

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726


Establishment Name PAPA MURPHY'S PIZZA IN070	Telephone Number Est 812-945-7272 Own	Date of Inspection 07/26/2024	ID#
Address 2221 STATE STREET #C, 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 07/26/2024
Owner TOM LOVELACE COMPANY LLC		Menu Type 1 __ 2 <u>X</u> 3 __ 4 __ 5 __	
Owner's Address 2801 NW 155TH ST VANCOUVER, WA 98685			
Person in Charge ANASTASIA STURGIS			
Responsible Person's Email CHRISTOPHER.BEST@TOMLOVELACEGROUP.COM			
Certified Food Handler			

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
345	X			Observed dried food debris in the front prep line handwashing sink. Handwashing sinks are for handwashing only.	today
295	X			Observed dried food debris on the can opener.	today
347		X		Observed no handtowels in the dispenser at the back prep handwashing sink.	corrected
297		X		Observed the floor drain under the prep sink in need of more frequent cleaning.	3 days
202		X		Observed a can of olives with a dent on its seam and not segregated for return.	corrected

Notes 1) lighting throughout the establishment was not greater than 40 FTC. 70 FTC is required in areas of food prep and warewashing. There were no missing bulbs. As current bulbs go out they should be replaced with brighter bulbs. 2) The mop sink was hooked to a chemical dispenser and the faucets were left on. If observed again it will be a critical violations. Faucet should be turned of after each used and pressure release or a bleeder T valve can be installed.

Summary of Violations C 2 NC 3 R 0 **5**

Received by (name and title printed): CHRISTOPHER BEST	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: