

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> PASTIMES	<b>Telephone Number</b> Est 812/945-9055 Own 502-641-7117	<b>Date of Inspection</b> 06/12/2024	<b>ID#</b>
<b>Address</b> 424 EAST MARKET STREET, NEW ALBANY IN 47150	<b>Purpose</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 06/24/2024
<b>Owner</b> JOHN NEACE		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
<b>Owner's Address</b> 424 EAST MARKET STREET NEW ALBANY, IN 47150			
<b>Person in Charge</b> JAMIE MORGAN			
<b>Responsible Person's Email</b> JMORGAN@FALLSCITYBEER.COM			
<b>Certified Food Handler</b>			

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
				All violations corrected.	

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

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

cc:	cc:	cc:
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