

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726


Establishment Name THE SLICE	Telephone Number Est Own	Date of Inspection 12/16/2024	ID#
Address 1027 N. LUTHER RD, GEORGETOWN IN			
Owner	Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 12/26/2024
Owner's Address		Menu Type 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge MICHEAL WREGE			
Responsible Person's Email MICHAEL@THESLICEINDIANA.COM			
Certified Food Handler			

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 the chlorine test strips had gotten wet. Replace.	1 week.
411		X		Measured the light intensity in the back of the walkin cooler at <1 ftc. It should be at least 20 ftc in this area.	1 week
256		X		Observed no probe thermometer. Person in charge (PIC) stated one had been ordered.	1 week
393		X		Observed no plug in the outdoor dumpster.	1 week

NOTES: CONSIDER INSTALLING MOP HOOK OVER THE MOP SINK. MONITOR THE DRAIN PIPE ON THE 3-COMPARTMENT SINK FOR LEAKS.

Summary of Violations C 0 NC 4 R 0 **4**

Received by (name and title printed): MICHEAL WREGE	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: