## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name AGAVE & RYE (A&R NEW ALBANY IN)						Es	Telephone Number 812-993-8226	Date of Inspection	ID#	
Address 324 E. MAIN ST, NEW ALBANY IN 47150						Ov	vn 614-357-7874	06/19/2024		
Owner WADE SARBER							Purpose X Routine	Follow Up	<b>Released</b> 06/18/2024	
Owner's Address 7630 GIBSON STREET SUITE 110 LIBERTY TOWNSHIP, OH 45069							——Follow-up Complaint			
Person in Charge JOEY MCGILL							Pre-Operational			
Responsible Person's Email HUNTER.ROBBINS@AGAVEANDRYE.COM							Temporary HACCP	Menu Type 1 2 3 <u>X</u> 4 5		
Certified Food Handler ROBERTO CRUZ PACHECO							Other (list)			
				AND NARRATIVE COLUM? NS ARE DENOTED IN THE		S" AND IN THE	NARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative		То Ве С	To Be Corrected			
<ul><li>294</li><li>426</li></ul>	Х	X	<ul> <li>X Measured the chlorine sanitizer solution in the bar's 3 compartment sink over 200 ppm. Incorrect test strips were at the sink but the correct test strips were located in the kitchen. Sanitizer solution should be tested each time it is mixed.</li> <li>X X Observed scattered trash behind the building. Including cardboard fragments, packing tape, cigarettes, boxes.</li> </ul>							
324		Χ		Observed the soda gun leaking in the upstairs bar area. The water was being 4 days caught in a bucket that was overflowing.						
430	X X Observed water and food debris col contrete slabs in the warewash area						deep gaps between the	30 days		
Summary of Violations C 1 NC 3 R 3						<u> </u>		4		
Received by (name and title printed): HUNTER ROBBINS							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					cc:		) carrie	cc:		