## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name FAIRMONT ELEMENTARY  Address 1725 ABBIE DELL AVENUE, NEW ALBANY IN 47150 |   |             |             |                                    |                                      |                 | Telephone Number<br>812-981-7439<br>812-542-4703                                | Date of<br>Inspection<br>09/18/2024 | ID#                 |  |
|---|---|-------------|-------------|------------------------------------|--------------------------------------|-----------------|---|-------------------------------------|---------------------|--|
| Owner NAFCS FOOD & NUTRITION SERVICES   |   |             |             |                                    |                                      |                 | Purpose X Routine   | Follow Up                           | Released 09/28/2024 |  |
| Owner's Address 2801 GRANTLINE RD NEW ALBANY, IN 47150-  Person in Charge                   |   |             |             |                                    |                                      |                 | Follow-up<br>Complaint  |                                     |                     |  |
| MARGIE PLUMMER  Responsible Person's Email  |   |             |             |                                    |                                      |                 | Pre-Operational Temporary   | Мепи Туре                           |                     |  |
| MPLUMMER@NAFCS.ORG  Certified Food Handler  MARGIE PLUMMER                                  |   |             |             |                                    |                                      |                 | HACCPOther (list)   | 1 _ 2 _ 3 _ 4 <u>X</u> 5 _          |                     |  |
|   |   |             |             | AND NARRATIVE COLUMN               |                                      | AND IN THE NA   | ARRAIVE COLUMN MARKED AS "R"  |                                     |                     |  |
| Section #   | C | NC          | R           | Narrative                          |                                      | To Be Corrected |   |                                     |                     |  |
| 202<br>218<br>393   |   | X<br>X<br>X | X<br>X<br>X | and disposed of<br>Observed build- | dented cans.<br>up of ice in walk-in | freezer. Co     | Person in charge removed orrection: Repair freezer. ection: Put a drain plug in | 2 weeks 1 week                      |                     |  |
| Summary of Violations C 0 NC 3 R 3  |   |             |             |                                    |                                      |                 | 3   |                                     |                     |  |
| Received by (name and title printed):  MARGIE PLUMMER                                       |   |             |             |                                    |                                      |                 | Inspected by (name and title printed):  Carrie Fischer EHS                      |                                     |                     |  |
| Received by (signature):  |   |             |             |                                    |                                      | Ir              | Inspected by (signature):   |                                     |                     |  |
| cc:   |   |             |             |                                    | cc:                                  |                 |   | cc:                                 |                     |  |