## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name PIZZA HUT (NEW ALBANY)  Address 3316 GRANTLINE RD, NEW ALBANY IN 47150						Est	Felephone Number 812-944-7001 502-254-0422	Date of Inspection 09/06/2024	ID#	
Owner IPH OPERATIONAL ENTERPRISES ARKANSAS LLC						]	Purpose X Routine	Follow Up 09/27/2024	<b>Released</b> 09/16/2024	
Owner's Address 305 TOWNPARK CIRCLE #101 LOUISVILLE, KY 40243							Follow-up Complaint	+		
Person in Charge NOAH STEPHENS						-	Pre-Operational			
Responsible Person's Email						-	Temporary HACCP	Menu Type  1 2 <u>X</u> 3	_ 4 _ 5 _	
Certified Food Handler NICODEMUS DURHAM							Other (list)			
				AND NARRATIVE COLUMNS MAR NS ARE DENOTED IN THE "SUMM	RKED "C" MARY OF VIOLATIONS" AND IN TH	IE NA	RRAIVE COLUMN MARKED AS "R"			
Section #	С	NC	R	Narrative				То Ве С	Corrected	
411		X X X	X	Observed the following areas in need of cleaning; under handsink near fryers, around legs of equipment, floors and door in walkin cooler, green wire rack, around hot water heater, storage closet, behing prep table. This violation has been cited on the last 3 routine inspections.  Observed a light bulb out over the preptable/cooler and in the oven fumehood.  Observed an accumulation of ice on the walkin freezers condenser and ice  3 weeks						
404		X		on boxes below. Boxes and food should not be stored under until repaired.  (1 day)  Observed missing coving tiles under the dish machine and on the corner of  3 weeks						
413		X		the wall near the mop sink.  Observed a 1/2 to 1 inch gap under the back door. This gap does not prevent pests from entering the building.						
							MOP SINK'S FAUCETS TECT THE AVB BACKF			
Summary of V	olations <sup>7</sup>			0 NC <u>5</u>	_ R <u>1</u>			5		
Received by (n		tle prir	ited):			l	spected by (name and title omas Snider CFS	printed):		
Received by (signature):						Inspected by (signature):				
cc:				c	ce:		1cm	cc:		