

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name PMC REGIONAL HOSPITAL	Telephone Number Est 812-206-7660 Own (812) 206-7624	Date of Inspection 03/22/2023	ID#
Address 4023 REAS LN, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 04/01/2023
Owner DENNIS MEDLEY (CEO)/ ADMIN		Menu Type 1 __ 2 __ 3 __ 4 <u>X</u> 5 __	
Owner's Address 3626 GRANTLINE RD STE 205 NEW ALBANY, IN 47150-			
Person in Charge TRACY RODRIGUEZ			
Responsible Person's Email RJONES@PMCINDIANA.COM			
Certified Food Handler WHITNEY ROBERTS			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				No Violations	

Summary of Violations C NC R **0**

Received by (name and title printed): ROB JONES	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>

cc:	cc:	cc:
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