Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Address | CHRISTIA | | | H - KITCHEN W ALBANY IN 47150 | Telephone Number Est (812)945-8704 Own 812-945-8704 | Date of Inspection 05/21/2024 | ID# | | |
|--|--|---|--------|---|--|-------------------------------------|-----------|--|--|
| Owner NORTHSIDE Owner's Addi 4407 CHARL Person in Cha DIANE RON Responsible P DRONE@M* Certified Food SUSAN RONE | ress ESTOWN rrge IE 'erson's En | ROAD nail | NEV | H W ALBANY, IN 47150- | Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Released 05/21/2024 | | | |
| | | | | AND NARRATIVE COLUMNS MARKED "C" NS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND | IN THE NARRAIVE COLUMN MARKED AS "R" | <u> </u> | | | |
| Section # | C | NC | R | Narrative | | To Be (| Corrected | | |
| 322 294 | X Observed the gas grills did not have safety chains connecting them to the wall. Chain should be shorter than the gas line. X Observed the dish machine not dispensing sanitizer. Dishes should be 2 weeks | | | | | | | | |
| 297 | | ~ | | sanitized in the 3 compartments sink until the machine is repaired or adjusted. | | | | | |
| 110 | | X Observed rust and rusted utensils in the metal drawer under the coffee urns in the kitchen. Clean and disard any utensils if rust cannot be removed. X The health department was not notified of an outdoor cooking addition. An SOP must be submitted for approval. | | | | | | | |
| | | | | | | | | | |
| Summary of Violations C 1 NC 3 R 0 | | | | | | 4 | | | |
| Received by (1 DIANE RON | | tle prir | nted): | | Inspected by (name and title printed): Thomas Snider CFS | | | | |
| Received by (s | signature): | | | | Inspected by (signature): | | | | |
| cc: | | | | cc: | | cc: | | | |