Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
MARK ELROD TOWERS	Est 812-948-8330	07/01/2024	
Address 1 WOLFE TRACE, NEW ALBANY IN 47150	Own		

Owner	Purpose	Follow Up	Released
LIFE SPAN RESOURCES	___Routine		
Owner's Address PO BOX 995 NEW ALBANY, IN 47150	___Follow-up		
Person in Charge JAMIE FRIED	___Complaint		
Responsible Person's Email RLUDOLPH@LSR14.ORG	X Pre-Operational		
Certified Food Handler N/A	___Temporary	**Menu Type**	
	___HACCP	1 X 2 __ 3 __ 4 __ 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 no method of sanitizing utensils. Establisment was using a residential type dish machine. Establishment plans to use a chlorine sanitizer in a 3 comparment set-up moving forward. Test strips should be used to check the strength of the sanitzer solution.	1 day
256		X		Observed a probe thermometer being used instead of an ambient air thermometer in the refrigerartor, I recommend using a dial type, ambient air thermometer.	4 days

Summary of Violations C 1 NC 1 R 0 2

Received by (name and title printed):	Inspected by (name and title printed):
JAMIE FRIED	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: