


# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

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<b>Establishment Name</b> HOBART BEACH V.F.W. POST 1693		<b>Telephone Number</b> Est 812-944-1379 Own 502-664-0615		<b>Date of Inspection</b> 03/25/2025	<b>ID#</b>
<b>Address</b> 1919 GRANT LINE ROAD, NEW ALBANY IN 47150		<b>Purpose</b> <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)		<b>Follow Up</b>	<b>Released</b> 03/25/2025
<b>Owner</b> HOBART BEACH VFW POST 1693, INC				<b>Menu Type</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Owner's Address</b> 2211 E. ELM STREET NEW ALBANY, IN 47150-					
<b>Person in Charge</b> JIM DEXTER					
<b>Responsible Person's Email</b> TANKDEX@HOTMAIL.COM					
<b>Certified Food Handler</b> DELIA BROWN					
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"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
295		X		Observed dried food debris on the can opener in the upstairs kitchen.	before used
392		X	X	Observed the side doors of the dumpster open.	today
441	X		X	Observed an unapproved pesticide, dichlorvos strip, hanging in the bar under the 3 compartment sink.	corrected
291		X	X	Observed no quat test strips. PIC stated they may have been left in their event vehicle.	4 days
431		X		Observed grease on the floor beside the fryer in the upstairs kitchen and a spill on the floor at the corner of the refrigerator.	3 days
<b>Summary of Violations</b> C <u>  1  </u> NC <u>  4  </u> R <u>  3  </u> <b>5</b>					
Received by (name and title printed): JIM DEXTER			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): 		
cc:		cc:		cc:	