## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TACO BELL NO. 23373  Address 900 LAFOLLETTE CENTER NORTH, FLOYDS KNOBS  Owner C & M SMITH RESTAURANTS, INC.  Owner's Address 5140 CHARLESTOWN RD., STE. 4 NEW ALBANY, IN 47150-  Person in Charge						Telephone Number	Date of ID# Inspection 11/13/2023  Follow Up Released 11/23/2023		
WHITNEY LUMPKINS  Responsible Person's Email						Temporary HACCP	Menu Type 1 2 _X 3	4 5	
RS023373@TACOBELL.COM  Certified Food Handler  STEPHANIE WOODWARD						Other (list)		_ * _ 3 _	
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 #	ection # C NC R Narrative							To Be Corrected	
				o be wet and have		ackflow device on the on it. This may indicate it h	as		
Summary of Vi			0 NC .	<u>1</u> R <u>0</u>		nspected by (name and title	nrinted):		
Received by (name and title printed): STEPHANIE WOODWARD						Thomas Snider CFS			
Received by (signature):						Inspected by (signature):			
cc:				cc:			cc:		