Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name OUTCAST FISH AND OYSTER BAR Address 207 E. MAIN ST, NEW ALBANY IN 47150							Telephone Number TBD 502-338-2960	Date of Inspection 01/05/2024	ID#	
Owner IAN HALL Owner's Address 4870 SCOTTSVILLE RD FLOYDS KNOBS, IN 47119 Person in Charge							PurposeRoutineS Follow-upComplaint Pre-Operational	Released 01/05/2023		
JACOB BIBB/ RUBEN FREIBERT Responsible Person's Email JAKE@BRANDHG.COM Certified Food Handler JACOB BIBB							Temporary HACCP Other (list)			
				AND NARRATIVE COLUM! NS ARE DENOTED IN THE		AND IN THE NA	ARRAIVE COLUMN MARKED AS "R"			
Section # C NC R Narrative To Be Corrected 192 X X Establishment had not obtained a pH measuring device. Acitified foods can either be date marked for 7 days and refrigerated OR the establishment must be able to prove acidified foods has a pH of 4.6 or below. Est. was unsure of what device to purchase and ordered a meter during the inspection. Meter should be periodically calibrated. 218 X X Observed the left fumehood in kitchen missing a filter. Observed the right fumehood missing all it's filters. Missing filters increase the risk of fire. Est. stated they were having trouble finding the proper sizes.									orrected	
Summary of Vi Received by (na JACOB BIBB			Cnted):		<u>1</u> R <u>2</u>	Ir	nspected by (name and title	2 printed):		
Received by (signature):						Ir	Inspected by (signature):			
cc:					cc:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cc:		