## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TACO BELL NO. 31510  Address 2563 CHARLESTOWN ROAD, NEW ALBANY IN 47150  Owner C&M SMITH RESTAURANTS, INC  Owner's Address 5140 CHARLESTOWN RD NEW ALBANY, IN 47150  Person in Charge AIMEE RAY  Responsible Person's Email							Felephone Number  812/948-8861  812-945-9810  Purpose  X Routine Follow-up Complaint Pre-Operational Temporary  HACCP	Date of Inspection 03/30/2023  Follow Up  Menu Type	ID#  Released 04/09/2023	
JWHITT@CMSTACOBELL.COM  Certified Food Handler SCOTT BRYANT  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							Other (list)	1 _ 2 <u>X</u> 3 _	· · _ · _	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	С	NC X	R	Narrative Observed a years	. on 'a maatma a '41-	trashcan. CORRECTION:	To Be Corrected  ON: 1 WEEK			
393		X		A toilet room use sanitary napkins. Observed a dump	ed by women shall be p . pster drain without a pl	rovided 1g insta	with a covered trashcan fo			
Summary of Violations C 0 NC 2 R 0							2			
Received by (name and title printed):							Inspected by (name and title printed):  John Klem EHS			
Received by (signature):						In	Inspected by (signature):  ———————————————————————————————————			
cc:					cc:	1		cc:		