Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Na BAERS CITY WI					Telephone Number Est 812-924-7348		Date of Inspection	ID#	
Address 321 PEARL ST, NEW ALBANY IN 47150					Own 812-924-8301		03/18/2024		
Owner GARY HUMPHREY/ BARBARA HAAS					Purpose X Routine		Follow Up	Released 03/28/2024	
Owner's Address 319 PEARL ST STE 2 GEORGETOWN, IN 47150] _	Follow-up Complaint			
Person in Charge BILLIE TIMBERLAKE] =	Pre-Operational			
Responsible Person		Y.CC)M			_Temporary _HACCP	Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _		
Certified Food Handler GARY HUMPHREY KYLA DAVIS					-	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 #	Section # C NC R Narrative To Be Corrected								
177 291 324 430 431	X X X X		Observed expired Observed leak un Observed hole in	nder the prep sink. In the wall under the han ebris and dirt build up to	dwashing s		10 DAY; 10 DAY; 2 WEEK 2 WEEK 10 DAY;	S ES ES	
Summary of Violations C 0 NC 5 R 0						5			
Received by (name and title printed): BARBARA HAAS						Inspected by (name and title printed): John Klem EHS			
Received by (signa	ature):				1 -	Inspected by (signature): The state of the			
cc:				cc:	-		cc:		