



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 57480 (7/24)  
**FLOYD COUNTY HEALTH DEPARTMENT**

Release Date

9/6/2025

Date 8/23/2025

No. of Risk Factor/Intervention Violations

2

Time In 19:33

No. of Repeat Risk Factor/Intervention Violations

0

Time Out 19:54

Establishment GEORGETOWN DRIVE-IN THEATER	Address 8200 STATE ROAD 64	City/State GEORGETOWN, IN	Zip Code 47122	Telephone 812-951-2616
License/Permit # 11117 - Retail Food License	Permit Holder GEORGETOWN DRIVE-IN THEATER	Purpose of Inspection Routine	Est. Type	Risk Category Risk Level 2 (Low)

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R  
COS = corrected on-site during inspection R = repeat violation

Compliance Status			COS	R	Compliance Status	COS	R			
<b>Supervision</b>										
1	IN	Person-in-charge present, demonstrates knowledge, and performs duties			17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food			
2	IN	Certified Food Protection Manager			<b>Time/Temperature Control for Safety</b>					
3	IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting			18	IN	Proper cooking time & temperatures			
4	IN	Proper use of restriction and exclusion			19	N/O	Proper reheating procedures for hot holding			
5	IN	Procedures for responding to vomiting and diarrheal events			20	N/O	Proper cooling time and temperature			
<b>Employee Health</b>										
6	IN	Proper eating, tasting, drinking, or tobacco products use			21	IN	Proper hot holding temperatures			
7	IN	No discharge from eyes, nose, and mouth			22	OUT	Proper cold holding temperatures	X		
<b>Good Hygienic Practices</b>										
8	IN	Hands clean & properly washed			23	IN	Proper date marking and disposition			
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			24	N/O	Time as a Public Health Control; procedures & records			
10	IN	Adequate handwashing sinks properly supplied and accessible			<b>Consumer Advisory</b>					
<b>Preventing Contamination by Hands</b>										
11	IN	Food obtained from approved source			25	N/A	Consumer advisory provided for raw/undercooked food			
12	N/O	Food received at proper temperature			<b>Highly Susceptible Populations</b>					
13	IN	Food in good condition, safe, & unadulterated			26	N/A	Pasteurized foods used; prohibited foods not offered			
14	N/A	Required records available: molluscan shellfish identification, parasite destruction			<b>Food/Color Additives and Toxic Substances</b>					
<b>Approved Source</b>										
15	IN	Food separated and protected			27	N/A	Food additives: approved & properly used			
16	IN	Food-contact surfaces; cleaned & sanitized			28	IN	Toxic substances properly identified, stored, & used			
<b>Protection from Contamination</b>										
29	N/A	Compliance with variance/specialized process/HACCP			<b>Conformance with Approved Procedures</b>					

**Risk factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

Public health interventions are control measures to prevent foodborne illness or injury.

**RETAIL FOOD ESTABLISHMENT INSPECTION REPORT**

State Form 57480 (7/24)

**FLOYD COUNTY HEALTH DEPARTMENT****License/Permit #**

11117 - Retail Food License

**Date** 8/23/2025**Establishment**

GEORGETOWN DRIVE-IN THEATER

**Address**

8200 STATE ROAD 64

**City/State**

GEORGETOWN, IN

**Zip Code**

47122

**Telephone**

812-951-2616

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

**COS** = corrected on-site during inspection**R** = repeat violation

<b>Compliance Status</b>			<b>COS</b>	<b>R</b>
<b>Safe Food and Water</b>				
30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36		Thermometers provided & accurate		
<b>Food Identification</b>				
37		Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

<b>Compliance Status</b>			<b>COS</b>	<b>R</b>
<b>Proper Use of Utensils</b>				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		Gloves used properly		
<b>Utensils, Equipment and Vending</b>				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49	X	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

**OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT**

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

**IN** = in compliance**OUT** = not in compliance**N/A** = not applicable**COS** = corrected on-site during inspection**R** = repeat violation

<b>Compliance Status</b>			<b>COS</b>	<b>R</b>
57	N/A	Outdoor Food Operation		

<b>Compliance Status</b>			<b>COS</b>	<b>R</b>
58	N/A	Mobile Retail Food Establishment		

Karen Powell

**Person In Charge (Signature)**

Date: 8/26/2025

Carrie Fischer, Environmentalist  
**Inspector (Signature)**

Follow-up: NO Follow-up Date:

**RETAIL FOOD ESTABLISHMENT INSPECTION REPORT**

State Form 57480 (7/24)

FLOYD COUNTY HEALTH DEPARTMENT

**License/Permit #**

11117 - Retail Food License

**Date** 8/23/2025

<b>Establishment</b> GEORGETOWN DRIVE-IN THEATER	<b>Address</b> 8200 STATE ROAD 64	<b>City/State</b> GEORGETOWN, IN	<b>Zip Code</b> 47122	<b>Telephone</b> 812-951-2616
---	--------------------------------------	-------------------------------------	--------------------------	----------------------------------

**OBSERVATIONS AND CORRECTIVE ACTIONS**

<b>Item Number</b>	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	<b>Complete by:</b>
22	Observed refrigerator temperature at 42F and observed cheese in the unit at 44F. Person in charge (PIC) moved cheese to freezer.	
49	Observed hood over grill with build-up of grease.	9/9/2025

**Published Comment**

Karen Powell

**Person In Charge (Signature)****Date:** 8/26/2025Carrie Fischer, Environmentalist  
**Inspector (Signature)****Date:** 8/26/2025