Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name PASTIMES Address 424 EAST MARKET STREET, NEW ALBANY IN 47150 Owner JOHN NEACE | | | | Telephone Number Est 812/945-9055 Own 502-641-7117 Purpose X Routine | Date of Inspection 09/11/2024 Follow Up | ID# Released 09/22/2024 |
|--|--|---------------|-----|--|--|--------------------------|
| Owner's Address 424 EAST MARKET STREET NEW ALBANY, IN 47150 Person in Charge JAMIE MORGAN Responsible Person's Email JMORGAN@FALLSCITYBEER.COM Certified Food Handler | | | | Follow-upComplaintPre-OperationalTemporaryHACCPOther (list) | Menu Type 1 2 _X 3 4 5 | |
| 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 NARRAIVE 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): JAMIE MORGAN | | | | Inspected by (name and title printed): Thomas Snider CFS | | |
| Received by (signature): | | | | Inspected by (signature): | | |
| cc: | | | cc: | ' | cc: | |