## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name A NICE RESTAURANT							Telephone Number	Date of Inspection	ID#	
Address 3129 BLACKISTON MILL ROAD, NEW ALBANY IN 47							812-945-4321 n 502-322-4976	03/18/2024		
Owner BOBBIE WILLS							Purpose X Routine	Follow Up	Released 03/18/2024	
Owner's Address 534 VALLEY VIEW RD CORYDON, IN 47112							Follow-up Complaint			
Person in Charge CANDY BURNNER							Pre-Operational			
Responsible Person's Email BOBBIEWILLS1212@YAHOO.COM							Temporary HACCP	Menu Type 1 2 3 _X	[ 4 _ 5 _	
Certified Food Handler PAMELA WOOD BOBBIE WILLS							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						
322	Х			Observed gas grills with wheels but not anchored to the wall.  2 WEEKS  CORRECTION: Gas appliances need an anchor chain.						
199		Χ		Observed meat thawing on the countertop at room temperature.  CORRECTED  CORRECTION: Meat was moved to the walk-in cooler to thaw.						
324		Χ		Observed a running faucet in the men's bathroom.  3 WEEKS Observed holes in walls: behind the cook work table, under the 2 WEEKS						
				handwashing sir counter.	nk, in the men's bath	hroom, und	der the condiment on the fro	nt		
Summary of Violations C 1 NC 3 R 1								4		
Received by (name and title printed): BOBBIE WILLS							Inspected by (name and title printed):  John Klem EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		