## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name AFRICAN KITCHEN (ADE FOOD)					Telephone Number	Date of Inspection	ID#	
Address 113 GRANTLINE RD SUITE 113, NEW ALBANY IN 471:					Own 502-299-6824	12/20/2024		
Owner ADESOLE FAGENRO					Purpose X Routine	Follow Up	Released 12/19/2024	
Owner's Address					Follow-up			
Person in Charge ADESOLE FAGENRO					ComplaintPre-Operational			
Responsible Pe	erson's Er	nail	CES@GMAIL COM	ſ	Temporary			
ADEFOODCATERINGSERVICES@GMAIL.COM  Certified Food Handler					Other (list)			
			KLIST AND NARRATIVE COLU		ND IN THE NARRAIVE COLUMN MARKED AS "R"			
Section # C NC R Narrative					To Be Corrected			
438 217 204 218	X X	x	Observed food Observed a co not to be used running and at Observed the I  NOTE: FOOD OUT OF TEM	Observed an unlabeled spray bottle in the employee restroom.  Observed food being stored in a non foodgrade grocery bags.  Observed a container of beef in water thawing in the mop sink. This sink is not to be used for food prep. If food is thawed in water the water should be running and at or below 70 F.  Observed the lightbulb in the walk-in flickering and dim.  1 week  NOTE: FOOD LEFT OUT OF REFRIGERATION OR HOT HOLDING SHOULD NOT BE LEFT OUT OF TEMPERATURE CONTROL FOR MORE THATN 2 HOURS DURING FOOD PREP. A CERTIFIED FOOD MANAGER'S CERTIFICATED IS NEEDED IN 2 MONTHS.				
Summary of Vi	iolations	(	C NC	_2 R _0		4		
Received by (name and title printed): ADESOLE FAGENRO					Inspected by (name and title printed): Thomas Snider CFS			
Received by (si	gnature):				Inspected by (signature):			
cc:				cc:	, , , , , , , , , , , , , , , , , , , ,	cc:		