## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name TAP-INS  Address 3748 LAWRENCE BANET RD, FLOYD KNOBS IN 47119 | Telephone Number  Est 812-923-9280  Own 812-939-5600 | Date of<br>Inspection<br>12/19/2024 | ID#                    |  |
|--|--|-------------------------------------|------------------------|--|
| Owner J&J GIMMES LLC   | Purpose X Routine                                    | Follow Up<br>01/09/2025             | Released<br>12/19/2024 |  |
| Owner's Address<br>1714 ALLENTOWN RD SELLERSBURG, IN 47172                       | Follow-up Complaint                                  | •                                   |                        |  |
| Person in Charge<br>RYAN KOPP  | Pre-Operational                                      |                                     |                        |  |
| Responsible Person's Email JNRUBBUTTS@GMAIL.COM                                  | Temporary HACCP                                      | Menu Type 1 2 3 _X 4 5              |                        |  |
| Certified Food Handler MARK STRIFLER   | 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 |
|-----------|---|----|---|---|-----------------|
| 256       |   | Χ  |   | Observed no probe thermometer. A probe thermometer is need to check         | 3 days          |
|           |   |    |   | heating and cooling temperatures. Wings should be cooled to 41F in 6        |                 |
|           |   |    |   | hours.  |                 |
| 218       |   | Χ  |   | Observed no caps on the fume hood sprayer nozzles.                          | 1-9-24          |
| 322       |   | Χ  | Χ | Observed no safety chains on the gas appliances under the fumehood.         | 1-9-24          |
| 441       | Χ |    |   | Observed unapproved Dichlorvos pesticide strips (2) in the kitchen and bar. | discarded       |
|           |   |    |   | Consult any pesticide labels before use.                                    |                 |
| 297       |   | Χ  | Χ | Observed biofilm in the top of the ice machine.                             | 3 days          |
| 192       | Χ |    |   | Observed 1 day expired diced onions in the standing cooler. TCS foods,      | discarded       |
|           |   |    |   | including cut produce, should be discarded after 7 days. The day of prep is |                 |
|           |   |    |   | day 1.  |                 |
| 191       |   | Χ  |   | Obeserved no date marks on made-in-house sauces or on simple syrup in       | 1 day           |
|           |   |    |   | the bar. If made-in-house these items cannot be assumed to be shelf stable  |                 |
|           |   |    |   | and not a TCS food.   |                 |
| 324       | Χ |    |   | Observed the hot water turned off to the handwashing sink in the bar. If    | 1 week          |
|           |   |    |   | there is a leak it must be repaired.  |                 |
| 346       |   | Χ  |   | Observed no handsoap in the bar.  | 1 day           |
| 347       |   | Χ  |   | Observed no handtowels in the bar.  | 1 day           |
| 173       | Χ |    |   | Observed raw chicken stored over raw beef in the walk in cooler in the back | corrected       |
|           |   |    |   | storage area.   |                 |
| 118       | X |    |   | Observed the food safety cerificate for the establishment to be a handler's | March 1st. 2025 |
|           |   |    |   | certificate and not a manager's certificate.                                |                 |

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|--|--|--|---|--------------------------|--|
| Owner's Address 1714 ALLENTOWN RD SELLERSBURG, IN 47172  Person in Charge RYAN KOPP  Responsible Person's Email JNRUBBUTTS@GMAIL.COM  Certified Food Handler MARK STRIFLER         | Pre-(<br>Temp<br>HAC                                   | olaint<br>Operational<br>orary M                         | Menu Type 1 2 3 _X 4 5                        |                          |  |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY Section # C NC R Narrative |  | MN MARKED AS "R"   | То Ве Со                                      | rrected                  |  |
|  |  |  |   |                          |  |
| Summary of Violations C <u>5</u> NC <u>7</u>   | R <u>2</u>   | ( 101 :  | 12  |                          |  |
| Received by (name and title printed):  MARK STRIFLER   |  | Inspected by (name and title printed): Thomas Snider CFS |   |                          |  |
| Received by (signature):   |  | Inspected by (signature):                                |   |                          |  |
| ce: ce:  |  | cc   | <b>:</b> :                                    |                          |  |