Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment NEW ALBANY		O			Telephone Number Est 812-949-2063	Date of Inspection	ID#
Address 327 W. 5TH ST., NEW ALBANY IN 47150					Own 502-930-2572	07/18/2024	
Owner					Purpose	Follow Up	Released
MUHAMMAD ATIF					X Routine		07/18/2024
Owner's Address 501 SUMMERSET CT SELLERSBURG, IN 47172					Follow-upComplaintPre-Operational		
Person in Charge TAMI WIGGENTON							
Responsible Person's Email					Temporary	Menu Type	
NA27INC@GN					НАССР	1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Certified Food Handler RANVEER SINAH					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		Х		Observed the dumpster lid open.		today	
347		Χ		Observed no handtowels at the handsink.	corrected		
295		Χ	Х	Observed a dried spill in the walkin cool	2 days		
245		Χ		Observed a clothe that was used to clean up a spill left on the preptable/			
218		X	Х	cutting board. Observed the freezer door near the oven not closing. It was either overfilled 1 day or a buildup of ice was preventing it from being closed.			
431		Χ	Χ	Observed cleaning needed around the pepsi machine and in the cabinet 1 day below.			
294	Х			Observed no sanitizer being use to sanitize surfaces. A spray bottle or sani bucket must be available. The person in charge was unsure how surfaces were being sanitized.			
Summary of Vio	olations	(C _	1 NC <u>6</u> R <u>3</u>		7	
Received by (na		itle prii	nted):		Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):					Inspected by (signature):		
Title of (Sig					The state of (organization).		
cc:				cc:		cc:	