

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name WACKY NACHOS	Telephone Number Est Own 502-821-4578	Date of Inspection 02/21/2025	ID#
Address 2736 CHARLESTOWN RD, NEW ALBANY IN 47150			
Owner CHARLES HURT	Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 03/03/2025
Owner's Address 2736 CHARLESTOWN RD NEW ALBANY, IN 47150			
Person in Charge CHARLES HURT			
Responsible Person's Email CHARLESHURT22@GMAIL.COM	Menu Type 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
NO VIOLATIONS. THIS ESTABLISHMENT PLANS TO OPERATE WITH A VENTLESS FUME HOOD SYSTEM FOR ITS FLAT TOP GRILL AND FRYER. THIS SYSTEM IS APPROVED ON THE CONDITION IT PREVENTS THE ACCUMULATION OF GREASE ON THE WALLS AND CEILING.					

Summary of Violations	C <input type="checkbox"/>	NC <input type="checkbox"/>	R <input type="checkbox"/>	0
Received by (name and title printed):	Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):	Inspected by (signature): 			
cc:	cc:	cc:	cc:	cc: