Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name JACK'S Address 3308 PLAZA DRIVE, NEW ALBANY IN 47150 Owner JASON P LANGNESS Owner's Address 517 NAVAJO DR NEW ALBANY, IN 47150 Person in Charge GREG COOPER Responsible Person's Email COOP84076@YAHOO.COM							Telephone Number 812-948-1600 1 502-645-2200 Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP	Date of Inspection 09/16/2024 Follow Up 09/23/2024 Menu Type 1 _ 2 _ 3 _2	Released 09/16/2024	
Certified Food Handler GREG COOPER							Other (list)			
				AND NARRATIVE COLUMN		NS" AND IN THE N.	ARRAIVE COLUMN MARKED AS "R"			
Section #	cction # C NC R Narrative						To Be Corrected			
291 411	X	x x	X	cooler with a ter is checked at the remained out. Co Observed expire Correction: Acq Observed missin	mperature of 48F. e start of the day a correction: Holding ed test strips for ch uire new test strip	Person in ch nd would dis g temperature necking sanit ss. proken light b	izer concentration. oulb in hood. Light intensit	e ree 1 week		
Summary of V			_	1 NC	2 R _			3		
Received by (name and title printed): GREG COOPER							Inspected by (name and title printed): Carrie Fischer EHS			
Received by (signature):						Iı	Inspected by (signature):			
cc:					cc:			cc:		