Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name WAFFLE HOUSE #349					lephone Number 12-944-3141	Date of Inspection	ID#	
Address 325 WEST SPRING STREET, NEW ALBANY IN 47150					70-729-5742	06/19/2023		
Owner ATTN: TAX DEPT- P.O. BOX6450					rpose Routine	Follow Up	Released 06/19/2023	
Owner's Address P.O. BOX 6450 NORCROSS, GA 30091-					Follow-up Complaint			
Person in Charge CANDI WATERS					Pre-Operational			
Responsible Person's Email WOODROWSORENSON@WAFFLEHOUSE.COM					_Temporary _HACCP	Menu Type 1 2 3 _X	4 _ 5 _	
Certified Food Handler APRIL SUMMERS					Other (list)			
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 #	n# C NC R Narrative						To Be Corrected	
345 297 393	X X X	Observed biofi	lwashing sink used for o lm growth in the ice man nplugged dumpster.		es.		N STAFF	
Summary of Viol Received by (name) Received by (sign	ne and title print		<u>2</u> R <u>0</u>	John	ected by (name and title Klem EHS ected by (signature):		2	
cc:			cc:			cc:		