## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

ID# **Establishment Name Telephone Number** Date of AGAVE & RYE (A&R NEW ALBANY) Inspection Est 812-993-8226 Address 03/09/2023 Own 614-357-7874 324 E. MAIN ST, NEW ALBANY IN 47150 Owner Purpose Follow Up Released X Routine 04/09/2023 03/09/2023 YAVONNE SARBER **Owner's Address** Follow-up 7630 GIBSON STREET SUITE 110 LIBERTY TOWNSHIP, OH 45069 Complaint Person in Charge **Pre-Operational** KATIE COMBS Temporary Menu Type **Responsible Person's Email** 1 <u>2 3 X 4 5</u> HACCP PAYTON.CAINES@AGAVEANDRYE.COM **Certified Food Handler** Other (list) ROBERTO CRUZ PACHECO

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 #	С	NC	R	Narrative	To Be Corrected
294	Х		Х	Observed a sani-bucket at 0ppm CORRECTION: Sanitizer was dumped out and the bucket was refilled.	CORRECTED
256		Х		Observed missing thermometers in the syrup and garnish refrigerators. CORRECTION: A temperature measuring device shall be located to measure the air temperature in the warmest part of a mechanically refrigerated unit.	3 DAYS
324		Х		Observed water on the floor under the dishwasher. Observed uncapped drain pipe in the mop closet. CORRECTION: A plumbing system must be maintained in good repair.	4 WEEKS
351		Х		Observed no covered trashcan in one restroom. CORRECTION: Covered trashcans are required in restaurants used by women.	3 DAYS
382		Х		Observed dumpster on gravel. CORRECTION: Dumpster must be on a hard, nonporous surface.	TBD
392		Х	Х	Observed an open dumpster. CORRECTION: Dumpsters must be kept closed at all times.	TODAY
415	х		Х	Observed gnats in the mop closet. CORRECTION: The presence of insects should be controlled to minimize their presence on the premises by eliminating harborage conditions.	4 WEEKS
443	Х			Observed dishwasher chlorine above 200ppm CORRECTION: Repair/adjust dishwasher to the correct concentration.	4 WEEKS
218		Х		Observed the garnish refrigerator was iced. CORRECTION: Have unit repaired or adjusted.	3 WEEKS
243		Х		Observed boxes of single use items stored on the floor. CORRECTION: Single use items must be stored a minimum of 6in off the floor.	1 WEEK

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<b>Address</b> 324 E. MAIN ST, NEW ALBANY IN 47150		Own 614-357-7874	03/09/2023							
<b>Owner</b> YAVONNE SARBER		Purpose X Routine	Follow Up 04/09/2023	<b>Released</b> 03/09/2023						
<b>Owner's Address</b> 7630 GIBSON STREET SUITE 110 LIBERTY TOWN	SHIP, OH 45069	Follow-up Complaint	•							
Person in Charge KATIE COMBS		Pre-Operational								
<b>Responsible Person's Email</b> PAYTON.CAINES@AGAVEANDRYE.COM		Temporary HACCP	Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _							
Certified Food Handler ROBERTO CRUZ PACHECO		Other (list)								
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Section # C NC R Narrative			To Be Co	orrected						
Summary of Violations C <u>3</u> NC _	<u>7 R 3</u>		10							
Received by (name and title printed): TRISTAN THOMPSON		Inspected by (name and title printed): John Klem EHS								
Received by (signature):		Inspected by (signature):	K lon	2						
cc:	cc:	ł	cc:							