Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name KFC (STATE ST) Address 2124 STATE ST, NEW ALBANY IN 47150 Owner							wn P	Telephone Number (812) 945-8498 802-274-4020 Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)		ate of aspection as/31/2023 ollow Up	ID#
SHERRY HOUSTON Owner's Address PO BOX 2215 CLARKSVILLE, IN 47131 Person in Charge LARRY PERSLEY Responsible Person's Email SARAHW@HEKFC.COM Certified Food Handler ENOCH WOODSON FAITH MUMCHECK CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							- - - -			Menu Type 1 2 3 _X 4 5	
VIOLATION(S) REPEATI	ED FROM PREV	IOUS INS	PECTIO	NS ARE DENOTED IN THE		ONS" AND IN THE	NAR	RAIVE COLUMN MARKED AS "R"			
218 295 430 431	C	X X X X	X X X	close and fully s Observed the flo	seal. The cooler it ors and walls of ged floor tiles in storage rack.	s currently he the walk-in of front of the f	old coc rye	oken. The door is unable ing the food at below 411 oler covered in dust milders, damaged coving tiles	₹.	1 week 1 week 2 weeks 1 week	orrected
Summary of Vi			C _		4 R		Ins	pected by (name and title	print	4 ed):	
Received by (signature):							Anthony Lieber ASST. ENVIRONMENTAL SUPERVISOR Inspected by (signature):				
cc:					cc:				cc		