Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone:812-948-4726
X6060

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 Schwans Home Service (truck # 512293)	**Telephone Number** 812 945 4120 502 537 8848	**Date of Inspection (mm/dd/yr)** 1/27/20	**PERMIT #** 19-267
Establishment Address (number and street, city, state, zip code) 4115 Capitol Dr New Albany, IN 47150			
Owner	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up** No	**Release Date** 10 days
Owner's Address		Summary of Violations: C Ø NC Ø R Ø	
Person in Charge Greg Letreisen			
Responsible Person's E-mail		Menu Type *(See back of page)* 1 X 2 3 4 5	
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
			No violations.	

Received by (name and title printed): Gregory A. Letreisen, Senior Material Handler	Inspected by (name and title printed): A.J. Ingram (EHS)
Received by (signature):	Inspected by (signature): AJ
cc:	cc: / cc: