

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name PASTIMES (NOT PERMITTED)	Telephone Number Est 812/945-9055 Own	Date of Inspection 05/16/2024	ID#
Address 424 EAST MARKET STREET, NEW ALBANY IN 47150	Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 05/26/2024
Owner JOHN NEACE		Menu Type 1 __ 2 __ 3 <u>X</u> 4 __ 5 __	
Owner's Address			
Person in Charge JAMIE MORGAN			
Responsible Person's Email JMORGAN@FALLSCITYBEER.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
299		X		Observed exposed wood subflooring in kitchen in at least 2 areas and at the side bar from damaged and missing linoleum. Floor surfaces in the kitchen must be smooth, durable and easily cleanable.	before opening
404		X		Observed no coving around at the floor wall junction in the kitchen with gaps greater than 1/32 inch.	before opening
430		X		Observed a hole in the subfloor near the 3-compartment sink and soft subfloor in front of the refrigerator in the sidebar.	before opening
297		X		Observed black biofilm in the water dispenser in the bar.	corrected
<p>If a tabletop pizza oven is purchased and used it must be designed to operate without a fumehood unless the fumehood in the kitchen is repaired.</p>					

Summary of Violations C 0 NC 4 R 0 **4**

Received by (name and title printed): JAMIE MORGAN	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: