



Retail Food Establishment Inspection Report

Floyd County Health Department
 Telephone: 812-948-4726

X681

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>SKYline Chile</i>	Telephone Number <i>812-725-7176</i>	Date of Inspection (mm/dd/yr) <i>3-6-2020</i>	PERMIT # <i>T20-12</i>
Establishment Address (number and street, city, state, zip code) <i>3505 Grantline Rd, New Albany IN 47150</i>		Follow-up	Release Date
Owner <i>Michael Marlow</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list) <i>Our Lady of Perpetual Help</i>	Summary of Violations: <i>C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i>	
Owner's Address <i>3505 Grantline Rd</i>		Menu Type (See back of page) <i>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___</i>	
Person in Charge <i>Mike Marlow</i>			
Responsible Person's E-mail <i>Mike.marlow@jmways.com</i>			
Certified Food Manager <i>Kim Swartz - Clare</i>			

• 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>Michael S. Marlow</i>	Inspected by (name and title printed): <i>Pauline Benich</i>
Received by (signature): <i>Michael S. Marlow</i>	Inspected by (signature): <i>Pauline Benich</i>
cc:	cc: