Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
MESA (PUERTAS ABIERTAS LLC)	Est	07/30/2024	
Address 216 PEARL STREET, NEW ALBANY IN 47150	Own		

Owner	Purpose	Follow Up	Released
JILL SAMMONS	___Routine		07/30/2024
Owner's Address ,	___Follow-up		
Person in Charge JILL SAMMONS	___Complaint		
Responsible Person's Email MESACHEFS@GMAIL.COM	___Pre-Operational		
Certified Food Handler	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 __ 3 X 4 __ 5 __	
	X Other (list) CHANGE OF OWNERSH		

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
218		X		Observed an uncapped spray head in the fume hood above grill	1 day
415	X			Observed 3 live cockroaches behind the panel of the dish machine.	1 week
352	X			Observed no self-closer on the restroom doors.	8-21-24

NOTES: 1) A CERTIFIED MANAGER'S CERTIFICATE IS REQUIRED WITHIN 90 DAYS. 2) THE GREASE TRAP SHOULD BE LOCATED AND MAINTAINED. CONTACT THE CITY OF NEW ALBANY WASTE WATER WITH GREASE TRAP QUESTIONS.

Summary of Violations C 2 NC 1 R 0 3

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

cc:	cc:	cc: