

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name TACO BELL NO. 023373	Telephone Number Est (812) 923-1680 Own (812) 945-9810	Date of Inspection 01/30/2024	ID#
Address 900 LAFOLLETTE CENTER NORTH, FLOYDS KNOBS	Purpose <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) FOLLOW-UP TO FIRE	Follow Up	Released 01/30/2024
Owner C & M SMITH RESTAURANTS, INC.		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 5140 CHARLESTOWN RD., STE. 4 NEW ALBANY, IN 47150-			
Person in Charge JUSTIN MORGAN			
Responsible Person's Email RS023373@TACOBELL.COM			
Certified Food Handler JUSTIN MORGAN			

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
				FACILITY DISCARDED ALL AFFECTED FOOD PRODUCT AND SINGLE-SERVICE ARTICLES. FACILITY CLEANED/SANITIZED AFFECTED AREAS. FACILITY MAY RE-OPEN.	

Summary of Violations C NC R **0**

Received by (name and title printed): JUSTIN MORGAN/MANAGER	Inspected by (name and title printed): Dawn Stackhouse ENVIRONMENTAL SUPERVISOR
Received by (signature):	Inspected by (signature): <i>Dawn Stackhouse</i>

cc:	cc:	cc:
-----	-----	-----