



Retail Food Establishment Inspection Report

Floyd County Health Department
 Telephone: 812-948-4726
 X 678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 New Albany High School	Telephone Number 812-542-8516	Date of Inspection (mm/dd/yr) 2-14-20	PERMIT # 19-212
Establishment Address (number and street, city, state, zip code) 1020 Vincennes St New Albany IN 47150	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 days
Owner NAFCS		Summary of Violations: C \emptyset NC <u>2</u> R <u>1</u>	
Owner's Address 2801 Grantline Rd		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <input checked="" type="checkbox"/> 4 <u> </u> 5 <u> </u>	
Person in Charge Leah Early			
Responsible Person's E-mail			
Certified Food Manager Leah Early 6-13-20⁴			

- 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 BELOW AS "R"

Section#	C/N/C	R	Narrative	To Be Corrected By
218	NC		Observed Booster heater at warewash machine not working properly, not reaching 165°F - dishes are being chemically sanitized with sprayer or 3-Comp sink	1 week
416	NC	R	Observed dried mice droppings in access panel under sink at line 2.	today corrected

Received by (name and title printed): Leah A. Early Manager	Inspected by (name and title printed): Thomas Snider, EHS
Received by (signature): <i>Leah A. Early</i> Manager	Inspected by (signature): <i>Thomas Snider</i>
cc:	cc: