Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name WAFFLE HOUSE #2122 Address 3018 ST. JOSEPH RD, NEW ALBANY IN 47150							Telephone Number 812 944 8499 770-729-5742	Date of Inspection 08/01/2024	ID#	
Owner MIDWEST WAFFLES Owner's Address P.O. BOX 6450 NORCROSS, GA 30091							Purpose X Routine Follow-up Complaint	Follow Up Released 08/11/2024		
Person in Charge JAMOYIA TAYLOR Responsible Person's Email QUINYERA@YAHOO.COM Certified Food Handler JAMOYIA TAYOR							Pre-Operational Temporary HACCP Other (list)	Menu Type 1 2 3 <u>X</u> 4 5		
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		ID IN THE NA	ARRAIVE COLUMN MARKED AS "R"			
295 324 351 433	C	X X X X	X	Clean spill. Observed leak in Observed wome Switch out lid to	n cabinet under soda fo n's restroom trashcan o trashcan.	ountain. (did not h	ntaining eggs. Correction: Correction: Repair leak. nave a proper lid. Correction: Hang or invert mop to dry	Today 2 weeks on: Today	orrected	
Summary of V			C -		<u>4</u> R <u>1</u>	In	nspected by (name and title	toprinted):		
Received by (name and title printed): JAMOYIA TAYLOR							Carrie Fischer EHS			
Received by (signature):						In	Inspected by (signature):			
cc:					cc:			cc:		