

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WACKY NACHOS	Telephone Number Est 502-821-4578 Own 502-821-4578	Date of Inspection 03/07/2023	ID#
Address 2602 CHARLESTOWN RD, NEW ALBANY IN 47150			
Owner CHARLES HURT	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 03/07/2023
Owner's Address		Menu Type 1 __ 2 __ 3 <input checked="" type="checkbox"/> 4 __ 5 __	
Person in Charge CHARLES HURT			
Responsible Person's Email CHARLESHURT22@GMAIL.COM			
Certified Food Handler CHARLES HURT			

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
187	X			Observed tomatoes in the toppings table at a temperature of 61F. The toppings table was not turned on. CORRECTION: The toppings table was turned on and the tomatoes and sour cream were discarded within 4 hours after being put on the table.	CORRECTED
345	X			Observed used scoops in the handwashing sink. CORRECTION: All items were removed from the handwashing sink.	CORRECTED
432	X			Observed floor mats in the sanitizing compartment of a 3-compartment sink. CORRECTION: Ware washing equipment may not be used for the disposal of mop water and similar liquid waste.	TODAY
438	X			Observed unlabeled bottles of chemicals. CORRECTION: All chemical containers must be labeled clearly with the name of the chemical.	TODAY
243		X		Observed boxes of single use items stored on the floor. CORRECTION: Food service items were moved onto shelving.	CORRECTED
245		X		Observed a wiping rag on the counter. CORRECTION: Sanitizer water was made and the wiping rag was put in it.	CORRECTED
256		X		Observed no thermometer in the toppings table. CORRECTION: A thermometer is needed in all cold holding units.	3 DAYS
291		X		Observed no chlorine test strips. CORRECTION: Testing strips must be available for checking sanitizer concentrations.	3 DAYS
324		X	X	Observed the faucet on 3-compartment sink to have a leak when turned on. Observed a floor drain without a cover near 3 comp sink. CORRECTION: A plumbing system must be maintained in good repair.	3 WEEKS
355		X	X	Observed the mop sink to have a missing leg and to be sloping towards its drain. CORRECTION: The mop sink needs to be repaired so it may be properly used.	3 WEEKS
430		X		Observed missing ceiling tile in food prep area. CORRECTION: Damaged parts of the structure need to be replaced to keep the building in good repair.	1 DAY
422		X		Observed personal items stored on soda syrup boxes. CORRECTION: Employee personal items were moved to an area designated for employees.	CORRECTED

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Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations C 4 NC 8 R 2 **12**

Received by (name and title printed):	Inspected by (name and title printed): John Klem EHS	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: