Floyd County Health Department Telephone (812) 948-4726

**Establishment Name Telephone Number** ID# Date of **TARGET STORE T-0139** Inspection Est 812/945-5046 Address 04/14/2023 Own (612) 304-8859 2209 STATE STREET, NEW ALBANY IN 47150 Follow Up Owner Purpose Released X Routine 04/14/2023 TARGET CORPORATION **Owner's Address** Follow-up P.O. BOX 9471 MINNEAPOLIS, MN 55440 Complaint Person in Charge **Pre-Operational** DAN SANDERS Temporary Menu Type **Responsible Person's Email** HACCP 1 <u>2 X 3 4 5</u> LISA.KLINGLESMITH@TARGET.COM **Certified Food Handler** Other (list) KATHY YORK

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 #	С	NC	R	Narrative	To Be Corrected
120	Х			Observed that when asked, employees were unaware of the store's illness policy. CORRECTION: Retrain staff in the store's illness policy.	1 WEEK
177		х		Observed boxes of frozen food on the floor of the walk-in freezer. CORRECTION: Food must be stored at least 6 in above the floor.	TODAY
202		х		Observed dented cans on the shelves for sale. CORRECTION: Dented cans were removed.	CORRECTED
218		Х		Observed ice buildup on the walk-in freezer door. Door did not close with a tight seal. CORRECTION: Have freezer repaired or adjusted to prevent ice buildup.	3 WEEKS
297		Х		Observed food debris and mold growth on the bottom of the milk cooler, bottom of the tea and coffee cooler, and back of the meat display cooler. CORRECTION: Surfaces shall be cleaned at a frequency necessary to preclude accumulation of soil or mold.	1 WEEK
351		х		Observed a missing covered trashcan in the last stall of the women's restroom. CORRECTION: Restrooms used by women must have a covered trash can.	2 WEEKS
		NSER WITH THE AUCET IS NOT			

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.

## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TARGET STORE T-0139 Address		Telephone Number           Est         812/945-5046           Own         (612) 304-8859	Date of Inspection 04/14/2023	ID#						
2209 STATE STREET, NEW ALBANY IN 47150 Owner TARGET CORPORATION		Purpose X Routine	Follow Up	<b>Released</b> 04/14/2023						
Owner's Address P.O. BOX 9471 MINNEAPOLIS, MN 55440 Person in Charge		Follow-up Complaint Pre-Operational	Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _							
DAN SANDERS Responsible Person's Email LISA.KLINGLESMITH@TARGET.COM Certified Food Handler		Temporary HACCP Other (list)								
KATHY YORK CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	IS 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								
Summary of Violations     C     1     NC     5     R     0     6										
Received by (name and title printed):		Inspected by (name and title printed): John Klem EHS								
Received by (signature):		Inspected by (signature):	K lon	2						
cc:	сс:	ł	cc:							