# Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

| Establishment Name | Telephone Number | Date of Inspection | ID# |
|---|---|---|---|
| ARBY'S #7632 | Est 812-944-5675 | 09/25/2024 | |
| **Address** 801 TALAINA PLACE, NEW ALBANY IN 47150 | Own 678-514-4100 | | |

| Owner | Purpose | Follow Up | Released |
|---|---|---|---|
| RTM OPERATING COMPANY, LLC | ___Routine | | 10/05/2024 |
| **Owner's Address** 3 GLENLAKE PKWY ATLANTA, GA 30328 | ___Follow-up | | |
| **Person in Charge** SKYLER STEPHENS | ___Complaint | | |
| **Responsible Person's Email** ARB07632@INSPIREBRANDS.COM | ___Pre-Operational | | |
| | ___Temporary | **Menu Type** | |
| | ___HACCP | 1 __ 2 __ 3 X 4 __ 5 __ | |
| **Certified Food Handler** MILLIE CABEZA JOSHUA NICHOLSON | X Other (list) REMODEL | | |

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 the following areas of the facility in need of cleaning; floor around corners, around equipments leg and near the fryers, walls near the fryers, exterior of the walk-in, mold spots. | 3 days |
| 324 | | X | | Observed a leak on the 3 compartment sink's chemical dispenser and on the hot water faucet. | 1 week |

**Summary of Violations** C 0 NC 2 R 0 2

| Received by (name and title printed): | Inspected by (name and title printed): |
|---|---|
| SKYLER STEPHENS | Thomas Snider CFS |
| Received by (signature): | Inspected by (signature): |

| cc: | cc: | cc: |
|---|---|---|
| | | |