



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X660

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 Silver Street Park	Telephone Number (812) 949-5448	Date of Inspection (mm/dd/yr) 3/3/2019	ID # 18-235
Establishment Address (number and street, city, state, zip code) 2043 Silver St. New Albany, IN 47150	() Owner		
Owner City of New Albany	Purpose: 1. Routine	Follow-up No	Release Date 10 days
Owner's Address	2. Follow-up	Summary of Violations:	
Person in Charge Jimmy Fabel	3. Complaint	C <input checked="" type="checkbox"/> NC 3 R <input checked="" type="checkbox"/>	
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler	5. Temporary	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
	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
177	NC		Observed (4) drink flats stacked directly on ground	Today
245	NC		Observed sanitizer rags outside of solution / allowed to dry	Today
297	NC		Observed bulk ice machine to be moldy	Today
			<i>If an outside vendor sets-up at SSP, that vendor is required to obtain a \$20/day temporary permit</i>	

Received by (name and title printed): Jimmy FABEL	Inspected by (name and title printed): A.J. Ingram (EHS)
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: