## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name MICKEY'S LLC  Address 624 VINCENNES ST, NEW ALBANY IN 47150						Telephone Number 502-530-9656 502-530-9656	Date of Inspection 12/10/2024	ID#	
Owner  MICKEY BALL  Owner's Address  1915 E. OAK ST NEW ALBANY, IN 47150						Purpose X Routine Follow-up	Follow Up Released 12/10/2024		
Person in Charge MICKEY BALL  Responsible Person's Email MICKEYBALL@GMAIL.COM						Complaint Pre-Operational Temporary HACCP	Menu Type 1 2 _X 3 4 5		
Certified Food Handler MICKEY BALL						Other (list)			
			AND NARRATIVE COLUMN ONS ARE DENOTED IN THE		O IN THE NA	ARRAIVE COLUMN MARKED AS "R"			
Section #	C N	IC R	Narrative To Be Corrected						
438	x		12-1. 3 days exp made in house fi tested for pH an be discarded after	ruit syrups dated past 7 d water activity, they a	prepare days. U re consi	eed tomatos and onions dated is day 1. Observed sever Juless these products are dered a TCS food and showounter.	ral		
Summary of V  Received by (n		C printed)		0 R 0	Ir	nspected by (name and title	printed):		
MICKEY BALL						Thomas Snider CFS			
Received by (signature):						Inspected by (signature):			
cc:				cc:			cc:		