Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
BEEF O'BRADYS	Est 812-923-1316	05/17/2023	
Address 105 LAFOLLETTE STATION, FLOYDS KNOBS IN 47119	Own 813-226-2333		

Owner	Purpose	Follow Up	Released
FSC FRANCHISE CO	X Routine		05/27/2023
Owner's Address 5660 W CYPRESS, SUITE A TAMPA, FL 33607	___ Follow-up		
Person in Charge WHITNEY JONES	___ Complaint		
Responsible Person's Email 236_BOB@FSCFRANCHISECO.COM	___ Pre-Operational		
Certified Food Handler BRYAN ANDERSON	___ Temporary	**Menu Type**	
	___ HACCP	1 __ 2 __ 3 __ 4 X 5 __	
	___ 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
218		X		Observed walk-in cooler door not tightly closing. Observed bottom drawer of grill station not closing fully and with broken gaskets.	3 WEEKS
284		X		Observed dishwasher final rinse at 176F.	2 WEEKS
295		X	X	Observed dirt and food debris from the night before on the grill station and breading station. CORRECTION: Both areas were cleaned.	CORRECTED
324		X		Observed a leak in the handwashing sink.	3 WEEKS
393		X		Observed a dumpster without a drain plug.	2 WEEKS
430		X	X	Observed missing and broken flooring tiles, a broken wiring box by the 3-compartment sink, a large hole in the wall by the breading station, missing and broken outlet covers.	3 WEEKS

OBSERVED THE MOP SINK FAUCET HAD LINE TO A CHEMICAL DISPENSER WITH THE FAUCETS LEFT ON. THE ATMOSPHERIC VACUUM BREAKER ON THE FAUCET IS NOT DESIGNED FOR CONSTANT PRESSURE. FCHD RECOMMENDS INSTALLING A BLEEDER VALVE TO THE FAUCET OR CONNECTING THE DISPENSER TO AN INDEPENDENT WATER LINE. THE HOSES MAY ALSO BE DISCONNECTED BETWEEN USES IN THE MEANTIME.

Summary of Violations C 0 NC 6 R 2 6

Received by (name and title printed):	Inspected by (name and title printed):
BRYAN ANDERSON	John Klem EHS
Received by (signature):	Inspected by (signature): John Klem

cc:	cc:	cc: