## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name JACOBI'S FOOD MART & GAS NO. 2  Address 6566 HIGHWAY 150, FLOYDS KNOBS IN 47119  Owner							Felephone Number  812-923-0955  502-817-9510  Purpose	Date of Inspection 09/10/2024 Follow Up	ID#	
ELAINE JACOBI  Owner's Address P.O. BOX 250 FLOYDS KNOBS, IN 47119-9520							X Routine Follow-up Complaint	09/10/2024		
Person in Charge SHERRIE BARNES							Pre-Operational			
Responsible Person's Email EJACOBI76@GMAIL.COM							Temporary HACCP	Menu Type  1 2 3 _∑	1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
Certified Food Handler TABITHA LING							Other (list)			
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		NS" AND IN THE NA	ARRAIVE COLUMN MARKED AS "R"	1		
Section #	C	NC	R	Narrative To Be Corrected						
119 295 187	X When speaking with the Person-in-charge (PIC) it was discovered sanitzer was not being used in the cleaning process for the slicer.  X X Oberved the fumehood in need of cleaning. The cleaning service's maintenance stick recommended the next cleaning July 25th, 47 days ago. Observed dried food debris in the mounted can opener. (Corrected)  X Measured the holding cabinet on the counter in the store area at 120F. This cabinet must maintain a temperature of 135F or above or the establishments should submit a policy to FCHD describing how they will time stamp these hot items and discard them after 4 hours.									
				PROBER THEI THERMOMET	RMOMETER SHO ERS SHOULD BE ER SHOULD BE	OULD BE S. E EASILY A	ABLE DURING FOOD ( ANITIZED BEFORE ANI CCESSABLE FOR VIEW I A MANNER THAT PRE	D AFTER IT IS USED VING. JUGS BEHIND	1	
Summary of V	iolations	•	C _	1 NC		<u> </u>		3		
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
ELAINE JACOBI  Received by (signature):							Inspected by (signature):			
cc:					cc:		Tann	cc:	la	