## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name  |   |           |          |  |                        |                    | Telephone Number   | Date of     | ID#            |  |
|---|---|-----------|----------|--|------------------------|--------------------|--|-------------|----------------|--|
| FISTFUL OF TACOS/ALE  |   |           |          |  |                        | Est                | 812-961-1384   | Inspection  |                |  |
| Address<br>2708 PAOLI PIKE STE H, NEW ALBANY IN 47150   |   |           |          |  |                        | Own (812) 207-3474 |  | 03/27/2024  |                |  |
| Owner   |   |           |          |  |                        |                    | Purpose  | Follow Up   | Released       |  |
| FISTFUL WL  |   |           |          |  |                        |                    | X Routine  | 04/11/2024  | 03/27/2024     |  |
| Owner's Address<br>2708 PAOLI PIKE STE 6 NEW ALBANY, IN 47150   |   |           |          |  |                        |                    | Follow-up<br>Complaint   |             |                |  |
| Person in Charge<br>BEN SMITH   |   |           |          |  |                        |                    | Pre-Operational  |             |                |  |
| Responsible Person's Email  |   |           |          |  |                        |                    | Temporary  | Menu Type   |                |  |
| PAUL@FISTFULOFALE.COM   |   |           |          |  |                        |                    | HACCP  | 1 _ 2 _ 3 _ | 4 <u>X</u> 5 _ |  |
| Certified Food Handler PAUL THOMPSON  |   |           |          |  |                        |                    | 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  |             |                |  |
| 136   | Х   |           | (        | Observed a bottl   | ed employee drink on t | 10 DAYS            |  |             |                |  |
| 322   | Χ   |           | (        | Observed gas appliances on coasters without safety chains. Observed open 10 DAYS   |                        |                    |  |             |                |  |
| 245   | V   |           |          | sewage pipes in the floor, plugged with towels.  |                        |                    |  |             |                |  |
| 345   | Х   |           |          | Observed handwashing sink being used to thaw product under running CORRECTED water.  |                        |                    |  |             |                |  |
| 110   |   | Х         | <b>(</b> | Observed that the kitchen had been remodeled and large changed to the food process had been made without a plan review from the health department. |                        |                    |  |             |                |  |
| 404   |   | Χ         |          | Observed missing coving in the kitchen.  |                        |                    |  | 10 DAY      | S              |  |
| 430   | X Observed damaged sections of wall by to brewery, by the ware-washing area in the kitchen. |           |          |  |                        |                    | -  | 10 DAY      | S              |  |
|   | PLEASE SUBMIT A PLAN REVIEW TO FCHD WITHIN 10 DAYS OF RECEIVING THIS REPORT                 |           |          |  |                        |                    |  |             |                |  |
|   |   |           |          |  |                        |                    |  |             |                |  |
|   |   |           |          |  |                        |                    |  |             |                |  |
|   |   |           |          |  |                        |                    |  |             |                |  |
| Summary of Vi   | iolations   | (         | C _      | 3 NC   |                        | 6                  |  |             |                |  |
| Received by (na   | ame and t   | itle prin | nted):   |  |                        | Ir                 | nspected by (name and title  | printed):   |                |  |
| DERECK WASHBURN   |   |           |          |  |                        |                    | John Klem EHS  |             |                |  |
| Received by (signature):  |   |           |          |  |                        | Ir                 | Inspected by (signature):  The Man |             |                |  |
| cc:   |   |           |          |  | cc:                    |                    |  | cc:         |                |  |