Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SLEEPY ROOSTER Address 2204 STATE ST, NEW ALBANY IN 47150							Telephone Number 757-287-2510	Date of Inspection 01/03/2024	ID#	
Owner JUAN SEGOVIANO							Purpose X Routine	Follow Up	Released 01/03/2024	
Owner's Address 3612 KERRY ANN WAY JEFFERSONVILLE, IN 47130							Follow-up Complaint	•		
Person in Charge MAURICIO SEGOVIANO							Pre-Operational	M T		
Responsible Person's Email IGUANAS.JUAN@GMAIL.COM							——Temporary HACCP	Menu Type 1 2 3 _X	4 5	
Certified Food Handler JUAN SEGOVIANO							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 #	C	NC	R	Narrative		To Be Corrected				
294 322	X X		Х	Observed Chlorine concentration in sani-buckets above 400ppm Observed mop sink faucet connected to a chemical dispenser and spray A pressure relief valve is required to protect the AVB incorporated in the faucet.						
285 322		X	X	Observed the fir	nal rinse of the dish m quipment not secured t		nly reached 64F. Il with a safety chain.	3 WEEK 2 WEEK		
Summary of Violations C 2 NC 2 R 3							4			
Received by (name and title printed): JUAN SEGOVIANO							Inspected by (name and title printed): John Klem EHS			
Received by (signature):						Iı	nspected by (signature):	T\ len	~	
cc:					cc:	•		cc:		