



Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726

X1060

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>Culbertson West</b>	Telephone Number <b>812 941 8100</b>	Date of Inspection (mm/dd/yr) <b>11/22/2019</b>	PERMIT # <b>19-71</b>
Establishment Address (number and street, city, state, zip code) <b>904 E. Main St. New Albany, IN 47150</b>	Purpose: <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Carl Holiday</b>		Summary of Violations: <b>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></b>	
Owner's Address	Person in Charge <b>Carl Holiday / Steve Goodman</b>	Menu Type (See back of page)	
Responsible Person's E-mail		<b>1 2 3 X 4 5</b>	
Certified Food Manager <b>Steve Goodman (7/24/23)</b>			

- 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
			<b>No violations.</b>	

Received by (name and title printed): <b>Carl Holiday</b>	Inspected by (name and title printed): <b>A.J. Ingram (EHS)</b>
Received by (signature): <b>Carl Holiday</b>	Inspected by (signature): <b>aj</b>
cc:	cc: