

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name TACO BELL NO. 20585	Telephone Number Est (812) 949-7084 Own (812) 945-9810	Date of Inspection 03/10/2023	ID#
Address 4018 GRANT LINE ROAD, 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 03/20/2023
Owner C & M SMITH RESTAURANT, INC.		Menu Type 1 __ 2 <u>X</u> 3 __ 4 __ 5 __	
Owner's Address 5140 CHARLESTOWN ROAD SUITE 4 NEW ALBANY, IN 47150			
Person in Charge AMI OSWANDEL			
Responsible Person's Email RS020585@TACOBELL.COM			
Certified Food Handler CHRISTOPHER EDWARDS			

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
324		X		Observed the faucet on the handwashing sink near the office to have a constant drip.	10 days
				OBSERVED THE MOP SINK FAUCET TO HAVE A HOSE HOOKED UP 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. HOSES MAY ALSO BE DISCONNECTED BETWEEN USES.	

Summary of Violations C 0 NC 1 R 0 **1**

Received by (name and title printed):	Inspected by (name and title printed): Thomas Snider
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>
cc:	cc: