

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> BEARNO'S NEW ALBANY	<b>Telephone Number</b> Est 812-949-7914 Own 812-989-4469	<b>Date of Inspection</b> 10/27/2023	<b>ID#</b>	
<b>Address</b> 3002 CHARLESTOWN CROSSING WAY, NEW ALBANY	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 10/27/2023	
<b>Owner</b> KIRK JOHNSON		<b>Menu Type</b> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
<b>Owner's Address</b> 2006 COTE DE CHAMBORD FLOYDS KNOBS, IN 47119-				
<b>Person in Charge</b> JUSTIN KEOWN				
<b>Responsible Person's Email</b>				
<b>Certified Food Handler</b>  ERIC SCHULTZ				

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
177	X			Observed pizza dough rising (uncovered) in bins on the floor in the hall way. Flies and sources of contamination were present as well.	TODAY
204	X			Observed uncapped sewer line from an uninstalled toilet in the office.	3 WEEKS
324	X			Observed uncapped sewer line from an uninstalled toilet in the office, stuffed with rags. Observed leaks under both ice bins in the front of house.	3 WEEKS
344	X		X	Observed trashcan in front of the handwashing sink in the dishwashing area.	TODAY
415	X			Observed mouse droppings in the cabinets, in the front of the house, under the tea urns. Observed flies in the office and by the dough mixer.	1 WEEK
438	X			Observed unmarked chemical bottles. CORRECTION: The bottles were marked with the name of the contents by inspector request.	CORRECTED
218		X		Observed torn gaskets on the main pizza make table.	2 WEEKS
257		X		Observed the thermostat in the walk-in beer cooler read -63° f. The temperature taken of the cooler was 42° f.	3 WEEKS
259		X		Observed that both walk-in coolers were storing food at 42° f	2 WEEKS
307		X		Observed one hood not fully extending over the pizza oven area, allowing grease to accumulate on walls and ceilings. Observed no grease filters in the hoods over the pizza oven. Hoods over pizza ovens must be Type II hoods with cleanable filters.	3 WEEKS
309		X		Observed no Type I hood over the dishwasher. Observed no working ventilation in any of the restrooms.	3 WEEKS
310		X		Observed hood exhausts filled with a large amount of dirt and grease.	3 WEEKS
351		X		Observed no covered trash can in the unisex bathroom.	5 DAYS
380		X		Observed both walk-in coolers drainage lines draining into containers, one of which would splash the wall causing drywall damage and mold growth.	3 WEEKS
409		X		Observed missing ceiling tiles around one pizza oven hood.	1 WEEK
426		X		Observed unnecessary items piled around the ovens.	5 DAYS
430		X		Observed several holes in the walls throughout the kitchen and prep areas.	1 WEEK
431		X	X	Observed damaged acoustic tiles in the dining area. Observed ceiling tiles covered in dirt and grease. Observed dirt and grime build up under the main pizza make table, behind equipment on the floors of the walking coolers and in the dish area. Observed mold in the dish area and mold under the ice bins. Observed spilled flour on the floor.	1 WEEK

# Retail Food Inspection Report

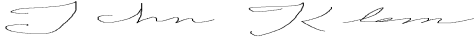
Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> BEARNO'S NEW ALBANY	<b>Telephone Number</b> Est 812-949-7914 Own 812-989-4469	<b>Date of Inspection</b> 10/27/2023	<b>ID#</b>
<b>Address</b> 3002 CHARLESTOWN CROSSING WAY, NEW ALBANY	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>  <b>Menu Type</b> 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	<b>Released</b> 10/27/2023
<b>Owner</b> KIRK JOHNSON			
<b>Owner's Address</b> 2006 COTE DE CHAMBORD FLOYDS KNOBS, IN 47119-			
<b>Person in Charge</b> JUSTIN KEOWN			
<b>Responsible Person's Email</b>			
<b>Certified Food Handler</b> ERIC SCHULTZ			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

**Summary of Violations**      C 6      NC 12      R 2      **18**

Received by (name and title printed): KIRK JOHNSON	Inspected by (name and title printed): John Klem EHS	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: