Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
(NEEDS PERMIT) OH CHAE	Est	05/03/2023	
Address 216 PEARL ST, NEW ALBANY IN 47150	Own		

Owner	Purpose	Follow Up	Released
HYANG OHE	X Routine		05/03/2023
Owner's Address ,	___Follow-up		
Person in Charge HYANG OHE	___Complaint		
Responsible Person's Email OHCHAERESTAURANT@GMAIL.COM	___Pre-Operational		
Certified Food Handler - NEEDED BY 8/3/23 -	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 X 3 __ 4 __ 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
294	X			Observed the chemical container for the 3-comp sink to be empty and not dispensing sanitizer.	1 day
291		X		Observed no sanitizer test strips.	4 days
431		X		Observed the shared mop sink and surrounding area to be in need of cleaning.	3 days

Summary of Violations C 1 NC 2 R 0 3

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

cc:	cc:	cc: