Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TACO BELL NO. 020585							Telephone Number	Date of Inspection	ID#	
Address 4018 GRANT LINE ROAD, NEW ALBANY IN 47150							Own (812) 945-9810	04/01/2024		
Owner C & M SMITH RESTAURANT, INC.							Purpose X Routine	Follow Up	Released 04/01/2024	
Owner's Address 5140 CHARLESTOWN ROAD SUITE 4 NEW ALBANY, IN 47150							Follow-up Complaint		-	
Person in Charge DANA SHEPERD							Pre-Operational			
Responsible Person's Email RS020585@TACOBELL.COM							Temporary HACCP	Menu Type 1 2 <u>X</u> 3	4 _ 5 _	
Certified Food Handler DANA SHEPHERD							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		
322	Х		Х	Observed a chemical dispenser hooked up to a mop sink with an 2 WEEKS						
107		X		Observed the pe	rmit in the back o requires the perm	ffice of the	d elevated lines downstream. e store, not on public display. CHD to be displayed in a	10 DAY	S	
Summary of Violations C <u>1</u> NC <u>1</u> R <u>1</u>						<u>1</u>		2		
Received by (name and title printed): DANA SHEPHERD							Inspected by (name and title printed): John Klem EHS			
Received by (signature):							Inspected by (signature):	ture):		
cc:					cc:			cc:		