## **Retail Food Inspection Report**

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> A NICE RESTAURANT						Telephone Number	Date of Inspection	ID#	
						Est 812-945-4321	-		
Address 3129 BLACKISTON MILL ROAD, NEW ALBANY IN 47						<sup>Own</sup> 502-322-4976	02/14/2023		
Owner						Purpose	Follow Up	Released	
BOBBIE WILLS						X Routine			
<b>Owner's Address</b> 534 VALLEY VIEW RD CORYDON, IN 47112						Follow-up Complaint			
Person in Charge						Pre-Operational			
BOBBIE WILLS							Menu Type		
Responsible Person's Email						Temporary HACCP	1 _ 2 _ 3 _	4 X 5	
Certified Food Handler						Other (list)			
PAMELA WOOD BOBBIE WILLS						()			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"									
Section #	С	NC	R	Narrative			To Be C	orrected	
191	Х			Observed previously frozen sliced meat with original freeze date in the prep Today					
218XCooler. Needs to be re-dated when move218XObserved non-working light bulbs (4) in									
		stove.							
256		Х		Observed a prob ambient thermor	1 day				
324	24 X Observed leak(s) from the prep sink fau- sink faucet.					t and from the 3-compartment 10 days			
				Shik fuudot.					
Summary of Violations C <u>1</u> NC <u>3</u> R <u>0</u>							4		
Received by (name	and ti	tle prin	ted):			Inspected by (name and title printed):			
BOBBIE WILLS			,			Connor Monroe ENVIRONMENTALIST			
Received by (signature):						Inspected by (signature):			
						Connor Monroe			
cc:					cc:	i	cc:		