


Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WAFFLE HOUSE #2122	Telephone Number Est 812 944 8499 Own 770-729-5742	Date of Inspection 03/21/2025	ID#
Address 3018 ST. JOSEPH RD, NEW ALBANY IN 47150			
Owner MIDWEST WAFFLES	Purpose <u> </u> Routine <u> X </u> Follow-up <u> </u> Complaint <u> </u> Pre-Operational <u> </u> Temporary <u> </u> HACCP <u> </u> Other (list)	Follow Up	Released 03/31/2025
Owner's Address P.O. BOX 6450 NORCROSS, GA 30091		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
Person in Charge ANDREW TERWILLIGER			
Responsible Person's Email AJT.SBC@GMAIL.COM			
Certified Food Handler JAMOYIA TAYOR			

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"

Section #	C	NC	R	Narrative	To Be Corrected
				All violations corrected	

Summary of Violations C <u> </u> NC <u> </u> R <u> </u> 0		
Received by (name and title printed): ANDREW TERWILLIGER		Inspected by (name and title printed): Carrie Fischer EHS
Received by (signature):		Inspected by (signature): 
cc:	cc:	cc: