## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name HOLY FAMILY SCHOOL  Address 217 W. DAISY LN, NEW ALBANY IN 47150  Owner HOLY FAMILY SCHOOL  Owner's Address 217 W. DAISY LN NEW ALBANY, IN 47150-  Person in Charge NICOLE SHAVERS  Responsible Person's Email NSHAVERS@HOLYFAMILYEAGLES.COM							Telephone Number  Est 812-944-6090  Own 812-944-6090  Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP	Date of ID# ID# I1/20/2024  Follow Up Released  Menu Type 1 _ 2 _ 3 _ 4 X 5 _		
Certified Food Handler NICOLE SHAVERS  MELANIE DOME  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							Other (list)			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	n # C NC R Narrative  X Observed the warewashing machine no					ne not worki	ng. The person-in-charge	To Be Corrected		
Summary of Viol				O NC	_1_ R		nspected by (name and title	printed):		
NICOLE SHAVERS						Т	Thomas Snider CFS			
Received by (signature):						I	Inspected by (signature):			
cc:					cc:			cc:		