



# Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726

X 6660

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>Creekside Outpost</b>	Telephone Number <b>(812) 948-9118</b>	Date of Inspection (mm/dd/yr) <b>2/27/2019</b>	ID # <b>18-64</b>
Establishment Address (number and street, city, state, zip code) <b>6014 Hausfeldt Ln New Albany, IN 47150</b>	( ) Owner		
Owner <b>Phil Young</b>	Purpose: <b>1. Routine</b>	Follow-up <b>No</b>	Release Date <b>10 days</b>
Owner's Address	2. Follow-up	Summary of Violations:	
Person in Charge <b>Michelle Williams</b>	3. Complaint	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler	5. Temporary	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
	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
			No violations	

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