## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name							Telephone Number	Date of Inspection	ID#	
STATE ST CCC, LLC (PARLOUR)						Est 812-920-6400		-		
Address 225 STATE ST, NEW ALBANY IN 47150						Owr	812-207-5334	03/02/2023		
Owner							Purpose	Follow Up	Released	
STATE ST. CCC						_	X Routine		03/12/2023	
Owner's Address							Follow-up			
PO BOX 70313 LOUISVILLE, KY 40270						4	Complaint			
Person in Charge JEREMY DICKINSON							Pre-Operational			
Responsible Person's Email						1	Temporary	Menu Type		
PARLOUR1003@CRAFTCULTURECONCEPTS.COM							HACCP	1 _ 2 _ 3 <u>X</u>	4 _ 5 _	
Certified Food Handler PAULA BOTTOMS							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 #	С	NC	R	Narrative			То Ве С	orrected		
218		Х		Observed broken gasket on 1st floor bar cooler. Observed food debris and		2 WEEKS				
				_	on can opener. Observed prep tables draining into dough					
	trays on the floor. CORRECTION: Seals should be kept intact and tight.  Can opener blade should be replaced and the can opener cleaned. Prep									
				-	ve drip pans installed to		-			
291	X Observed no chlorine test paper. CORRECTION: Test paper strips must be 1 WEEK									
247		~			sanitizing solutions.		tation with no towal	1 WEEK	1 WEEK	
347	47 X Observed a hand sink on the 2nd flo dispenser. CORRECTION: Towel of									
	been installed yet.						1			
351		X			vered trashcans in the wo		s restrooms, CORRECTION	I: 1 WEEK	1 WEEK	
382		Х			•		ourash can. Dumpster must be on a hard,	3 WEEKS		
				nonporous surfa			1	•		
380		Х			from air conditioner on t	3 WEEKS				
	buckets. CORRECTION: Condensate must be directed to drains.									
Summary of Violations C <u>0</u> NC <u>6</u> R <u>0</u>								6		
Received by (name and title printed):							nspected by (name and title	printed):		
						Jo	ohn Klem EHS			
Received by (signature):						Jı	nspected by (signature):			
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