



Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726

X/DLOG

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>Schwans Home Service, INC.</i>	Telephone Number <i>812 945 2126</i>	Date of Inspection (m/m/dd/yr) <i>1/27/20</i>	PERMIT # <i>19-265</i>
Establishment Address (number and street, city, state, zip code) <i>4115 Capital Dr New Albany, IN 47150</i>	<i>507 537 8848</i>		
Owner <i>Schwans Home Service, INC.</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>	
Person in Charge <i>Greg Letzner</i>		Menu Type (See back of page)	
Responsible Person's E-mail		<i>1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___</i>	
Certified Food Manager			

- 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
			<i>No violations.</i>	

Received by (name and title printed): <i>Gregory A. Letzner, Service Manager</i>	Inspected by (name and title printed): <i>A.J. Ingram (EHS)</i>
Received by (signature): 	Inspected by (signature): 
cc:	cc: