Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
KROGER #396	Est 812-948-2817	04/03/2024	
Address 200 NEW ALBANY PLAZA, NEW ALBANY IN 47150	Own 502-423-4800		

Owner	Purpose	Follow Up	Released
KROGER LIMITED PARTNERSHIP 1	X Routine		04/03/2024
Owner's Address P.O. BOX 305103 NASHVILLE, TN 37230-5103	___Follow-up		
Person in Charge COURTNEY BENNINGFIELD	___Complaint		
Responsible Person's Email ROBERT.SAMPLE@STORES.KROGER.COM	___Pre-Operational		
Certified Food Handler ROBERT SAMPLE	___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
294	X			Observed the sanitizer in the bakery and the deli at 0ppm.	CORRECT
324	X			Observed a non-functional sink in the men's bathroom.	3 WEEKS
107		X		Observed an expired permit on public display.	10 DAYS
297		X		Observed molded food debris on the bottom tray of the yogurt cooler.	CORRECTED
431		X		Observed spilt pet food under the shelving in the pet food aisle.	10 DAYS
218		X	X	Observed a puddle spreading out from under the yogurt cooler. Observed torn gaskets and ice buildup in display freezers #4491536, #4491532, #4491531, #4491506. Observed the raw chicken walk-in cooler door unable to fully close.	3 WEEKS

Summary of Violations C 2 NC 4 R 1 6

Received by (name and title printed):	Inspected by (name and title printed):
ROBERT SAMPLE	John Klem EHS
Received by (signature):	Inspected by (signature): John Klem

cc:	cc:	cc: