Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
BOARD AND YOU	Est 502-333-8718	05/10/2023	
Address 428 PEARL ST, NEW ALBANY IN 47150	Own 760-450-4755		

Owner	Purpose	Follow Up	Released
SEAN LARA	___Routine		05/20/2023
Owner's Address 604 PAYNE RD NEW ALBANY, IN 47150-	X Follow-up		
Person in Charge ZACK FLANAGAN	___Complaint		
Responsible Person's Email	___Pre-Operational		
	___Temporary	**Menu Type**	
Certified Food Handler AARON FLANAGAN SHYANNE WILSON	___HACCP	1 __ 2 __ 3 __ 4 X 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
146		X	X	Observed charcuterie box to be missing a phone number and address of the establishment. Reference food code if unsure of labeling requirements.	3 days

Summary of Violations C 0 NC 1 R 1 1

Received by (name and title printed):	Inspected by (name and title printed):
ZACK FLANAGAN	Thomas Snider CFS
Received by (signature):	Inspected by (signature): Thomas Snider

cc:	cc:	cc: