Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name POPEYE'S Address 2170 STATE ST, NEW ALBANY IN 47150							Est	Telephone Number 812-920-0307 901-679-4198	Date of Inspection 06/20/2024	ID#	
Owner								Purpose	Follow Up	Released	
ACE BRANDS IN LLC							_	X Routine	07/20/2024	06/20/2024	
Owner's Address 2509 PLANTSIDE DR LOUISVILLE, KY 40299								Follow-up Complaint			
Person in Charge CYNTHIA OWENS								Pre-Operational			
Responsible Person's Email LACSLOAN04@GMAIL.COM								Temporary HACCP	Menu Type 1 2 3 <u>X</u> 4 5		
Certified Food Handler DORIAN DEXTER VINYETTE WHITE								Other (list)			
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		VIOLATIONS" AND	IN THE NA	ARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative		To Be Corrected					
345	X		Χ					ear sandiwch prep station.	6-20-24		
415	Х			Hand washing sinks are for handwashing only. Retrain staff. Observed 15 gnats in the mop sink area. If any pesticide is used it must be approved for reatil food use. 6-27-24							
392		Χ	Χ	Observed an open lid on the trash dumpster.						CTED	
433		Χ		Observed a wet	mop near t	CORRECTED					
431		Χ		Observed soda s closet near restro	e 6-20-24						
324		Χ		Observed the 3 of		7-4-24					
430		X		Observed worn and missing grout near 3 compartment sink. Observed a gap between the floor tile and the door frame in the doorway entering the kitchen. Areas are collecting water and food debris.							
297		Χ		Observed a black	k film insid	6-20-24					
395		Χ	Χ	Observed an acc Droppings can c	6-27-24						
430											
				AND POSTING			ICY W	ITH STAFF. FCHD RECO	MMENDS PRINTIN	G	
Summary of Violations C 2 NC 8 R 4								10			
Received by (name and title printed): CYNTHIA OWENS								Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Ir	Inspected by (signature):			
cc:					cc:			, , , , , , , , , , , , , , , , , , , ,	cc:		