Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
EAGLE NUTRITION 22	Est 502-345-1137	03/25/2024	
Address 502 VINCENNES ST, NEW ALBANY IN 47150	Own 502-345-1137		

Owner	Purpose	Follow Up	Released
ALEJANDRA MENDEZ	X Routine		04/04/1954
Owner's Address 1343 BEELER ST NEW ALBANY, IN 47150	___ Follow-up		
Person in Charge IRIS ANDRES	___ Complaint		
Responsible Person's Email AMC_AGUILAS@HOTMAIL.COM	___ Pre-Operational		
Certified Food Handler N/A	___ Temporary	**Menu Type**	
	___ HACCP	1 X 2 __ 3 __ 4 __ 5 __	
	___ 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 #	C	NC	R	Narrative	To Be Corrected
256		X		Observed no thermomter in the the small refrigerator.	4 days
291	X			Observed no chlorine test strips.	4 days

Review illness policy. Establishment is planning a remodel. They do not plan to add new equipment or change the menu.

Summary of Violations C 1 NC 1 R 0 2

Received by (name and title printed):	Inspected by (name and title printed):
IRIS ANDRES	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: