

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name LEAVEN BAKERY	Telephone Number Est 502-536-8823 Own 661-599-8592	Date of Inspection 05/16/2024	ID#
Address 1515 E. MARKET ST, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 05/16/2024
Owner KIMBERLY MAXEY		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
Owner's Address 3696 WAGNER DR FLOYD KNOBS, IN 47119			
Person in Charge ZACH MAXEY			
Responsible Person's Email BAKERYLEAVEN@GMAIL.COM			
Certified Food Handler SHARON COUSINEAU			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
415	X			Observed evidence of mouse activity in various areas of the establishment.	2 WEEKS
355		X	X	Observed dirty dishes stacked in the mop sink.	10 DAYS

Summary of Violations C 1 NC 1 R 1

2

Received by (name and title printed):

ZACH MAXEY

Inspected by (name and title printed):

John Klem EHS

Received by (signature):

Inspected by (signature):



cc:

cc:

cc: