Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name LEAVEN BAKERY Address 1515 E. MARKET ST, NEW ALBANY IN 47150 Owner KIMBERLY MAXEY Owner's Address 1513 E. MARKET ST APT#3 NEW ALBANY, IN 47150 Person in Charge ZACH MAXEY Responsible Person's Email Certified Food Handler						Est	Telephone Number 502-536-8823 661-599-8592 Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Date of Inspection 11/08/2023 Follow Up Menu Type 1 _ 2 _ 3 _2	Released 11/08/2023	
SHARON COUSINEAU										
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		IN THE NA	ARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative		To Be Corrected				
192 443 138 355 256 291	X	X X X X		Observed container of garlic confit in the walk-in cooler dated 10/18, 21 discarded days old, This product should only be kept for 7 days. Measured the quat sanitizer soulution at 400 ppm. It should be at 200ppm. 1 day Measured the chlorine sanitzer solution in a spray bottle of 200ppm. It should be around 100 ppm. Use strips to test. Observed a food emplyee preparing food without a hair restraint. 1 day Observed dirty dishes stacked in mop sink. Mop sink should not be used in the process of warewashing. Establishment may stack dishes on a grate or pan that covers the sink instead. Observed no thermometer in the mini fridge near coffee area. 3 days Observed no chlorine test strips. 3 days A PRINTED COPY OF YOUR CERTIFIFED FOOD MANAGER CERTIFICATE SHOULD BE ON SITE.						
Summary of Vi			<u> </u>	1 NC		1.		6		
Received by (name and title printed): ZACH MAXEY							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		