Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
EL NOPAL IV LLC	Est 812-590-3434	12/11/2024	
Address 730 ROLLING CREEK DR., NEW ALBANY IN 47150	Own 502-526-8928		

Owner	Purpose	Follow Up	Released
JAVIER VELASCO	X Routine		12/11/2024
Owner's Address 4211 LAKESIDE DRIVE SELLERSBURG, IN 47172	___ Follow-up		
Person in Charge JOSEPH RODRIGUEZ	___ Complaint		
Responsible Person's Email ELNOPALIV@ICLOUD.COM	___ Pre-Operational		
Certified Food Handler ARMONDO ESTRADA	___ Temporary	**Menu Type**	
	___ HACCP	1 __ 2 __ 3 __ 4 X 5 __	
	___ 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
256		X		Observed no thermometer in 2 prep coolers or in the walk-in cooler.	2 days
218		X		Observed gas appliances unchained to the wall. Chain must be shorter that the gas line.	2 days
295		X		Observed the mounted can opener in need of cleaning.	corrected
438	X			Observed an unlabeled pump sprayer.	corrected
399		X		Observed the wire storage racks in the walkin cooler rusted and flaking. Resurface or replace.	1 week
415	X			Observed shredded materials on the floor in the liquour closet that appeared to be from a rodent. Notify pest control.	1 day
324		X		Observed a water line plumbing connection dripping into a container in the bar.	4 days
346		X		Observed no handsoap at the bar handwashing sink.	1 day
430		X		Observed a broken floor time under the 3 compartment sink in the bar and missing grout between tiles under mixer machine.	3 weeks
189	X		X	Measured approximately 4 gallons of queso in the walkin cooler at 47F. It was stored in a plastic container. Queso in a smaller metal container was measured at 40F. Queso should be cooled to 41 or below within 6 hours.	1 day

Summary of Violations C 3 NC 7 R 1 10

Received by (name and title printed):	Inspected by (name and title printed):
JOSEPH RODRIGUEZ	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: