Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment N COMMUNITY : Address 4102 ST JOSEP:	MONTE			NY IN 47150	Telephone Number Est 812-948-1000 Own 812-989-3823	Date of Inspection 03/12/2024	ID#
Owner COMMUNITY I					Purpose X Routine	Follow Up	Released 03/22/2024
Owner's Address 4102 ST JOSEPH RD NEW ALBANY, IN 47150 Person in Charge EMILY ROSS Responsible Person's Email EROSS@SHININGMINDS.COM Certified Food Handler NOT REQUIRED CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Menu Type 1 2 3 4 <u>X</u> 5	
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 X Observed no plug in the dumpster			To Be Corrected 2 WEEKS			
Summary of Vio			C _			1	
Received by (nate EMILY ROSS	me and t	ıtle prii	ited):		Inspected by (name and title printed): John Klem EHS		
Received by (signature):					Inspected by (signature):		
cc:				cc:		ce:	