Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
FISTFUL OF TACOS/ALE	Est 812-961-1384	09/13/2024	
Address 2708 PAOLI PIKE STE H, NEW ALBANY IN 47150	Own (812) 207-3474		

Owner	Purpose	Follow Up	Released
FISTFUL WL	___Routine	09/17/2024	09/13/2024
Owner's Address 2708 PAOLI PIKE STE 6 NEW ALBANY, IN 47150	___Follow-up		
Person in Charge DERECK WASHBURN	___Complaint		
Responsible Person's Email PAUL@FISTFULOFALE.COM	___Pre-Operational		
Certified Food Handler PAUL THOMPSON	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 __ 3 __ 4 X 5 __	
	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
187	X			Observed the walk-in cooler's thermometer reading 45F. Beer cheese dated 9/10 was measured at 45F. Beer cheese must be used or discarded by 9/14/24, 5 days after it was made. The pH was measured below 4.6 on Mango salsa and thai curry determining they were not potentially hazardous foods. The cooler should be repaired so it maintains a temperature of 41F or below. Protein items placed in the walkin cooler to thaw are to be moved to a prep cooler to continue to thaw.	2 days
191	X			Observed several sauces and protiens that were not date marked with the day they were removed from the freezer.	1 day
294	X			Measure the chlorine sanitizer in the dish machine around 10 ppm. Replace sanitizer bulk bucket and retest.	today
322		X	X	Observed gas appliances on coasters without safety chains.	9/13/24
411		X		Observed a light bulb out in the fume hood. Light intensity was measured below 60 ftc.	9/13/24
304		X		Observed plastic containers stacked before they could properly air dry.	1 day

Summary of Violations C 3 NC 3 R 1 6

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

cc:	cc:	cc: