## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

|   |        |        |            |   |   | 1                                  |  |                       |              |  |
|---|--------|--------|------------|---|---|------------------------------------|--|-----------------------|--------------|--|
| Establishment Name<br>KROGER #744   |        |        |            |   |   | Telephone Number  Est 812-944-7016 |  | Date of<br>Inspection | ID#          |  |
| Address<br>2864 CHARLESTOWN ROAD, NEW ALBANY IN 47150   |        |        |            |   |   | Own                                | 502-423-4800   | 02/09/2023            |              |  |
| Owner   |        |        |            |   |   | Purpose                            |  | Follow Up             | Released     |  |
| KROGER LIMITED PARTNERSHIP 1  |        |        |            |   |   | _                                  | Routine  |                       | 02/09/2023   |  |
| Owner's Address<br>P.O.BOX 32680 LOUISVILLE, KY 4232  |        |        |            |   |   |                                    | X Follow-up Complaint                                    |                       |              |  |
| Person in Charge LUKE LOTTES  |        |        |            |   |   |                                    | Pre-Operational  |                       |              |  |
| Responsible Person's Email  |        |        |            |   |   | 1                                  | Temporary  | Menu Type             |              |  |
| ELLE.SMITH@STORES.KROGER.COM  |        |        |            |   |   |                                    | HACCP  | 1 _ 2 _ 3 _           | 4 <u>X</u> 5 |  |
| Certified Food Handler ELLE SMITH   |        |        |            |   |   |                                    | 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                    |  |                       |              |  |
| 295   | X      | X      |            | Observed leaking atmospheric breaker on mop sink faucet with hosing leading to chemical dispensing machine. Current valve on sink is not designed for constant pressure. A pressure release bleeder valve is recommended or the hoses should be unhooked after use.  Observed trays in store area under beef, hamburger patties, mac and cheese to not be free of food debris. Observed milk splatter on floors, walls and ceiling of the dairy cooler.  Observed buildup of dust on exhaust fan in back hallways restroom. |   |                                    |  |                       |              |  |
| 310<br>324  |        | X<br>X | X          |   | ip of dust on exhaust fan<br>below sprinkler system n | today<br>2 weeks                   |  |                       |              |  |
| 1 week  |        | X      | X          | Observed floors   | in need of cleaning undow. Observed dog food or       | 1 week                             |  |                       |              |  |
|   |        |        |            | SEND PICTUR   | ES OF CORRECTIONS                                     | з то т                             | 'SNIDER@FLOYDCOUN  | TY.IN.GOV             |              |  |
| Summary of Viol   | ations | (      | c <u>-</u> | 1 NC  | 4 R 5   |                                    |  | 5                     |              |  |
| Received by (name and title printed):  LUKE LOTTES  |        |        |            |   |   |                                    | Inspected by (name and title printed): Thomas Snider CFS |                       |              |  |
| Received by (signature):  |        |        |            |   |   |                                    | Inspected by (signature):                                |                       |              |  |
|   |        |        |            |   |   |                                    | Hron   | rae-Brider            | -            |  |
| cc:   |        |        |            |   | cc:   | •                                  |  | cc:                   |              |  |