



Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726

X0600

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 <b>Adrienne &amp; Co. Darts and Desserts</b>	Telephone Number <b>812 923 0011</b>	Date of Inspection (mm/dd/yr) <b>7/17/2019</b>	PERMIT # <b>19-05</b>
Establishment Address (number and street, city, state, zip code). <b>5401 US 150 Floyd Knobs, IN 47119</b>	<b>812 786 6190</b>	Follow-up <b>NO</b>	Release Date <b>TODAY</b>
Owner <b>Barbara Pasquantino</b>	Purpose: <b>Routine</b>	Summary of Violations: <b>C 1 NC 8 R 2</b>	
Owner's Address <b>129 W. Court Ave Jeffersonville, IN 47130</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Person in Charge <b>Tammy Lynch</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Manager <b>Myra Martino (2/6/24)</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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
438	C		Observed spray bottle without common name label	Corrected
174	NC		Observed bulk bins lacking common name labels	Corrected
250	NC		Observed walk-in without visible thermometer	Corrected
340	NC		Observed no hand soap available at ice cream handsink	Corrected
347	NC		Observed no hand towels available at hand sinks	Corrected
410	NC		Observed light shield missing from BOH decorating station	2 weeks
245	NC		Observed sanitizer rags outside of solution/allowed to dry	Corrected
410	NC		Observed dead bugs in BOH light shields	2 weeks
430	NC		Observed lights out over decorating station	2 weeks
			Observed moldy ceiling tile in office	2 weeks
			With the addition of ice cream, establishment is a menu type 2 instead of type 1 and therefore must pay the permit fee difference.	
			FCHD will issue invoice for Menu type 2.	

Received by (name and title printed): <b>Tammy Lynch</b>	Inspected by (name and title printed): <b>A.J. Ingram (EHS)</b>
Received by (signature): <i>Tammy Lynch</i>	Inspected by (signature): <i>AJ</i>
cc:	cc: