

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

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|--|--|--|-------------------------------|
| Establishment Name TACO BELL NO. 23373 | Telephone Number Est (812) 923-1680 Own (812) 945-9810 | Date of Inspection 02/13/2023 | ID# |
| Address 900 LAFOLLETTE CENTER NORTH, FLOYDS KNOBS | 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 02/23/2023 |
| Owner C & M SMITH RESTAURANTS, INC. | | Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _ | |
| Owner's Address 5140 CHARLESTOWN RD., STE. 4 NEW ALBANY, IN 47150- | | | |
| Person in Charge STEPHANIE WOODWARD | | | |
| Responsible Person's Email RS023373@TACOBELL.COM | | | |
| Certified Food Handler STEPHANIE WOODWARD | | | |

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 |
|-----------|---|----|---|---------------|-----------------|
| | | | | NO VIOLATIONS | |

Summary of Violations C NC R **0**

| | |
|---------------------------------------|---|
| Received by (name and title printed): | Inspected by (name and title printed): John Klem EHS |
| Received by (signature): | Inspected by (signature):  |
| cc: | cc: |