Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SKYLINE CHILI Address 3505 GRANTLINE RD, NEW ALBANY IN 47150 Owner MIKE MARLOW Owner's Address							Telephone Number 812-920-0143 1 (561) 603-2191 Purpose X Routine Follow-up	Date of Inspection 04/20/2023 Follow Up	ID# Released 04/30/2023	
403 ORCHARD HILLS DR #8 JEFFERSONVILLE, IN 47130 Person in Charge MIKE MARLOW Responsible Person's Email MIKE.MARLOW@JMWAYS.COM Certified Food Handler KIMBERLY CLARE							Complaint Pre-Operational Temporary HACCP Other (list)	Menu Type 1 2 _X 3 4 5		
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										
				FAUCETS LEF DESIGNED FO VALVE TO THI	HE MOP SINK FAU T ON. THE ATMOS R CONSTANT PRI E FAUCET OR CO	SPHERIC ESSURE. NNECTIN	D LINE TO A CHEMICAL VACUUM BREAKER ON FCHD RECOMMENDS IN IG THE DISPENSER TO A DISCONNECTED BETW	THE FAUCET IS N ISTALLING A BLEE IN INDEPENDENT	OT	
Summary of Violations C NC R Received by (name and title printed):						- I1	Inspected by (name and title printed):			
Received by (signature):							John Klem EHS Inspected by (signature): J. Am. J. Lann			
cc:					cc:			cc:		