Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SCOOPS & SMILES WATER ICE Address 1222 STATE ST SUITE 1, NEW ALBANY IN 47150 Owner ANGELA CHAMBERS							Telephone Number 502-416-6165 7n 502-416-6165 Purpose X Routine	Date of Inspection 05/26/2023 Follow Up	ID#	
Owner's Address 1405 SOUTH ST NEW ALBANY, IN 47150 Person in Charge JAMAL CHAMBERS Responsible Person's Email Certified Food Handler							Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Menu Type 1 X 2 3 4 5		
VIOLATION(S) REPEA				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		NS" AND IN THE N	JARRAIVE COLUMN MARKED AS "R"			
256 291	C	X X	X		rmometer in the sine strips, but no qu	•	zer. ailable. Sanitizer used was	1 WEEL 1 WEEL		
Summary of V			_	0 NC	<u>2</u> R		inspected by (name and title	2		
Received by (name and title printed):							Inspected by (name and title printed): John Klem EHS			
Received by (signature):]	Inspected by (signature): The Kenn			
cc:					cc:			cc:		