Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
V.F.W. NO. 3281	Est 812-945-6685	06/28/2023	
Address 232 E. FIFTH STREET, NEW ALBANY IN 47150	Own 812-945-6685		

Owner	Purpose	Follow Up	Released
V.F.W. POST 3281	X Routine		06/29/2023
Owner's Address 232 EAST FIFTH STREET NEW ALBANY, IN 47150-	___Follow-up		
Person in Charge JOANN FULKERSON	___Complaint		
Responsible Person's Email VFWFLOYD@MW.TWCBC.COM	___Pre-Operational		
Certified Food Handler KATHY KELLAMS	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 __ 3 X 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
256		X		Observed no thermometer in reach-in cooler.	3 days
404		X		Observed coving tiles were falling off wall near 3-compartment sink.	2 weeks
295		X		Observed a biofilm along edge of metal plate in ice machine.	1 day
291		X	X	Observed no quaternary ammonia (Quat) test strips to check sanitizer solution.	3 days
410		X	X	Observed no light shield over 3-compartment sink. A shield or protective tubes can be used.	1 week
309		X	X	Observed the exhaust fan in woman restroom on the northside of the building to not be running. If it is too difficult to repair a new one can be installed and discharge into attic if necissary.	3 weeks

Summary of Violations C 0 NC 6 R 3 6

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

cc:	cc:	cc: