Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name CATTLEMAN'S ROADHOUSE Address 3500 ST. JOSEPH RD, NEW ALBANY IN 47150	Telephone Number Est 812-725-7166 Own 502-888-3067	Date of Inspection 07/19/2024	ID#
Owner H&M ROADHOUSES INC.	Purpose X Routine	Follow Up	Released 07/19/2024
Owner's Address 2901 S. HURSTBOURNE PARKWAY LOUISVILLE, KY 40220	Follow-up Complaint		
Person in Charge JEREMY MOON	Pre-Operational		
Responsible Person's Email NEWALBANY@CATTLEMANSROADHOUSE.COM	Temporary HACCP	Menu Type 1 2 3	4 <u>X</u> 5 _
Certified Food Handler ROBERT SIEGAL	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		Х	Х	Observed a dried soda puddle under soda lines in bar.	2 days
191	Х			Observed missing dates on cooked and portioned beef on the cook line. Any cooked food kept for over 24 hours should be date marked and discarded after 7 days. The day a food is cooked is day 1.	today
336	Х			Observed the mop sink faucet left on with a closed downstream valve. Faucet must be turned off and pressure release from the hose after each use or a bleeder T valve may be attached.	today
324		Х		Observed the hot water booster severely leaking. Estimate at least a gallon a minute.	2 days
392		Х		Observed the side door of the dumpster open and bird droppings on the rail below.	today
426		Х		Observed a dust bin in the dumpster corral holding water and containing mosquito larvae.	today
295		X		Observed liquid in the bottom of the raw prep cooler and in the server prep cooler. Observed metal shavings on the mounted can opener.	1 day
256		Χ	Χ	Observed no thermometer in the raw prep cooler.	Corrected
134		Χ		Observed a cook preparing food with absorbant braclets.	1 day
352		Χ	Χ	Observed observed no self closer on the kitchen's restroom door.	2 weeks
294	Х			Measured quat sanitizer in the sanitizer bucket at less than 100 ppm. Dispenser was adjusted and corrected. Check sanitizer concentration regularly.	Corrected

REVIEW HEALTH POLICY WITH STAFF.

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Summary of Violations C 3 NC 8 F Received by (name and title printed):	Inspected by (name and title	11
JEREMY MOON	Thomas Snider CFS	printea):
Received by (signature):	Inspected by (signature):	Lila
сс: сс:	'	cc: