## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name							Telephone Number	Date of	ID#	
ONION RESTAURANT & TEA HOUSE						Est	812-981-0188	Inspection		
Address 4211 CHARLESTOWN RD, NEW ALBANY IN 47150						Ow	<sup>rn</sup> 616-828-6779	08/01/2024		
Owner							Purpose	Follow Up	Released	
WEN CHYUAN WEN							X Routine	08/16/2024	08/01/2024	
Owner's Address 4811 LUCAS LANE NEW ALBANY, IN 47150-							Follow-up Complaint			
Person in Charge RICHARD WEN							Pre-Operational			
Responsible Person's Email							Temporary	Menu Type		
WENCWEN1123@GMAIL.COM							HACCP			
Certified Food Handler ANNIE WIN							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 #	ction # C NC R Narrative							To Be Corrected		
187	87 X Observed cooler temperature at						n charge stated they had	Today		
				-	and out of the cooler	. Correct	ion: Adjust equipment to			
						of grill a	and frvers. Correction:	Today		
						absorbent material and should not be				
218		X	X	used. Observed build-equipment.	-up of ice in walk-in f	reezer. C	Correction: Repair or adjust	8/16/24		
254		X		Observed broken thermometers in prep cooler and walk-in cooler.				3 days		
256	Correction: Repair equipment or place  X Observed a cooler without a thermore									
250		^		in cooler.	ier without a thermon.	icter. Co.	rection. I face thermometer	3 days		
430		Χ	Χ		ng and loose tiles on t g tiles and repair loose	8/16/24				
Summary of Violations C 1 NC 5 R 2								6		
Received by (nan	ne and ti	itle prii	nted):	:		I	inspected by (name and title	printed):		
RICHARD WEN							Carrie Fischer EHS			
Received by (signature):						Inspected by (signature):				
							Cova Cya -isalus			
cc:					cc:			cc:		