

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name TACO BELL NO. 33583	Telephone Number Est 812-748-2248 Own (812) 945-9810	Date of Inspection 03/30/2023	ID#
Address 100 DAISY SUMMIT DR, 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 04/09/2023
Owner C&M SMITH RESTAURANTS, INC		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 5140 CHARLESTOWN RD., SUITE 4 NEW ALBANY, IN 47150			
Person in Charge LEXI FAITH			
Responsible Person's Email RS033583@TACOBELL.COM			
Certified Food Handler ALEXANDRIA FAITH			

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
218		X		Observed ice buildup in the walk-in freezer.	3 WEEKS
<p>OBSERVED THE MOP SINK FAUCET HAD LINE TO A CHEMICAL DISPENSER WITH THE FAUCETS LEFT ON. THE ATMOSPHERIC VACUUM BREAKER ON THE FAUCET IS NOT DESIGNED FOR CONSTANT PRESSURE. FCHD RECOMMENDS INSTALLING A BLEEDER VALVE TO THE FAUCET OR CONNECTING THE DISPENSER TO AN INDEPENDENT WATER LINE. THE HOSES MAY ALSO BE DISCONNECTED BETWEEN USES</p>					

Summary of Violations C 0 NC 1 R 0 **1**

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