

Retail Food Inspection ReportFloyd County Health Department
Telephone (812) 948-4726

Establishment Name TACO BELL NO. 023373	Telephone Number Est (812) 923-1680 Own (812) 945-9810	Date of Inspection 05/08/2024	ID#
Address 900 LAFOLLETTE CENTER NORTH, FLOYDS KNOBS	Purpose <input checked="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
Owner C & M SMITH RESTAURANTS, INC.		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 5140 CHARLESTOWN RD., STE. 4 NEW ALBANY, IN 47150-			
Person in Charge MAKEELY STIDHAM			
Responsible Person's Email RS023373@TACOBELL.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
322	X			Observed an atmospheric vacuum breaker on the mop sink with valves and elevated lines downstream.	2 WEEKS

Summary of Violations C 1 NC 0 R 0 **1**

Received by (name and title printed): MAKEELY STIDHAM	Inspected by (name and title printed): John Klem EHS	
Received by (signature):	Inspected by (signature): <i>John Klem</i>	
cc:	cc:	cc: