follow-u	Release 02/	•
Person in C				\vdash	Pre-Operational	C	NC_	<u> </u>
Responsible			il		Temporary HACCP	Menu Typ	oe (See addi	tional page)
Certified Fo		er		-	Other (list)	102	<u></u>)4050
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARK	KED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC C	R	Narrative Sanitizer bucket not provide		hakary araa			orrected By 11/2020
303	C		Sanitizer bucket not provide	J at	. Dakery area.		021	172020
Received by			orinted):	<r< td=""><td>redacted by (name and title pr</td><td>rinted):</td><td></td><td></td></r<>	redacted by (name and title pr	rinted):		
Received by	(signature)):		Inspected by (signature):				
cc:			cc:			cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



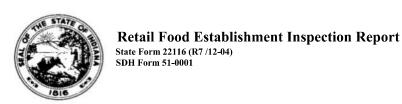
Establishm	SMAI	ss (nu	Billards & Pub mber and street, city, state, zip code) lin St, Evansville, IN, 47712	(812-422-0801 (900) Owner (100		Date of Inc (mm/dd/yr 02/12	2/2020	то# 11332
Owner Sports	sman	Bil	lards & Pub Inc	I	Purpose: Routine	Follow-u	L .	se Date 22/2020
Owner's Ac				┯	=			
<reda< td=""><td></td><td>ı</td><td></td><td>F</td><td>Follow-up Complaint</td><td></td><td>of Violation</td><td></td></reda<>		ı		F	Follow-up Complaint		of Violation	
Person in C	Charge			╬	Pre-Operational	$\begin{bmatrix} c & 0 \end{bmatrix}$	NC_	$\bigcup_{\mathbf{p}} \bigcup_{\mathbf{q}}$
<reda< td=""><td></td><td></td><td></td><td></td><td>Temporary</td><td><u> </u></td><td></td><td> ^</td></reda<>					Temporary	<u> </u>		^
Responsible	e Person's	E-mai	ıl	\vdash	HACCP	Menu Tyj	se (See addi	tional page)
				╬	Other (list)).()
Certified Fo		er		-		1 2	<u> </u>	<u> 1405</u>
		RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MAR	KED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted viola	tion	S.			
Received by	acte	d>	orinted):	<	Inspected by (name and title printed): <redacted></redacted>			
Received by	(signature):		Ins	spected by (signature):			
cc:			cc:			cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



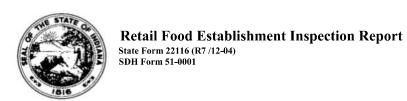
							T
Establishmo		70	rio	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-423-3160	02/11	/2020	11295
2011 I	ent Addres Delav	ss (nu Var	mber and street, city, state, zip code) e St, EVANSVILLE, IN, 47712	' <redacted></redacted>			
Owner				Purpose:	Follow-uj		se Date
David	Fran	K		√ Routine	No	02/	21/2020
Owner's Ac				Follow-up	Summary	of Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>\cap</td><td></td><td>1 1</td></reda<>				Complaint	\cap		1 1
Person in C				Pre-Operational	$_{\rm c}$ U	NC	1_{R}
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)	$\cdot \bigcirc \cdot$		\bigcap
Certified Fo		er			$1 \underbrace{\bigcirc 2}$	$\bigcirc 3 \bigcirc$	<u> 1405</u>
Tedac	icu-						
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	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
310	NC	R	Hood vents soile	ed.		02/	12/2020
Received by				Inspected by (name and title p redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



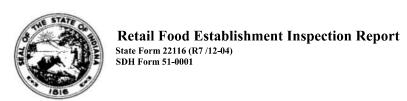
Establishmo 2301 Owner	ut Ca ent Addres N Firs H RA ddress cted> charge cted> e Person's	st A NC	@ Walther's Golf-N-Fun Center mber and street, city, state, zip code) Ave, EVANSVILLE, IN, 47710 GE INC.	Telephone Number (812-464-4472 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	7) 1/2020 P Releas	<u>0</u> R_O
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No noted violation	ons			J
			THO HOLDER VIOLENCE	5110.			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
<red< td=""><td></td><td>_</td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>		_		<redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



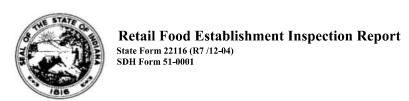
Establishm				Te	elephone Number	Date of In (mm/dd/y		ID#
			vansville Casino	3)	312-433-4000	`	1/2020	11133
			mber and street, city, state, zip code) side Dr, Evansville, IN, 47708	(<	<redacted></redacted>	02/1	172020	
Owner		`	· 0 110/11 T · 5		irpose:	Follow-u		se Date
		amو	ning Co LLC / dba Tropicana Evansville	$ lap{\perp}$	Routine	No	02/	21/2020
Owner's Ad				L	Follow-up	Summary	of Violation	ns:
Person in C				╚	Complaint	1	() 1
<reda< td=""><td></td><td></td><td></td><td>L</td><td>Pre-Operational</td><td>C</td><td>NC_</td><td>R</td></reda<>				L	Pre-Operational	C	NC_	R
Responsible			il	匚	Temporary	Menu Ty	pe (See addi	tional page)
				L	НАССР			
Certified Fo		er		匚	Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4 \bigcirc_5 \bigcirc$
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>							
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	ARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			Sports Book:					
			No noted violation	ns				
		Deli:						
				No noted violations.				
			High Limit:					
			No noted violation					
			Tap House:	110	•			
294	С	R	Chemical sanitizer concentration for v	win	ing clothes too v	weak	Co	rrected
204		- 1	One medical surface of local tradition for v	VIP	ing ciotines too t	woun.	00	TOOLOG
Received by	(name and	title p	printed):	Insr	pected by (name and title pr	rinted):		
<red< td=""><td>*</td><td>_ *</td><td></td><td></td><td>redacted></td><td>,</td><td></td><td></td></red<>	*	_ *			redacted>	,		
Received by					pected by (signature):			
cc:			cc:			cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



Establishm		١,	andership Academy K 9	Telephone Number	Date of In (mm/dd/y		ID#
			eadership Academy K-8	(812-435-8610	02/15	/2020	10986
901 S	weets	s (nu Ser	mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47713	' <redacted></redacted>			
Owner	,	,		Purpose:	Follow-u		se Date
		∕ar	nderburgh School Corp.	√ Routine	No	02/	24/2020
Owner's Ad				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_(<u> </u>
Responsible			il	Temporary	Menu Tv	ne (See addi	tional page)
responsible	or erson s			НАССР			
Certified Fo	ood Handle	er		Other (list)	$1_1\bigcirc_2$	$(\bullet)_3($)4()5()
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>						
• CRITICAL	ITEMS AR	E IDE	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
			No noted violation	ons.			
				Inspected by (name and title p < redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		

Establis	shment	Nar	ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



Establishmo	's Jr	s (nu	BQ & Catering mber and street, city, state, zip code) e Suite F, EVANSVILLE, IN, 47714			6/2020	10972
Owner Frank	Patto	n .	Jr.	Purpose: √Routine	Follow-uj	E .	se Date 25/2020
Owner's Ac	ldress		<u> </u>	Follow-up		of Violation	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>2</td><td></td><td>1</td></reda<>				Complaint	2		1
Person in C				Pre-Operational	c_ _	NC	I_{R}
Responsible			<u> </u>	Temporary	Menu Tvr	se <i>(See add</i> i	tional page)
тезропзия	er croom s	L 1114		НАССР	mena Typ		
Certified Fo	ood Handle	er		Other (list)	1 2	\bigcirc_3 \bigcirc) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
118	С		Lacking certified food safe	ety manager.		03/2	27/2020
204	С		No outdoor cooking pe	ermitted.		02/1	15/2020
426	NC		Remove trash and debris fr	rom premises.		02/24/2020	
				·			
				Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
Received by	(SIBHAHAIC)	,.		inspected by (signature).			
cc:			cc:		ce:		

Establishment Name			ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof

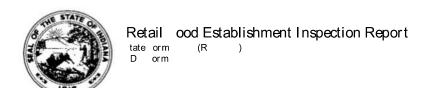


Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04) SDH Form 51-0001 Vanderburgh County Department of Health Telephone 812-435-2400 opt 3 Fax 812-435-5871

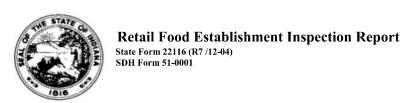
Establishment Name Diamond Lanes Establishment Address (number and street, city, state, zip code) 2400 N Highway 41, Evansville, IN, 47711 Owner George Arendell Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler</redacted></redacted>						Telephone Number (812-424-4677 (redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)		Release 02/	10908 10908 10908 124/2020 1 R 1 10000 1000 1000 1000 1000 1000 1000
<redac< td=""><td></td><td></td><td></td><td>AND MADDAGENER COVERS</td><td>NG 3</td><td>(A DIVED 4/C"</td><td></td><td></td><td>·</td></redac<>				AND MADDAGENER COVERS	NG 3	(A DIVED 4/C"			·
			ENTIFIED IN THE CHECKLIST FROM PREVIOUS INSPECTIO				D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative					orrected By
430	NC	R		Repair wall nea	ar f	rver			28/2020
700	110	11		Topan wan no	ai i	Tyci.		UZIZ	20/2020
Received by	(name and	title p	printed):		T	Inspected by (name and title p	rinted):		
<red<sup>2</red<sup>		-				<redacted></redacted>	,		
Received by (signature):						Inspected by (signature):			
cc: cc:				cc:			ce:		

Establishment Name			ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



Establishment Name Subway (Deaconess Midtown) Establishment Address (n mber and street city state ip code) 520 Mary St Ste 110, Evansville, IN, 47710 ner Houchens North Foods LLC					Telephone N mber (812-422-7921 (<redacted> P rpose Ro tine</redacted>	Date of Inspection (mm dd yr) 02/11/ ollo p	2020 Releas	13840 e Date 21/2020
ner s Ad				ollo p	Summary	of Violation	ıs:	
<reda< td=""><td></td><td></td><td></td><td></td><td>omplaint</td><td>1</td><td>(</td><td>) ()</td></reda<>					omplaint	1	() ()
Person in < reda					Pre perational		N (P R U
Responsible			<u> </u>		Temporary	Menu Typ	: (See addi	ional page)
,					АР	•		
ertified o	ood andle	er			ther (list)	\bigcirc	<u> </u>	000
• RITI A	ITE AF	RE I DE	NTI IEDINT E E I T	AND NARRATI E N	AR ED			
• I ATI	N()REPE	ATED	R PRE I IN PE TI	N ARE DEN TEDINT E	AR I ATIN AN	DINT EN	ARRATI E	BE A R
ection	N	R		Narrative			To Be	rrected By
303	С		Chemical sa	anitizer below requi	ired concentration.		Col	rected
Received by	,		printed):		Inspected by (name and title properties) <pre></pre>	rinted):		
					Inspected by (signature):			
cc:				ce:		cc:		

Establishment Name			ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof



1021 S	Ilfaro ent Addres S Wei a Alfa	nba	LC mber and street, city, state, zip code) ach Ave., Evansville, IN, 47714 Pedro Alfaro Rivas	Purpose: Routine Follow-up	Follow-u	P Release 02/	
Person in C	harge			Complaint Pre-Operational	$\frac{1}{c}$	NC_	$I_{R}U$
<redac< td=""><td></td><td></td><td>11</td><td>Temporary</td><td>Manu Tu</td><td></td><td>tional page)</td></redac<>			11	Temporary	Manu Tu		tional page)
Kesponsible	e rerson's	r-ma	ш	НАССР	Menu Ty	se (see aaai	nonai page)
Certified Fo	ood Handle	er	_	Other (list)	$1\bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	ı		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	ID IN THE N		
Section#	C/NC	R	Narrative				orrected By
177	С		Improper storage of raw m				rrected
250	NC		Utensils not inverted wh	nen stored.		Co	rrected
Received by		_		Inspected by (name and title p < redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		

Establishment Name			ne Addre	ess	Inspection Date
Item #	C/NC	R		REMARKS	TO BE CORRECTED BY
Received	l By (Nan	ne &	Title)	Inspected By (Name & Title)	Pageof