Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name REVELATION TABERNACLE							Est	Felephone Number 812-920-1214	Date of Inspection	ID#	
Address 602 W. MARKET ST, NEW ALBANY IN 47150							Own (812) 920-1214		05/21/2024		
Owner REVELATION TABERNACLE, INC							Purpose Follow Up Released X Routine 06/04/2024 05/21/2024				
Owner's Address 602 W. MARKET ST NEW ALBANY, IN 47150-								Follow-up			
Person in Charge CHARLENE STOY							-	Complaint Pre-Operational			
Responsible Person's Email CHARLENESTOY17@GMAIL.COM							-	Temporary HACCP	Menu Type 1 2 3 _X	Z 4 _ 5 _	
Certified Food Handler NEWLONNA CARTER								Other (list)			
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 #	С	NC	R	Narrative To Be Corrected							
291		Χ	Χ	Observed no chlorine test strips to test bleach sanitizer. Quat strips were next event							
430		Х	Χ	available but the establishment was using chlorine bleach. Observed water damage in the kitchen sinks cabinet and a gap between the back of the sink and the counter top. Seal gap around sink.							
431		Χ		Observed a dirty puddle in the corner of walking cooler #6. Observed mice dropping on the bottom shelf in the drinks area. Notify Pest 6-4-24							
449	X		X	Control Comparthey should be r	ny and continuermoved and a SHOULD BE	ue treatment. Varea sanitized. DISPOSED C SIDER ADDII	Whe	never droppings are found NTO PLUMBING AND N A SCREEN TO THE MO	i, NOT OUTSIDE TO TI	не	
Summary of Viola			C -	1 NC	R		<u> </u>		4		
Received by (name and title printed): CHARLENE STOY								Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):				
cc:					cc:		<u> </u>	-	cc:		