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 # 515125)	**Telephone Number**: 812 945 2120	**Date of Inspection (mm/dd/yr)**: 1/27/20	**PERMIT #**: 19-271
Establishment Address (number and street, city, state, zip code): 4115 Capitol Dr. New Albany, IN 47150	502 537 8848		
Owner	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address	2. Follow-up 3. Complaint	Summary of Violations:	
Person in Charge: Greg Letzelsu	4. Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type *(See back of page)*	
Certified Food Manager	7. Other (list)	1 X 2 3 4 5	

- 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):	Inspected by (name and title printed): A.J. Ingram (EHS)
Received by (signature): Gregory A. Letzelsu, Senior Materials Handler	Inspected by (signature): aj

cc:	cc:	cc: