

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WAFFLE HOUSE #349	Telephone Number Est 812-944-3141 Own 770-729-5700	Date of Inspection 05/06/2024	ID#
Address 325 WEST SPRING STREET, NEW ALBANY IN 47150	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 05/16/2024
Owner MIDWEST WAFFLES		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
Owner's Address P.O. BOX 6450 NORCROSS, GA 30091-			
Person in Charge MALENA LOWE			
Responsible Person's Email APRILSUMMERS@WAFFLEHOUSE.COM			
Certified Food Handler APRIL SUMMERS			

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
				No Violations	

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

Received by (name and title printed): APRIL SUMMERS	Inspected by (name and title printed): Carrie Fischer EHS
Received by (signature):	Inspected by (signature): 

cc:	cc:	cc:
-----	-----	-----