Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
EL NOPAL (FK)	Est 812-921-9999	05/16/2023	
Address 500 LAFOLETTE STATION, FLOYDS KNOBS IN 47119	Own (502) 457-8630		

Owner	Purpose	Follow Up	Released
ELIAS ROMAN/EL NOPAL	X Routine		05/16/2023
Owner's Address 1212 DANT DRIVE GEORGETOWN, IN 47122	___Follow-up		
Person in Charge DANIEL MARTINEZ	___Complaint		
Responsible Person's Email MARLONCARRILLO958@GMAIL.COM	___Pre-Operational		
Certified Food Handler DANIEL MARTINEZ HERNANDEZ	___Temporary	**Menu Type**	
	___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
189	X			Measured cooked chicken in cooler, made the night before at 49F. Cooked foods should be cooled to 41F with-in 6 hours. Chicken was in a large pan. A more shallow pan, or an ice bath can be used to cool foods quicker. Use probe thermometer to check temperatures.	1 day
256		X		Observed no probe thermometer. I would recommend a digital one for quick reading. Observed no thermeter in fajita cooler.	3 days
415	X		X	Observed flying insects (gnats) around bus pans in warewash area. Observed dirty dishes with food left out in bus pans over night. A fly strip may be used.	1 day
295		X	X	Observed rust around the blade of can opener. Clean and replace blade. If gear on can opener is damaged with rust it should be replaced.	1 day
324		X		Observed the faucet at the mop sink to be running and unable to be turned off.	2 days
297		X		Observed mold spots and biofilm inside the top of ice machine.	today
438	X			Observed no label on degreaser spray bottle in warewash area or on spray bottle of Fabuloso in dining.	today
399		X		Observed dirty cardboard on shelves in walk-in freezer. If a shelf liner is used it should be non-absorbant.	1 day

Summary of Violations C 3 NC 5 R 2 8

Received by (name and title printed):	Inspected by (name and title printed):
ELIAS ROMAN	Thomas Snider CFS
Received by (signature):	Inspected by (signature): Thomas Snider

cc:	cc:	cc: