## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name						Telephone Number	Date of	ID#	
(NOT PERMITED) HOLIDAY INN							Inspection		
Address 506 W. SPRING ST, NEW ALBANY IN 47150							05/26/2023		
Owner						PurposeRoutine	Follow Up	<b>Released</b> 06/05/2023	
Owner's Address						Follow-up			
Person in Charge						Complaint			
AMBER THOMAS						X Pre-Operational			
Responsible Person's Email						Temporary	Menu Type		
DBAIRD@LTSHOSPITALITY.COM						HACCP	1 <u>X</u> 2 <u> 3 </u>	4 _ 5 _	
Certified Food Handler - NEEDED -						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			То Ве С	orrected	
399		Х	Х	Observed the kitchen's ceiling tiles to be acoustic tiles and not smooth,  1 month					
430	durable and easily cleanable.  X X Observed damaged or missing floor tiles in the mopsink and laundry room. 1 month								
				A certified food manager's certificate is remeats are exempt.	equire	ed if there is any cooking of	raw meats. Pre-cook	ed	
Summary of Violations C 0 NC 2 R 2									
Received by (name		tle prir	ited):			Inspected by (name and title printed):			
AMBER THOMA	S				Thomas Snider CFS				
Received by (signature):						Inspected by (signature):			
						Thomas Snider			
cc:				cc:			cc:		