



Retail Food Establishment Inspection Report

Floyd County Health Department
 Telephone: 812-948-4726


X660

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 Couvert	Telephone Number 812 301 2191	Date of Inspection (mm/dd/yr) 2/27/20	PERMIT # 19-69
Establishment Address (number and street, city, state, zip code) 7121 HWY 150 Floyd Knobs, IN 47150		Follow-up No	Release Date 10 days
Owner Christopher Kronbach	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) _____	Summary of Violations: C 0 NC 5 R 1	
Owner's Address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in Charge Chris Kronbach			
Responsible Person's E-mail			
Certified Food Manager Chris Kronbach (3/17/21)			

- 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
245	NC		Observed wiping rags outside of sanitizer buckets/allowed to dry	Today
256	NC		Observed no cooler thermometer at small prep cooler	1 week
304	NC	R	Observed bar glasses being wet stacked	Retrain staff
346	NC		Observed no hand soap at prep hand sink	Today
347	NC		Observed no hand towels at prep hand sink	Today

Received by (name and title printed):	Inspected by (name and title printed): A.J. Ingram (EHS)
Received by (signature): 	Inspected by (signature): aj
cc:	cc: