

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> SCHWAN'S HOME SERVICE TRUCK 518884	<b>Telephone Number</b> Est 507-401-8236 Own 612-439-8497	<b>Date of Inspection</b> 07/14/2021	<b>ID#</b>
<b>Address</b> 4115 CAPITAL DR, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 07/24/2021
<b>Owner</b> CYGNUS HOME SERVICE, LLC.		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Owner's Address</b> PO BOX 178 MARSHALL, MN 56258			
<b>Person in Charge</b> MICHEAL ;GENE; TOOLE			
<b>Responsible Person's Email</b> MICHEAL.TOOLE@CYGNUSDELIVERS.COM			
<b>Certified Food Handler</b>			

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 COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

<b>Summary of Violations</b> C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Received by (name and title printed):	Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>	
cc:	cc:	cc: