



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name HONEYCOMB KITCHEN	Telephone Number 502-797-2677	Date of Inspection (mm/dd/yr) 5/7/25	PERMIT # 25-408
Establishment Address (number and street, city, state, zip code) 1930 MCDONALD LN. NEW ALBANY, IN 47150			
Owner HONEYCOMB KITCHEN LLC	Purpose: <input type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input checked="" type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) _____	Follow-up No	Release Date 5/17/25
Owner's Address 5418 HAWTHORN GLEN Charlestown, IN 47111	Summary of Violations: 0 0 CORE 2		
Person in Charge Whitney Wyatt			
Responsible Person's E-mail HONEYCOMBKITCHENLLC@GMAIL.COM	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Manager NEEDED BY AUG. 1ST, 2025			

- PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “P”
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE “SUMMARY OF VIOLATIONS” AND IN THE NARRATIVE BELOW AS “R”

Received by (name and title printed): Whitney Wyatt	Inspected by (name and title printed): Thomas Snider, Chief Food Specialist	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: