Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
PRIDE BAR	Est 812-207-6103	03/10/2023	
Address 504 STATE STREET, NEW ALBANY IN 47150	Own 502-509-8544		

Owner	Purpose	Follow Up	Released
JUDITH THIXTON	___Routine		03/10/2023
Owner's Address 302 BEECHLAND RD LOUISVILLE, KY 40229	___Follow-up		
Person in Charge DENCIL BROWN	___Complaint		
Responsible Person's Email	X Pre-Operational		
	___Temporary	**Menu Type**	
	___HACCP	1 X 2 __ 3 __ 4 __ 5 __	
Certified Food Handler	___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
136	X			Observed employee food not separated from customer food. CORRECTION: Employee food was given its own shelf.	CORRECTED
191	X			Observed undated gravy in fridge. CORRECTION: Food must be marked to indicate the date by which the food must be consumed or discarded.	TODAY
334	X			Observed hoses attached to the faucets of the 3-compartment sink with no backflow prevention. CORRECTION: Hoses were removed.	CORRECTED
291		X		Observed no Quat strips. CORRECTION: A test kit or other device that accurately measures the concentration in ppm of sanitizing solutions shall be provided and used.	1 WEEK
416		X		Observed dead bugs by water heater. CORRECTION: Dead pests shall be removed from control devices and the premises at a frequency that prevents their accumulation.	3 DAYS

Summary of Violations C 3 NC 2 R 0 5

Received by (name and title printed):	Inspected by (name and title printed):
DENCIL BROWN	John Klem EHS
Received by (signature):	Inspected by (signature): John Klem

cc:	cc:	cc: