## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name WALGREENS #04447 (SPRING ST)							Telephone Number  812-949-5015	Date of Inspection	ID#	
Address 1702 EAST SPRING STREET, NEW ALBANY IN 47150							own 847-315-2297	04/04/2024		
Owner WALGREEN EASTERN CO INC							Purpose X Routine	Follow Up	Released 04/04/2024	
Owner's Address PO BOX 901 DEERFIELD, IL 60015							Follow-up Complaint			
Person in Charge SALLY STURGIS							Pre-Operational			
Responsible Person's Email							Temporary Menu Type			
MGR.04447@STORES.WALGREENS.COM							HACCP	1 <u>X</u> 2 _ 3 _	4 _ 5 _	
Certified Food Handler							Other (list)			
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 NARRAIVE COLUMN MARKED AS "R"										
Section # C NC R Narrative To Be Corrected									orrected	
415	X		Х	Observed mouse	e droppings on the	10 DAYS				
449	Χ		Χ	Observed an unc	covered mouse sna	10 DAYS				
394		Χ	Χ	Observed garbag		10 DAYS				
X X Observed a mop not hung to dry.								10 DAY	S	
Summary of Violations C 2 NC 2 R 4						4	4			
Received by (nam	e and ti	itle nrin	ited):				Inspected by (name and title	printed):		
Received by (name and title printed): SALLY STURGIS							John Klem EHS			
Received by (signature):							Inspected by (signature):			
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cc:					cc:	•		cc:		