

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name SCOOPS & SMILES WATER ICE	Telephone Number Est 502-416-6165 Own 502-416-6165	Date of Inspection 05/17/2024	ID#
Address 1222 STATE ST SUITE 1, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input 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)	Follow Up	Released 05/27/2024
Owner ANGELA CHAMBERS		Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Owner's Address 1405 SOUTH ST NEW ALBANY, IN 47150			
Person in Charge ANGELA CHAMBERS			
Responsible Person's Email LEEANGELA1515@GMAIL.COM			
Certified Food Handler			

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
				NO VIOLATIONS	

Summary of Violations C NC R **0**

Received by (name and title printed): ANGELA CHAMBERS	Inspected by (name and title printed): John Klem EHS
Received by (signature):	Inspected by (signature): 
cc:	cc: