



Retail Food Establishment Inspection Report

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

X6660

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 (truck # 515192)</i>	Telephone Number <i>812 945 2120</i>	Date of Inspection (mm/dd/yr) <i>1/27/20</i>	PERMIT # <i>19-266</i>
Establishment Address (number and street, city, state, zip code) <i>4115 Capital Dr New Albany, IN 47150</i>	<i>567 537 8848</i>		
Owner	Purpose: <u><i>Routine</i></u>	Follow-up <i>no</i>	Release Date <i>10 day</i>
Owner's Address	2. Follow-up	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 Letzera</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Manager	5. Temporary	<i>1 X 2 3 4 5</i>	
	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
			<i>no violations.</i>	

Received by (name and title printed): <i>Gregory A. Letzera, Senior Practical Handler</i>	Inspected by (name and title printed): <i>A.J. Ingram (EHS)</i>
Received by (signature): 	Inspected by (signature):
cc:	cc: