Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name LIGHTNING FOOD MART						Est	Telephone Number 812-944-0692	Date of Inspection	ID#	
Address 2620 CHARLESTOWN ROAD, NEW ALBANY IN 47150						Owi	812-989-1881	10/25/2023		
Owner TAMMY WOLFORD							Purpose X Routine	Follow Up	Released 10/25/2023	
Owner's Address							Follow-up		-	
3101 CREEK RIDGE DR NEW ALBANY, IN 47150- Person in Charge							Complaint			
GARY HAKE							Pre-Operational Temporary	Menu Type		
Responsible Person's Email LIGHTNINGFOODMART@ATT.NET							HACCP	1 X 2 _ 3 _	4 5	
Certified Food Handler							Other (list)		- – –	
				AND NARRATIVE COLUMN		AND IN THE N.	ARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative		To Be Corrected				
118	X			Observed that the person in charge was unaware of the sanitization step in dish washing process.						
294	Х			Observed no sar	nitization step being	Today				
291 324		X X		Observed expired Chlorine sanitizer test strips. 1 week Observed the ice machine dripping from the front right corner. Water was 2 weeks						
	Solutions		7	being caught in constant drip. Re OBSERVED DI THAT IT DOES	a container. Observe epair faucet IRTY MOP WATER S NOT ATTRACT II	ed the fauc	et on the mop sink to have a	ED WHEN DIRTY S		
Summary of V					2 R 0		. 11 / 1.21	4		
Received by (name and title printed): GARY HAKE							Inspected by (name and title printed): Carrie Fischer EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		