## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

						1				
Establishment Name SPLIT KITCHEN						T	elephone Number	Date of Inspection	ID#	
						Est				
Address 800 E 8TH ST, NEW ALBANY IN 47150						Own		06/01/2023		
Owner						P	Purpose Routine	Follow Up	Released	
Owner's Address							Follow-up			
,						-	Complaint			
Person in Charge						7 -	X Pre-Operational			
CAYLA CARVER								мт		
Responsible Person's Email						-	Temporary	Menu Type		
CAYLA.CARVER	-	)0.C	OM				НАССР	$1 X 2 _ 3 _ 4 _ 5 _$		
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									annoatad	
Section #	C I		K					10 De C	orrected	
				No violations						
								_		
Summary of Violat	tions	С	_	NC _	R			0		
Received by (name	and title	print	ed):			Ins	Inspected by (name and title printed):			
CAYLA CARVER							Thomas Snider CFS			
Received by (signature):						Ins	Inspected by (signature):			
							Ohon	- Onder	-	
cc:					cc:			cc:		