

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> PMC REGIONAL HOSPITAL	<b>Telephone Number</b> Est 812-206-7660 Own (812) 206-7624	<b>Date of Inspection</b> 07/22/2024	<b>ID#</b>
<b>Address</b> 4023 REAS LN, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 08/01/2024
<b>Owner</b> DENNIS MEDLEY (CEO)/ ADMIN		<b>Menu Type</b> 1 _ 2 _ 3 _ 4 <input checked="" type="checkbox"/> 5 _	
<b>Owner's Address</b> 3626 GRANTLINE RD STE 205 NEW ALBANY, IN 47150-			
<b>Person in Charge</b> TRACY RODRIGUEZ			
<b>Responsible Person's Email</b> ROBERT.D.JONES@SCASURGERY.COM			
<b>Certified Food Handler</b> WHITNEY ROBERTS			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				No violations	

**Summary of Violations**      C           NC           R           **0**

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