

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> CHIPOTLE	<b>Telephone Number</b>  Est  Own	<b>Date of Inspection</b>  03/17/2023	<b>ID#</b>
<b>Address</b> STATE ST, NEW ALBANY IN 47150			
<b>Owner</b>	<b>Purpose</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 03/27/2023
<b>Owner's Address</b>		<b>Menu Type</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Person in Charge</b> LAUREN KOSIEK			
<b>Responsible Person's Email</b> IN.4384.NEWALBANYIN@CHIPOTLE.COM			
<b>Certified Food Handler</b>			

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
291		X		Observed no chlorine test strips available to test sanitizer in dish machine.	before opening
347		X		Observed no handtowels available at the handsinks.	before opening
Establishment may now apply of their permit					

<b>Summary of Violations</b>			C <u>0</u>	NC <u>2</u>	R <u>0</u>	<b>2</b>
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>			
cc:	cc:	cc:				