## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name							Telephone Number	Date of	ID#	
THE EXCHANGE PUB & KITCHEN						Es	t 812-948-6501	Inspection		
<b>Address</b> 118 W MAIN ST, NEW ALBANY IN 47150						Ov	wn 502-338-2960	04/25/2024		
Owner							Purpose	Follow Up	Released	
IAN HALL							X Routine	05/28/2024	04/25/2024	
Owner's Address 4870 SCOTTSVILLE ROAD FLOYDS KNOBS, IN 47119							Follow-up Complaint			
Person in Charge JESSIE JOHNSON & NOKEE BUCAYU							Pre-Operational			
Responsible Person's Email							Temporary	Menu Type		
CHEFNOKEE@BRANDHG.COM							HACCP	1 _ 2 _ 3 _	4 <u>X</u> 5 _	
Certified Food Handler CHARLES BENSON HANNAH DAVIS							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				
334	Х		Х	Observed an atmospheric vacuum breaker on a mop sink, installed with 10 DAYS						
177		Χ	X	downstream valves and elevated lines.  Observed food stored on the floor of the walk-in. Observed uncovered food  10 DAYS on the line.						
218		Χ	X	Observed ice build-up in the walk in freezer. Observed gaps in hood grease  3 WEEKS filters. Observed missing handles on sliding lids of bar cooler.						
284		Х			emical dishwasher was	3 WEEKS				
352		Χ	Χ		e employee bathroom	2 WEEKS				
383		Χ	Χ	Observed outdo	or grease bin on bare so	10 DAY	10 DAYS			
411		Χ	Χ	Observed the lig	thting in the catering pr	2 WEEKS 2 WEEKS				
430		Χ	Х	Observed a hole	in the floor next to the					
C 677	1.4		<u></u>	4 NG	- D -			8		
Summary of Violations C 1 NC 7 R 7										
Received by (name and title printed):							Inspected by (name and title printed):  John Klem EHS			
JESSIE JOHNSON										
Received by (signature):							Inspected by (signature):			
cc:					cc:	+		cc:		