Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
CATTLEMAN'S ROADHOUSE	Est 812-725-7166	01/17/2024	
Address 3500 ST. JOSPEH RD, NEW ALBANY IN 47150	Own 502-888-3067		

Owner	Purpose	Follow Up	Released
H&M ROADHOUSES INC.	X Routine		
Owner's Address 2901 S. HURSTBOURNE PARKWAY LOUISVILLE, KY 40220	___ Follow-up		
Person in Charge JESSICA BIR	___ Complaint		
Responsible Person's Email NEWALBANY@CATTLEMANSROADHOUSE.COM	___ Pre-Operational		
Certified Food Handler ROBERT SIEGAL	___ Temporary	**Menu Type**	
	___ HACCP	1 __ 2 __ 3 __ 4 X 5 __	
	___ 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
256		X		Observed no thermometer in raw prep cooler.	1 day
218		X		Observed the 3 microwaves in need of cleaning. The interior of the microwaves are beginning to wear and rust. This could cause unwanted foreign contaminates getting into food.	2 days
297		X		Observed food spilled on at least 8 clean plates on cookline. Plates were removed.	corrected
431		X		Observed a dried spill under soda lines and ice chest in bar area.	1 day
291		X		Observed no quat sanitizer test strips for the bar 3-comp sink.	3 days
342		X		Observed the hot water turned off at the server handwashing sink.	1 week
324		X		Observed the dipper well leaking beside the server handwashing sink when hot water was turned on.	1 week
352		X		Observed no self-closer on the door of kitchen's restroom. The closer prevents any flying insects traveling to and from the restroom and kitchen.	1 week

NOTE: THE FAUCET SHOULD BE TURNED OFF AND PRESSURE RELEASED FROM THE HOSE AFTER IT'S USED. IF OBSERVED IN THE FUTURE IT WILL BE A CRITICAL BACKFLOW VIOLATION. FCHD RECOMMENDS INSTALLING A BLEEDER T VALVE... FCHD STRONGLY RECOMMENDS OPENING PLASTIC PACKAGING ON FISH FILETS IF THAWED IN REFRIGERATION.

Summary of Violations C 0 NC 8 R 0 8

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

cc:	cc:	cc: