

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name THE GEORGETOWN BAKERY	Telephone Number Est 812-399-1233 Own 615-948-6164	Date of Inspection 07/15/2024	ID#
Address 1116 COPPERFIELD DR, GEORGETOWN IN 47122			
Owner WADE SIMON	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
Owner's Address 1116 COPPERFIELD DR GEORGETOWN, IN 47122		Menu Type 1 __ 2 __ 3 <input checked="" type="checkbox"/> 4 __ 5 __	
Person in Charge JEFF/ APRIL EDWARDS			
Responsible Person's Email WAYFARER27@GMAIL.COM			
Certified Food Handler CHRISTINA SPRINGER NICHOLAS HINER			

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
291		X		Observed no quat strips.	7-24-24
347		X		Observed no handtowels at the handsink near the donut belt in bakery kitchen.	corrected
411		X		Observed 3 light bulbs out in the light fixture over the donut belt in the bakery kitchen.	7-24-24
334	X			In the bakery kitchen, observed a chemical dispenser hooked up to a mop sink faucet that was left on. The backflow valve on the faucet is not designed for constant pressure. Turn off faucet and release pressure after each use or install a bleeder valve.	Corrected
324		X		Observed wastewater leaking from the 3 compartment sink and in cabinet under handwashing sink in the server's area.	7-30-24
415	X			Observed at least 7 gnats near the mop sink in the kitchen.	7-24-24
433		X		Observed a wet mop not hung to dry.	today
297		X		Observed the mounted can opener in need of cleaning.	corrected

Summary of Violations	C <u> 2 </u>	NC <u> 6 </u>	R <u> 0 </u>	8
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Received by (name and title printed):	Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: