

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WAFFLE HOUSE #2122	Telephone Number Est 812 944 8499 Own 770-729-5742	Date of Inspection 04/19/2023	ID#
Address 3018 ST. JOSEPH RD, 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 04/29/2023
Owner MIDWEST WAFFLES		Menu Type 1 __ 2 __ 3 <u>X</u> 4 __ 5 __	
Owner's Address P.O. BOX 6450 NORCROSS, GA 30091			
Person in Charge MARCUS FERRIER			
Responsible Person's Email WOODROWSORENSEN@WAFFLESHOUSE.COM			
Certified Food Handler JEREMY THOMAS			

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
FCO 2008-V:Sec 1	X			Observed no permit on display. CORRECTION: The permit must be posted in a conspicuous location.	TODAY
324	X	X		Observed a leak in the drain line of the ice bin. CORRECTION: All plumbing must be maintained in good condition.	1 WEEK
431	X			Observed a build-up of food debris and under the prep areas and under the shelves in the store room. CORRECTION: The physical facilities shall be cleaned as often as necessary to keep them clean.	3 DAYS

Summary of Violations C 0 NC 3 R 1 **3**

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