



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

Release Date

9/14/2025

Date 9/3/2025

No. of Risk Factor/Intervention Violations

1

Time In 08:15

No. of Repeat Risk Factor/Intervention Violations

0

Time Out 08:31

| | | | | |
|---|---------------------------------|------------------------------------|-------------------|--------------------------------------|
| Establishment KROGER #396 | Address 200 NEW ALBANY PLAZA | City/State NEW ALBANY, IN | Zip Code 47150 | Telephone 812-948-2817 |
| License/Permit # 11163 - Retail Food License | Permit Holder KROGER #396 | Purpose of Inspection Complaint | Est. Type | Risk Category Risk Level 4 (High) |

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 |
|--|-----|---|-----|---|--|-----|--|
| Supervision | | | | | | | |
| 1 | IN | Person-in-charge present, demonstrates knowledge, and performs duties | | | 17 | IN | Proper disposition of returned, previously served, reconditioned & unsafe food |
| Employee Health | | | | | | | |
| 3 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | 18 | N/O | 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 |
| Good Hygienic Practices | | | | | | | |
| 6 | N/O | Proper eating, tasting, drinking, or tobacco products use | | | 21 | N/O | Proper hot holding temperatures |
| 7 | IN | No discharge from eyes, nose, and mouth | | | 22 | N/O | Proper cold holding temperatures |
| Preventing Contamination by Hands | | | | | | | |
| 8 | IN | Hands clean & properly washed | | | 23 | N/O | 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 | | | Consumer Advisory | | |
| Approved Source | | | | | | | |
| 11 | IN | Food obtained from approved source | | | 25 | N/O | Consumer advisory provided for raw/undercooked food |
| 12 | IN | Food received at proper temperature | | | Highly Susceptible Populations | | |
| 13 | IN | Food in good condition, safe, & unadulterated | | | 26 | N/O | Pasteurized foods used; prohibited foods not offered |
| 14 | N/O | Required records available: molluscan shellfish identification, parasite destruction | | | Food/Color Additives and Toxic Substances | | |
| Protection from Contamination | | | | | | | |
| 15 | IN | Food separated and protected | | | 27 | N/O | Food additives: approved & properly used |
| 16 | IN | Food-contact surfaces; cleaned & sanitized | | | 28 | N/O | Toxic substances properly identified, stored, & used |

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**

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

11163 - Retail Food License

Date

9/3/2025

Establishment

KROGER #396

Address

200 NEW ALBANY PLAZA

City/State

NEW ALBANY, IN

Zip Code

47150

Telephone

812-948-2817

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

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R = repeat violation

| Compliance Status | | | COS | R |
|---|--|---|------------|----------|
| Safe Food and Water | | | | |
| 30 | | Pasteurized eggs used where required | | |
| 31 | | Water & ice from approved source | | |
| 32 | | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | | |
| 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 | | |
| Food Identification | | | | |
| 37 | | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | | |
| 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 | | |

| Compliance Status | | | COS | R |
|--|---|--|------------|----------|
| Proper Use of Utensils | | | | |
| 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 | | |
| Utensils, Equipment and Vending | | | | |
| 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | | Non-food contact surfaces clean | | |
| Physical Facilities | | | | |
| 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 | X | 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

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N/A = not applicable

COS = corrected on-site during inspection

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| Compliance Status | | | COS | R |
|--------------------------|----|------------------------|------------|----------|
| 57 | IN | Outdoor Food Operation | | |

| Compliance Status | | | COS | R |
|--------------------------|----|----------------------------------|------------|----------|
| 58 | IN | Mobile Retail Food Establishment | | |

Greg Sears

Person In Charge (Signature)

Date: 9/3/2025

Thomas Snider, Chief Food

Specialist

Inspector (Signature)

Follow-up: NO Follow-up Date:

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OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | 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. | Complete by Date: |
|--------------------|---|--------------------------|
| 55 | Observed unpackaged granola and pet food on their shelves in the store area. | 9/3/2025 |

Published Comment FCHD received a complaint regarding mice in the granola aisle. During the complaint inspection unpackaged granola was observed on the shelving but no evidence or rodents was observed.

Greg Sears

Person In Charge (Signature)**Date:** 9/3/2025

Thomas Snider, Chief Food

Specialist

Inspector (Signature)**Date:** 9/3/2025