

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

| | | | |
|---|--|--|-------------------------------|
| Establishment Name SLEEPY ROOSTER | Telephone Number Est 757-287-2510 Own | Date of Inspection 05/10/2023 | ID# |
| Address 2204 STATE ST, NEW ALBANY IN 47150 | Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up | Released 05/10/2023 |
| Owner JUAN SEGOVIANO | | Menu Type 1 __ 2 __ 3 <u>X</u> 4 __ 5 __ | |
| Owner's Address 3612 KERRY ANN WAY NEW ALBANY, IN 47150 | | | |
| Person in Charge KATHERINE THOMAS | | | |
| Responsible Person's Email IGUANAS.JUAN@GMAIL.COM | | | |
| Certified Food Handler JUAN SEGOVIANO | | | |

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 NARRATIVE COLUMN MARKED AS "R"

| Section # | C | NC | R | Narrative | To Be Corrected |
|--|---|----|---|--|-----------------|
| 322 | X | | | Observed gas stoves not secured to the wall with a safety chain. CORRECTION: Gas equipment must be secured to the wall with a safety chain shorter in length than the gas line. | 2 WEEKS |
| 177 | | X | | Observed food stored on the walk-in freezer floor. CORRECTION: Food must be stored at least 6in off the floor. | TODAY |
| 218 | | X | | Observed a torn gasket on the bar cooler. CORRECTION: Replace gasket so the bar cooler door maintains a tight seal. | 2 WEEKS |
| 256 | | X | | Observed no thermometer in the bar cooler or in the chill line. CORRECTION: All cold holding equipment must include a thermometer. | TODAY |
| 285 | | X | X | Observed the final rinse of the dish machine only reached 160F. CORRECTION: Heat sanitizing dishwashers must reach 180F in the final rinse. | 1 WEEK |
| 309 | X | | | Observed no functioning ventilation in the restrooms. CORRECTION: Have mechanical ventilation repaired and functional. | 2 WEEKS |
| 411 | | X | X | Observed 3 light bulbs out in the back fume hood. Observed a light out in the front fume hood. | 1 WEEK |
| 431 | | X | | Observed trash and food debris under the cabinets in server alley. CORRECTION: The areas under the cabinets must be cleaned frequently enough to prevent the build-up of dirt and debris. | TODAY |
| <p>OBSERVED THE MOP SINK FAUCET HAD LINE TO A CHEMICAL DISPENSER WITH THE FAUCETS LEFT ON. THE ATMOSPHERIC VACUUM BREAKER ON THE FAUCET IS NOT DESIGNED FOR CONSTANT PRESSURE. FCHD RECOMMENDS INSTALLING A BLEEDER VALVE TO THE FAUCET OR CONNECTING THE DISPENSER TO AN INDEPENDENT WATER LINE. THE HOSES MAY ALSO BE DISCONNECTED BETWEEN USES IN THE MEANTIME.</p> | | | | | |

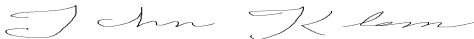
Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

| | | | |
|---|--|---|-------------------------------|
| Establishment Name SLEEPY ROOSTER | Telephone Number Est 757-287-2510 Own | Date of Inspection 05/10/2023 | ID# |
| Address 2204 STATE ST, NEW ALBANY IN 47150 | | | |
| Owner JUAN SEGOVIANO | Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up | Released 05/10/2023 |
| Owner's Address 3612 KERRY ANN WAY NEW ALBANY, IN 47150 | | Menu Type 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| Person in Charge KATHERINE THOMAS | | | |
| Responsible Person's Email IGUANAS.JUAN@GMAIL.COM | | | |
| Certified Food Handler JUAN SEGOVIANO | | | |

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 NARRATIVE COLUMN MARKED AS "R"

| Section # | C | NC | R | Narrative | To Be Corrected |
|-----------|---|----|---|-----------|-----------------|
| | | | | | |

| | | |
|--|---|----------|
| Summary of Violations C <u> 2 </u> NC <u> 6 </u> R <u> 2 </u> | | 8 |
| Received by (name and title printed): | Inspected by (name and title printed): John Klem EHS | |
| Received by (signature): | Inspected by (signature):  | |
| cc: | cc: | cc: |