## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment N KIM & BAB KO Address 3012 CHARLES Owner	OREAN (			WAY, NEW ALE	3ANY	Telephone Number  Est 812-725-9844  Own  Purpose		Date of Inspection 03/10/2023 Follow Up	ID#
MYUNG KIM  Owner's Address 2881 SANDALWOOD DR NEW ALBANY, IN 47150-  Person in Charge MYUNG KIM  Responsible Person's Email  Certified Food Handler MYUNG KIM						X Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)		Menu Type 1 2 3 _X 4 5	
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			
				DISPENSER W ON THE FAUC INSTALLING	NS HE MOP SINK FAUCE TITH THE FAUCETS I SET IS NOT DESIGNE A BLEEDER VALVE TENDENT WATER LIN	EFT ON. TH D FOR CON O THE FAU	IE ATMOSPHERIC V STANT PRESSURE. CET OR CONNECTI	VACUUM BREAKEI FCHD RECOMMEI ING THE DISPENSE	R NDS ER
Summary of Violations C NC R						0			
Received by (name and title printed):						Inspected by (name and title printed):  John Klem EHS			
Received by (signature):							Inspected by (signature):  ———————————————————————————————————		
cc:					cc:	1		cc:	