

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> FISTFUL OF TACOS/ALE	<b>Telephone Number</b> Est 812-961-1384 Own (812) 207-3474	<b>Date of Inspection</b> 09/17/2024	<b>ID#</b>
<b>Address</b> 2708 PAOLI PIKE STE H, NEW ALBANY IN 47150	<b>Purpose</b> <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 09/27/2024
<b>Owner</b> FISTFUL WL		<b>Menu Type</b> 1 _ 2 _ 3 _ 4 <u>X</u> 5 _	
<b>Owner's Address</b> 2708 PAOLI PIKE STE 6 NEW ALBANY, IN 47150			
<b>Person in Charge</b> DERECK WASHBURN			
<b>Responsible Person's Email</b> PAUL@FISTFULOFAL.COM			
<b>Certified Food Handler</b> PAUL THOMPSON			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				ALL VIOLATIONS CORRECTED	

**Summary of Violations**      C           NC           R           **0**

Received by (name and title printed): DERECK WASHBURN	Inspected by (name and title printed): John Klem EHS
Received by (signature):	Inspected by (signature): 
cc:	cc: