## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name YES, PLEASE LLC						Est	Telephone Number 812-697-3200	Date of Inspection	ID#	
Address 800 E. 8TH ST, NEW ALBANY IN 47150						Own	n 812-697-3200	10/24/2023		
Owner CHRISTY BOONE							Purpose X Routine	Follow Up	Released	
Owner's Address 2399 TWO MILE LN NEW ALBANY, IN 47150							Follow-up			
Person in Charge JANE BYRD							ComplaintPre-Operational			
Responsible Person's Email 73CLBOONE@GMAIL.COM							Temporary			
Certified Food Handler CHRISTY BOONE							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 #	С	NC	R	Narrative		To Be Corrected				
322 178, 244, & 315	X	X	X	with a direct sew must attached to used for food pro Observed unshie	ver connection. CORRI the wall by a safety chep must have an indirect elded sewer lines over t	ECTION ain short sewer the kitch	y chain. Observed prep sinl N: Gas appliances on coaste rter than the gas line. Sinks connection. The area. CORRECTION: es must be protected from	ers		
Summary of Viola	tions	(	C _		<u>1</u> R <u>1</u>			2		
Received by (name and title printed): CHRISTY BOONE							Inspected by (name and title printed):  John Klem EHS			
Received by (signature):						Ir	Inspected by (signature):			
cc:					cc:			cc:		