Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
HOBART BEACH V.F.W. POST 1693	Est 812-944-1379	06/17/2024	
Address 1919 GRANT LINE ROAD, NEW ALBANY IN 47150	Own 502-664-0615		

Owner	Purpose	Follow Up	Released
HOBART BEACH VFW POST 1693, INC	X Routine		06/17/2024
Owner's Address 2211 E. ELM STREET NEW ALBANY, IN 47150-	___ Follow-up		
Person in Charge JAMES DEXTER	___ Complaint		
Responsible Person's Email TANKDEX@HOTMAIL.COM	___ Pre-Operational		
Certified Food Handler DELIA BROWN	___ Temporary	**Menu Type**	
	___ HACCP	1 __ 2 __ 3 X 4 __ 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
392		X		Observed the side door of the dumpster open.	today
297		X		Observed pink biofilm on the front panel of the ice machine in downstairs bar and in the 2 soda gun nozzles. Observed a black biofilm in the upstairs ice machine on the left side.	1 day
218		X		Observed buildup of ice in the chest freezer by the lid..	3 days
191	X		X	Observed no date mark on left over baked beans and lunch meat.	discarded
192	X			Observed 2 containers of Bean Soup in the large refrigerator dated 6/2/24, 9 days expired.	discarded
431		X		Observed the floors under the bar's 3 comparment sink to be in need of more frequent cleaning.	3 days
441	X			Observed a Dichlorvos pest control strip on the counter on the end of the bar near entrance, This pesticide is not approved for retail food establishments. Read all pesticide labels before use.	discarded
431		X		Observed a spill in the upstairs kitchen's refrigerator, Observed a bucket with dried soda under the soda gun in upstairs bar.	3 days
291		X		Observed no Quat test strips for steramine sanitizer tablets.	5 days
438	X			Observed a ketchup bottle with a clear liquid and no label or common name.	discarded

Summary of Violations C 4 NC 6 R 1 10

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

cc:	cc:	cc: