Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name HAMPTON INN NEW ALBANY Address 411 WEST SPRING STREET, NEW ALBANY IN 47150 Owner NEW ALBANY HOSPITALITY LLC Owner's Address 411 W. SPRING ST NEW ALBANY, IN 47150 Person in Charge ALEX ENDACOTT Responsible Person's Email							Telephone Number t 812-945-2771 wn 812-945-2771 Purpose X Routine Follow-up Complaint Pre-Operational Temporary	Date of Inspection 03/26/2024 Follow Up	ID# Released 04/05/2024
JOSE.RICO@GHS-HOTELS.COM Certified Food Handler							HACCPOther (list)	1 _ 2 <u>X</u> 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			
217 291 294	X	××	×	Observed biofili Observed expire Observed sanitiz	d test strips	ce machine.		2 WEEK 10 DAY 10 DAY	S
Summary of Violations C 1 NC 2 R 2								3	
Received by (name and title printed): JOSE RICO							Inspected by (name and title printed): John Klem EHS		
Received by (signature):							Inspected by (signature):		
cc:					cc:			cc:	