Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
WHITE CASTLE #14	Est 812-945-7864	05/15/2023	
Address 1701 E. SPRING ST, NEW ALBANY IN 47150	Own 502-361-2317		

Owner	Purpose	Follow Up	Released
WHITE CASTLE	X Routine		05/25/2023
Owner's Address 4420 KILN CT LOUISVILLE, KY 40218	___Follow-up		
Person in Charge DONNA SWIFT	___Complaint		
Responsible Person's Email	___Pre-Operational		
	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 __ 3 X 4 __ 5 __	
Certified Food Handler NICOLE CLARK DONNA SWIFT	___Other (list)		

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
431		X		Observed more frequent cleaning need in the following areas; Crumbs in pullout freezer box, grease and debris around legs of preptable/ grill island, crumbs under and behind toaster, mold on storage shelving in walk-in cooler, build-up of debris in floor drain under prep sink, crumbs on condiment shelf, food and debris under pallets in walk-in freezer.	1 week

Summary of Violations C 0 NC 1 R 0 1

Received by (name and title printed):	Inspected by (name and title printed):
DONNA SWIFT	Thomas Snider
Received by (signature):	Inspected by (signature): Thomas Snider

cc:	cc:	cc: