



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X678

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 <i>Adrienne's & Company Donuts & Desserts</i>	Telephone Number <i>(812) 948-2011</i> <small>() Establishment () Owner</small>	Date of Inspection <i>1-9-19</i> <small>(mm/dd/yr)</small>	ID # <i>18-05</i>
Establishment Address (number and street, city, state, zip code) <i>5401 US 150 Floyd's Knobs, IN 47119</i>	Owner <i>Bernie Pasquantino</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input checked="" type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>Yes</i> Release Date <i>Today</i>
Owner's Address <i>129 W. Court Ave Jeffersonville, IN 47130</i>	Person in Charge <i>Tammy Lynch</i>	Summary of Violations: <i>C 1 NC 5 R 6</i>	
Responsible Person's E-mail	Certified Food Handler <i>Myra Martino 2-2-19</i>	Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	

• 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/NC	R	Narrative	To Be Corrected By
270	NC	R	Observed no sanitizer in establishment.	Today
118	C	R	Observed sanitizer not being used to wash dishes in 3-comp sink.	Today
291	NC	R	Observed no sanitizer test strips	2 days
324	NC	R	Observed 3-comp sink with steady drip.	2 weeks
430	NC	R	Observed mold growth on hvac & adjacent wall & pipes. - Clean or remove if it cannot be cleaned.	2 weeks
			- Observed no employee roster showing proof of food training. see 11-21-18 report.	2 weeks (After CFH gets recertified)
411	NC	R	Observed no lighting in storage room on east side of building.	
413	NC	R	Observed door gap on "IN" door. - Invoice for 2nd Follow-up will be mailed & must be paid before follow-up in 2 weeks.	

Received by (name and title printed): <i>Cashier</i>	Inspected by (name and title printed): <i>Thomas Sinden, EHS</i>
Received by (signature): <i>Tammy Lynch</i>	Inspected by (signature): <i>Thomas Sinden</i>
cc:	cc:

- CFH Certificate expires in 1 mo. -