Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
BERRY TWIST	Est 812-923-8305	03/02/2023	
Address 3660 PAOLI PIKE STE 3, FLOYDS KNOBS IN 47119	Own 502-724-6150		

Owner	Purpose	Follow Up	Released
JOSH LIBS	X Routine		
Owner's Address 3512 ALEXIS DR NEW ALBANY, IN 47150	___ Follow-up		
Person in Charge ASHLYN ELBLE	___ Complaint		
Responsible Person's Email LINDSEYLIBS@GMAIL.COM	___ Pre-Operational		
Certified Food Handler LINDSEY LIBS	___ Temporary	**Menu Type**	
	___ HACCP	1 __ 2 X 3 __ 4 __ 5 __	
	___ Other (list)		

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 #	C	NC	R	Narrative	To Be Corrected
438	X		X	Observed an unlabeled bottled of yellow liquid. CORRECTION: The chemical was discarded.	CORRECTED
449	X			Observed 2 uncovered traps under shelving by the walk-in cooler. CORRECTION: Traps were discarded.	CORRECTED
202		X		Observed a can with a dent along the seam. CORRECTION: The dented can was discarded.	CORRECTED
256		X		Observed a lack of thermometers in two refrigerators. CORRECTION: A temperature measuring device shall be located to measure the air temperature in the warmest part of a mechanically refrigerated unit.	3 DAYS
291		X		Observed expired test strips. CORRECTION: Testing strips must be available for checking sanitizer concentrations.	3 DAYS
351		X		Observed no covered trashcans in the restroom, CORRECTION: A covered trashcan from storage was put in the restroom for use.	CORRECTED

Summary of Violations C 2 NC 4 R 1 6

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

cc:	cc:	cc: