## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name<br>BURGER KING #893   |  |  |  |                                       |     |         | Telephone Number           Est         812/949-2803           Own         315-424-0513 | Date of<br>Inspection<br>05/09/2024  | ID#                        |  |
|--|--|--|--|---------------------------------------|-----|---------|--|--------------------------------------|----------------------------|--|
| Address<br>2309 STATE STREET, NEW ALBANY IN 47150  |  |  |  |                                       |     |         |  |                                      |                            |  |
| Owner<br>CARROLS LLC   |  |  |  |                                       |     |         | Purpose<br>Routine<br>Follow-up<br>X Complaint   | Follow Up                            | <b>Released</b> 05/19/2024 |  |
| <b>Owner's Address</b><br>968 JAMES STREET SYRACUSE, NY 13203-   |  |  |  |                                       |     |         |  | •                                    |                            |  |
| Person in Charge<br>OLIVIA FARIS   |  |  |  |                                       |     |         | Pre-Operational  |                                      |                            |  |
| Responsible Person's Email<br>THEDINGER@CARROLS.COM  |  |  |  |                                       |     |         | Temporary<br>HACCP   | Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _ |                            |  |
| Certified Food HandlerHEATHER DIBENDETTOANDREW MCCOYTERRI SIMPSONEnter Simple S |  |  |  |                                       |     |         | Other (list)   |                                      |                            |  |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"<br>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  |                                      |                            |  |
|  |  |  |  | became ill. Obse<br>illness policy wi |     | urger K | ing was the cause of the illnes  | ss. Review employee                  |                            |  |
| Summary of Violations C NC R   |  |  |  |                                       |     |         | 0  |                                      |                            |  |
| Received by (name and title printed):  |  |  |  |                                       |     |         | Inspected by (name and title printed):   |                                      |                            |  |
| TYLER HEDINGER   |  |  |  |                                       |     |         | Thomas Snider CFS  |                                      |                            |  |
| Received by (signature):   |  |  |  |                                       |     |         | Inspected by (signature):  |                                      |                            |  |
| cc:  |  |  |  |                                       | cc: |         |  | cc:                                  |                            |  |