



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 57480 (7/24)

**FLOYD COUNTY HEALTH DEPARTMENT**

Release Date

11/15/2025

Date

11/4/2025

No. of Risk Factor/Intervention Violations

0

Time In

12:10

No. of Repeat Risk Factor/Intervention Violations

0

Time Out

12:25

<b>Establishment</b> OUTCAST FISH AND OYSTER BAR	<b>Address</b> 207 E. MAIN ST	<b>City/State</b> NEW ALBANY, IN	<b>Zip Code</b> 47150	<b>Telephone</b> UNKNOWN
<b>License/Permit #</b> 11344 - Retail Food License	<b>Permit Holder</b> OUTCAST FISH AND OYSTER BAR	<b>Purpose of Inspection</b> Complaint	<b>Est. Type</b>	<b>Risk Category</b> 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

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

IN = in compliance

OUT = not in compliance

N/O = not observed

N/A = not applicable

COS = corrected on-site during inspection

R = repeat violation

Compliance Status			COS	R
<b>Supervision</b>				
1	IN	Person-in-charge present, demonstrates knowledge, and performs duties		
2	IN	Certified Food Protection Manager		
<b>Employee Health</b>				
3	IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	N/O	Proper use of restriction and exclusion		
5	N/O	Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>				
6	N/O	Proper eating, tasting, drinking, or tobacco products use		
7	N/O	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
8	N/O	Hands clean & properly washed		
9	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN	Adequate handwashing sinks properly supplied and accessible		
<b>Approved Source</b>				
11	IN	Food obtained from approved source		
12	N/O	Food received at proper temperature		
13	IN	Food in good condition, safe, & unadulterated		
14	IN	Required records available: molluscan shellfish identification, parasite destruction		
<b>Protection from Contamination</b>				
15	IN	Food separated and protected		
16	N/O	Food-contact surfaces; cleaned & sanitized		

Compliance Status			COS	R
17	N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
<b>Time/Temperature Control for Safety</b>				
18	N/O	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	N/O	Proper hot holding temperatures		
22	N/O	Proper cold holding temperatures		
23	N/O	Proper date marking and disposition		
24	N/O	Time as a Public Health Control; procedures & records		
<b>Consumer Advisory</b>				
25	IN	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>				
26	N/O	Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>				
27		Food additives: approved & properly used		
28	IN	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>				
29	N/O	Compliance with variance/specialized process/HACCP		

**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.



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FLOYD COUNTY HEALTH DEPARTMENT

License/Permit #

11344 - Retail Food License

Date 11/4/2025

<b>Establishment</b>	<b>Address</b>	<b>City/State</b>	<b>Zip Code</b>	<b>Telephone</b>
OUTCAST FISH AND OYSTER BAR	207 E. MAIN ST	NEW ALBANY, IN	47150	UNKNOWN

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

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		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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Compliance Status			COS	R
57	N/O	Outdoor Food Operation		

Compliance Status			COS	R
58	N/O	Mobile Retail Food Establishment		

Bryce Montesa

Person In Charge (Signature)

Date: 11/4/2025

Thomas Snider, Chief Food  
Specialist

Inspector (Signature)

*Thomas Snider*

Follow-up: NO Follow-up Date:

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**Date** 11/4/2025**Establishment**

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207 E. MAIN ST

**City/State**

NEW ALBANY, IN

**Zip Code**

47150

**Telephone**

UNKNOWN

**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Shellfish - Walk-In Freezer	37 F	Other - Cold Holding	34 F	-	

**Published Comment** FCHD received a complaint from the Indiana Department of Health which stated a person became ill shortly after eating at this establishment. The lab confirmed pathogen was identified as vibrio, a bacteria normally associated with raw seafood. During the complaint inspection of the establishment no violations were observed regarding improper handling, storage, or cross contamination of raw oysters.

Bryce Montesa

**Person In Charge (Signature)****Date:** 11/4/2025Thomas Snider, Chief Food  
Specialist**Inspector (Signature)****Date:** 11/4/2025