

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> REVELATION TABERNACLE	<b>Telephone Number</b> Est 812-920-1214 Own (812) 920-1214	<b>Date of Inspection</b> 06/04/2024	<b>ID#</b>
<b>Address</b> 602 W. MARKET ST, NEW ALBANY IN 47150	<b>Purpose</b> <input type="checkbox"/> Routine <input checked="" 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> 06/14/2024
<b>Owner</b> REVELATION TABERNACLE, INC		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
<b>Owner's Address</b> 602 W. MARKET ST NEW ALBANY, IN 47150-			
<b>Person in Charge</b> CHARLENE STOY			
<b>Responsible Person's Email</b> CHARLENESTOY17@GMAIL.COM			
<b>Certified Food Handler</b> NEWLONNA CARTER			

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

cc:	cc:	cc:
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