## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SHELL FOOD MART					Telephone N		Date of Inspection	ID#	
Address					Est 812-945-46	012 9 10 1011			
2025 E. SPRING STREET, NEW ALBANY IN 47150					<sup>Own</sup> 317-748-65	Own 317-748-6558			
Owner					Purpose	X Routine		Released	
RAVINDER KAUR								05/05/2023	
Owner's Address					Follow-	սթ			
11863 E 300 S ZIONSVILLE, IN 46077					Compla	int			
Person in Charge JAY SACHDEVA					Pre-Op	erational			
Responsible Person's Email					Tempor	ary	Menu Type		
JSACHDEVA27@GMAIL.COM					HACCI		1 <u>X</u> 2 <u>3</u>	4 _ 5 _	
Certified Food Handler					Other (	list)			
CRITICAL ITEMS ARE IDENTI	FIED IN THE C	HECKLIST	AND NARRATIVE COLUMN	S MARKED "C"					
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 N	C R	Narrative				To Be Co	orrected	
309 X Observed no ventilation in the public restroom. CORRECTIO							3 WEEK	S	
			mechanical vent	ilation in accordance wi	h the requirements	of Indiana law			
Summary of Violations C 0 NC 1 R 0 1									
Received by (name and title printed):					Inspected by (1	Inspected by (name and title printed):			
JAY SACHDEVA					John Klem EHS				
Received by (signature):					Inspected by (signature):				
					J	John Klom			
cc:				cc:			cc:		