

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> BERT'S QUALITY PROVISIONS COMMISSARY	<b>Telephone Number</b> Est 502-630-9289 Own	<b>Date of Inspection</b> 03/30/2023	<b>ID#</b>
<b>Address</b> 3817 RAINBOW DR, NEW ALBANY IN 47150	<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> 04/09/2023
<b>Owner</b> MITCH HERBERT		<b>Menu Type</b> 1 __ 2 __ 3 __ 4 <input checked="" type="checkbox"/> 5 __	
<b>Owner's Address</b> 3817 RAINBOW DR NEW ALBANY, IN 47150			
<b>Person in Charge</b> MITCH HERBERT			
<b>Responsible Person's Email</b> BQPFOODS@GMAIL.COM			
<b>Certified Food Handler</b> MITCH HERBERT			

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
				NO VIOLATIONS	

**Summary of Violations**      C           NC           R           **0**

Received by (name and title printed): MITCH HERBERT	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>

cc:	cc:	cc:
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