Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name NEW ALBANY STADIUM 16 Address 300 PROFESSIONAL COURT, NEW ALBANY IN 47150 Owner							Telephone Number 812-941-9650 n 865-925-9816	Date of Inspection 03/01/2023 Follow Up	ID#	
GREAT ESCAPE THEATRES OF NEW ALBANY, LLC Owner's Address 101 E. BLOUNT AVE KNOXVILLE, TN 37920							X Routine Follow-up	03/11/2023		
Person in Charge JENNIFER KOPP							ComplaintPre-Operational			
Responsible Person's Email GM1522@REGALCINEMAS.COM Certified Food Handler							Temporary HACCP Other (list)	Menu Type 1 X 2 3 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						
				CHEMICAL UI PRESSURE BL BACKFLOW C APPROPRIATE PAGE 2 AND A AS A VIOLATION	NITS AND THE M LEED VALVES AR CONTAMINATION E DEVICES. CHEM LASSE 1055 CHEMI ON AT THIS TIMI	IOP SINKS E REQUIF J. ATTACH MICAL DISF ICAL DISF E HOWEV	ION WAS OBSERVED BI S. A CONTINUOUS PRES RED FOR THESE CONNE IED ARE TWO DOCUME SPENSERS AND Y-VALV PENSERS PAGE 5. FCHD ER IF THE ISSUE IS NOT E WRITTEN ON THE NE	SURE VALVE OR A CTIONS TO PREVE NTS SHOWING THE E INSTALLATIONS IS NOT WRITING TO RESOLVED IN A	Е	
Summary of V				0 NC	<u>1</u> R <u>0</u>			1		
Received by (name and title printed):							Inspected by (name and title printed): Anthony Lieber ASST ENVIRONMENTAL SUPERVISOR			
Received by (signature):						I	Inspected by (signature):			
cc:					cc:	1		cc:		