Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name WILD EGGS						Est	Telephone Number 812-850-9453	Date of Inspection	ID#	
Address 223 W. 5TH ST, NEW ALBANY IN 47150						Own	502-409-7848	05/06/2024		
Owner WILD EGGS OPERATIONS, LLC							Purpose X Routine	Follow Up	Released 05/06/2024	
Owner's Address 1211 HERR LN STE 290 LOUISVILLE, KY 40222							Follow-up			
Person in Charge DEMOND SULLIVAN							ComplaintPre-Operational			
Responsible Person's Email ANDY@WILDEGGS.COM							TemporaryHACCP	Menu Type 1 2 3	4 <u>X</u> 5 _	
Certified Food Handler ANGELICA WEIN							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 #	С	NC	R	Narrative			To Be Corrected			
218	X	X	X	up to a mop sink off below a vacu constant pressur own source of w Observed ice bu	t below a vacuum br num breaker. The va e. It is recommended vater or a bleeder val	reaker. It is cuum breal d that the class to be instant freezer d	chemical dispenser hooked not allowed to have a shut ker is not designed to have hemical dispenser have its alled. Oor. Observed temperature			
Summary of Viol	ations		С_	1 NC	<u>1</u> R <u>1</u>	-		2		
Received by (name and title printed): ANDY ABBAJAY							Inspected by (name and title printed): Carrie Fischer EHS			
Received by (signature):						Ir	Inspected by (signature):			
cc:					cc:			cc:		