Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name HOBART BEACH V.F.W. POST 1693 Address 1919 GRANT LINE ROAD, NEW ALBANY IN 47150						Est 8	lephone Number 312-944-1379 302-664-0615	Date of Inspection 10/06/2023	ID#	
Owner HOBART BEACH VFW POST 1693, INC							rpose K Routine	Follow Up	Released 10/16/2023	
Owner's Address 2211 E. ELM STREET NEW ALBANY, IN 47150- Person in Charge TOM TALBOTT Responsible Person's Email TANKDEX@HOTMAIL.COM Certified Food Handler							Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Menu Type 1 2 3 _X		
DELIA BROWN 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										
218	X X Observed a broken handle on the refrigerator in the downstairs kitchen. 2 WEEKS									
				ALLOTHERV	IOLATIONS CORREC	CIED				
Summary of Vio	lations		С _	0 NC	R			1		
Received by (name and title printed):							Inspected by (name and title printed): John Klem EHS			
Received by (signature):						Inspected by (signature):				
cc:					cc:			cc:		