

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> EAGLE NUTRITION 22	<b>Telephone Number</b> Est 502-345-1137 Own 502-345-1137	<b>Date of Inspection</b> 06/28/2023	<b>ID#</b>
<b>Address</b> 502 VINCENNES ST, 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> 07/08/2023
<b>Owner</b> ALEJANDRA MENDEZ		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Owner's Address</b> 1343 BEELER ST NEW ALBANY, IN 47150			
<b>Person in Charge</b> ALEJANDRA MENDEZ			
<b>Responsible Person's Email</b> AMC_AGUILAS@HOTMAIL.COM			
<b>Certified Food Handler</b> N/A			

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