Floyd County Health Department Telephone (812) 948-4726

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Establishment Name HAMPTON INN						E	Telephone Number st 812-945-2771	Date of Inspection	ID#	
Address 411 WEST SPRING STREET, NEW ALBANY IN 47150							wn 615-734-3411	06/19/2023		
Owner GENERAL HOSPITALITY SERVICES							Purpose X Routine	Follow Up	Released 06/19/2023	
Owner's Address 216 CENTERVIEW DRIVE UNIT #155 BRENTWOOD, TN 37027							Follow-up Complaint		+	
Person in Charge HEIDI MEEHAN							Pre-Operational			
Responsible Person's Email HEIDI.MEEHAN@GHS-HOTELS.COM							Temporary HACCP	Menu Type 1 _ 2 <u>X</u> 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 #	ion # C NC R Narrative							To Be Corrected		
294 107 218 217	×	X X X		Observed splitti	he permit was not on	ain freeze	isplay. r and the treat shop freezer.	1 DAY 3 DAYS 2 WEEH 1 WEEH	KS	
Summary of Violations C <u>1</u> NC <u>3</u> R <u>0</u>						_		4		
Received by (name and title printed):							Inspected by (name and title printed): John Klem EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:	ļ		cc:		