Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
FLOYDS KNOBS LITTLE LEAGUE	Est 502-594-9101	05/18/2023	
Address 4032 WEBER LN, FLOYDS KNOBS IN 47119	Own (502) 594-9101		

Owner	Purpose	Follow Up	Released
FLOYD COUNTY LITTLE LEAGUE	X Routine		05/18/2023
Owner's Address 205 CRESENT LOOP NEW ALBANY, IN 47150	___Follow-up		
Person in Charge JAKE	___Complaint		
	___Pre-Operational		
Responsible Person's Email BUD.SEIDENFADEN@YAHOO.COM	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 X 3 __ 4 __ 5 __	
Certified Food Handler	___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
218		X		Observed a damaged gasket on the standing freezer in the kitchen. Observed a buildup of frost in freezer. Properly sealing the door should prevent frost from accumulating. Observed sliding panel on ice machine to be damaged and missing pieces of plastic. Pieces of plasic could get into the ice an cause harn. Repair or replace panel.	2 weeks
294	X			Observed a unlabeled spray bottle. PIC (person in charge) stated it was degreaser.	by next event
291		X		Observed quat sanitizer test strips present but PIC stated they use chlorine bleach to sanitize dishes. Strips and sanitizer must match and strips should be used to test sanitizer to determine proper concentration.	1 week
411		X		Observed 2 light fixtures not working in kitchen.	2 weeks

REMIND STAFF TO SANITIZE PROBE THERMOMETER BEFORE IT IS USED.

Summary of Violations C 1 NC 3 R 0 4

Received by (name and title printed):	Inspected by (name and title printed):
BUD SEIDENFADEN	Thomas Snider CFS
Received by (signature):	Inspected by (signature): Thomas Snider

cc:	cc:	cc: