


Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name THE OLIVET	Telephone Number Est 812-913-4430 Own 812-207-1556	Date of Inspection 03/16/2023	ID#	
Address 137 E. MARKET ST STE.103, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released	
Owner CRYSTAL GOEBEL		Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Owner's Address PO BOX 184 NEW ALBANY, IN 47150-				
Person in Charge JESSICA MURHANKA				
Responsible Person's Email				
Certified Food Handler N/A				

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
322	X			Observed 3-compartment sink directly connected to the sewer line. CORRECTION: The 3-compartment sink must have an indirect connection.	3 WEEKS
324		X		Observed a leak in the 1st compartment of 3-compartment sink. CORRECTION: Leak must be fixed and plumbing must be kept in good repair.	3 WEEKS

Summary of Violations				C	<u>1</u>	NC	<u>1</u>	R	<u>0</u>	2
Received by (name and title printed):					Inspected by (name and title printed): John Klem EHS					
Received by (signature):					Inspected by (signature): 					
cc:			cc:			cc:				