

# Retail Food Inspection Report

Floyd County Health Department  
 Telephone (812) 948-4726

<b>Establishment Name</b> BERT'S QUALITY PROVISIONS (MOBILE)	<b>Telephone Number</b> Est 502-630-9289 Own 502-630-9289	<b>Date of Inspection</b> 03/02/2024	<b>ID#</b>
<b>Address</b> 3817 RAINBOW DR, NEW ALBANY IN 47150			
<b>Owner</b> BERT'S QUALITY PROVISIONS	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b>
<b>Owner's Address</b> 3817 RAINBOW DR NEW ALBANY, IN 47150-		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
<b>Person in Charge</b> MITCH HERBERT			
<b>Responsible Person's Email</b> BQPFOODS@GMAIL.COM			
<b>Certified Food Handler</b> MITCH HERBERT			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
113	X			sect.(e) Observed no hot water at hands sink when entering the mobile unit. The instant hotwater heater was able to be turned on providing hot water; Corrected.  In-use utensils and equipment should be cleaned, at least, every 4 hours.	Corrected

**Summary of Violations**    C   1      NC   0      R   0      1

Received by (name and title printed): MITCH HERBERT	Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: