## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name AMERICAN SMOKEHOUSE STADIUM					Telephone Number	Date of Inspection	ID#	
Address 419 E MARKET ST, NEW ALBANY IN 47150					Own 812-701-2094	11/09/2023		
Owner MICHAEL TACKETT					Purpose Routine	Follow Up	Released	
Owner's Address					┥ ─		ļ	
419 E MARKET ST NEW ALBANY, IN 47150					Follow-up Complaint			
Person in Charge MICHAEL TACKETT					X Pre-Operational			
Responsible Person's Email					Temporary HACCP	Menu Type 1 2 3 4 _X 5		
Certified Food Handler MICHAEL TACKETT					Other (list)	1 _ 2 _ 3 _	- <del></del>	
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 NARRAIVE COLUMN MARKED AS "R"								
Section #	C NC R Narrative To Be Corrected							
309	Х		Observed no ventilation over the stove.  Before openi				pening	
351	X Observed no covered trashcan in the bathroom.					Before of	pening	
390	Č				•			
399	399 X Observed the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls and ceiling are not easily control of the walls are not easily control of the wall control of					y cleanable. Before opening Before opening		
Summary of Violations C <u>0</u> NC <u>5</u> R <u>0</u>						5		
Received by (nam MICHAEL TACE	-	orinted	l):	Inspected by (name and title printed):  John Klem EHS				
Received by (signature):					Inspected by (signature):			
cc:				cc:		cc:		