Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name NEW ALBANY LITTLE LEAGUE							Telephone Number Est 502-594-9101	Date of Inspection	ID#	
Address 4410 LEWIS A ENDRES PARKWAY, NEW ALBANY IN 4						Own	n 502-594-9101	05/18/2023		
Owner NEW ALBANY LITTLE LEAGUE							Purpose X Routine	Follow Up	Released 05/18/2023	
Owner's Address 205 CRESENT LOOP NEW ALBANY, IN 47150							Follow-up Complaint			
Person in Charge COURTNEY THOMAS/ BUD SEIDENFADEN							Pre-Operational			
Responsible Person's Email BUD.SEIDENFADEN@YAHOO.COM							Temporary HACCP	Menu Type 1 2 _X 3	4 _ 5 _	
Certified Food Handler HAROLD SEIDENFADER							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				
438	Х			Observed a spray bottle labeled "water" but it contained a soap and vinegar Corrected						
291		Х		solution. Observed quat strips in the establishment but PIC (Person in charge) stated 1 week they plan to use bleach. Test strips must match sanitizer chemical.						
294 324	Х	х		Observed a periodic leak in drink dispenser near ice bin drain. next event 1 week						
				REMIND STAF	F TO SANITIZER PR	OBE TI	HERMOMETER BEFORE	IT IS USED.		
Summary of Vi		(2 NC	2 R 0			4		
Received by (name and title printed): BUD SEIDENFADEN							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
ce:					cc:			cc:		