Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name THE GEORGETOWN BAKERY | | | | | | | Telephone Number 812-399-1233 | Date of Inspection | ID# | |
|---|--------------------------|---|--|---|--|---|--|--|--------------------------------|--|
| Address 1116 COPPERFIELD DR, GEORGETOWN IN 47122 | | | | | | Ow | n 615-948-6164 | 06/27/2023 | | |
| Owner WADE SIMON | | | | | | | Purpose X Routine | Follow Up | Released | |
| Owner's Address 1116 COPPERFIELD DR GEORGETOWN, IN 47122 | | | | | | | Follow-up Complaint | | | |
| Person in Charge NICK HINER | | | | | | | Pre-Operational | | | |
| Responsible Person's Email THUMPERTINA3@TWC.COM | | | | | | | Temporary HACCP | Menu Type 1 2 3X | <u> </u> | |
| Certified Food Handler CHRISTINA SPRINGER | | | | | | | Other (list) | | | |
| | | | | AND NARRATIVE COLUMN NS ARE DENOTED IN THE | | NS" AND IN THE N | ARRAIVE COLUMN MARKED AS "R" | | | |
| Section # | ction # C NC R Narrative | | | | | | To Be Corrected | | | |
| 399 | | X | | Observed the moon. The Atmosp recommends inswater line. Hose- | n. op sink faucet to h heric Vacuum brea talling a bleeder v s may also be rem | nave a hose laker on the fralve or Prespoyed between filters them | nooked up to a chemical disfaucet is not designed for consure Vacuum Breaker to the en uses or pressure released is leves but should contact as to be cleaned. | spenser with the fauce onstant pressure. FCH e faucet or an indepen d from hoses after each | ts left D dent h use. | |
| Summary of V | | (| | | <u>1</u> R <u>(</u> | | | 2 | | |
| Received by (name and title printed): NICK HINER | | | | | | | Inspected by (name and title printed): Thomas Snider CFS | | | |
| Received by (signature): | | | | | | I | Inspected by (signature): | | | |
| cc: | | | | | cc: | ļ | | cc: | | |