## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name LOTSA PASTA  Address 3717 LEXINGTON RD, LOUISVILLE KY 40207   |  |   |               |     |   | <b>Telephone Number</b> 502-896-6361   | Date of<br>Inspection<br>06/22/2024 | ID# |  |
|--|--|---|---------------|-----|---|--|-------------------------------------|-----|--|
| Owner VICKI & JOHN HALE Owner's Address 3717 LEXINGTON RD LOUISVILLE, KI 40207   |  |   |               |     | Purpose  X Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list) | Follow Up Released 07/04/2024          |                                     |     |  |
| Person in Charge WILL EAVES  Responsible Person's Email LOTSAPASTA82@YAHOO.COM  Certified Food Handler WILL EAVES  |  |   |               |     |   | Pre-Operational Temporary HACCP        | Menu Type 1 2 _X 3 4 5              |     |  |
| 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 |  |   |               |     |   |  |                                     |     |  |
|  |  | N | o violations. |     |   |  |                                     |     |  |
| Summary of Violations C NC R   |  |   |               |     | _<br>   | Inspected by (name and title printed): |                                     |     |  |
| Received by (name and title printed): WILL EAVES   |  |   |               |     |   | Thomas Snider CFS                      |                                     |     |  |
| Received by (signature):   |  |   |               |     | Iı  | Inspected by (signature):              |                                     |     |  |
| cc:  |  |   |               | cc: |   |  | cc:                                 |     |  |