Floyd County Health Department Telephone (812) 948-4726

| | | | | | | | | - | |
|--|---|----------|-------|---|---|---|-----------------------|----------------------------|--|
| Establishment Name BELLA ROMA - LA BROCCA LLC | | | | | | Felephone Number 812-725-9495 | Date of Inspection | ID# | |
| Address 134 E. MARKET STREET, NEW ALBANY IN 47150 | | | | | | 718-541-9408 | 12/17/2024 | | |
| Owner MICHEL NASSEEM | | | | | | Purpose X Routine | Follow Up | Released 12/17/2024 | |
| Owner's Address 230 PEARL STREET NEW ALBANY, IN 47150- | | | | | | Follow-up | | | |
| Person in Charge MICHEL NASSEEM | | | | | | Complaint Pre-Operational | | | |
| Responsible Person's Email MICHELLENASSEEM65@YAHOO.COM | | | | | | Temporary HACCP | Menu Type 1 _ 2 _ 3 _ | 4 X 5 | |
| Certified Food Handler MICHEL NASSEEM | | | | | | 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 # | С | NC | R | Narrative | | | To Be Co | orrected | |
| 343 | Х | | | Observed the water lines turned off at the water faucet loose. Repair. If there are any faucet was able to be turned back on. | | | corrected | 1 | |
| 294 | Х | | | Measured the sanitizer at the dish machine at 0 ppm of chlorine. Liquid 1 day bleach can be added manually each time the machine is ran until repairs can be made. | | | | | |
| 191 | х | | Х | Observed a chicken and potato dish in the basement walkin cooler without a datemark. It was voluntarily discarded.discardedObserved biofilm in the the top of the ice machine in the basement and in the soda gun nozzle in the bar.1 day | | | | | |
| 295 | | Х | Х | | | | | | |
| | | | | I RECOMMEND ADDING A FAN TO THE BASEMENT TO QUICKLY DRY IT AFTER MOPPING. | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Summary of Violations C <u>3</u> NC <u>1</u> R <u>2</u> | | | | | | | | | |
| Received by (name a MICHEL NASSEE | | tle prin | ted): | : | Inspected by (name and title printed): Thomas Snider CFS | | | | |
| Received by (signature): | | | | | | Inspected by (signature): | | | |
| cc: | | | | cc: | | , | cc: | | |