

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name TACO BELL NO. 020585	Telephone Number Est (812) 949-7084 Own (812) 945-9810	Date of Inspection 11/20/2024	ID#
Address 4018 GRANT LINE ROAD, 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 11/30/2024
Owner C & M SMITH RESTAURANT, INC.		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 5140 CHARLESTOWN ROAD SUITE 4 NEW ALBANY, IN 47150			
Person in Charge DJ SHEPHERD			
Responsible Person's Email RS020585@TACOBELL.COM			
Certified Food Handler DANA SHEPHERD			

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
324		X		Observed a sewer gas odor in the woman's restroom. Observed the chemical dispenser at the mop sink leaking when pressurized.	1 week

Summary of Violations C 0 NC 1 R 0 **1**

Received by (name and title printed): DANA SHEPHERD	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: