

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name YES, PLEASE LLC	Telephone Number Est 812-697-3200 Own 812-697-3200	Date of Inspection 05/02/2024	ID#
Address 800 E. 8TH ST, 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 05/12/2024
Owner CHRISTY BOONE		Menu Type 1 _ 2 _ 3 _ 4 <input checked="" type="checkbox"/> 5 _	
Owner's Address 2399 TWO MILE LN NEW ALBANY, IN 47150			
Person in Charge CHRISTY BOONE			
Responsible Person's Email 73CLBOONE@GMAIL.COM			
Certified Food Handler CHRISTY BOONE			

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
				OBSERVED PREP SINK WITH A DIRECT CONNECTION. THIS WAS APPROVED BY FCHD PREVIOUSLY. PIC WAS ADVISED TO SANITIZE THE SINK BEFORE EACH USE.	

Summary of Violations C NC R **0**

Received by (name and title printed): CHRISTY BOONE	Inspected by (name and title printed): John Klem EHS
Received by (signature):	Inspected by (signature): 
cc:	cc: