## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name<br>GRAETER'S ICE CREAM   |   |    |   |   |                                    |                 | <b>Telephone Number</b> t 812-949-6263                    | Date of<br>Inspection | ID#                        |  |
|---|---|----|---|---|------------------------------------|-----------------|---|-----------------------|----------------------------|--|
| Address<br>4310 CHARLESTOWN ROAD, NEW ALBANY IN 47150   |   |    |   |   |                                    |                 | vn 513-679-2400   | 02/12/2024            |                            |  |
| Owner GRAETER'S ICE CREAM CO  |   |    |   |   |                                    |                 | Purpose X Routine   | Follow Up             | <b>Released</b> 02/12/2024 |  |
| Owner's Address<br>1175 REGINA GRAETER WAY CINCINNATI, OH 45216   |   |    |   |   |                                    |                 | Follow-up<br>Complaint                                    |                       |                            |  |
| Person in Charge<br>AUSTIN ANASTASIO  |   |    |   |   |                                    |                 | Pre-Operational   |                       |                            |  |
| Responsible Person's Email NEWALBANY.MGR@GRAETERS.COM   |   |    |   |   |                                    |                 | Temporary<br>HACCP  | Menu Type  1 2 _X 3   | 4 _ 5 _                    |  |
| Certified Food Handler BRETT PETERSON AMY FLETCHER  |   |    |   |   |                                    |                 | 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 |   |                       |                            |  |
| 294   | Х |    |   | Observed quaternary sanitizer concentration tested less than 100. 3 days  Correction: Have sanitizer dispenser calibrated.                    |                                    |                 |   |                       |                            |  |
| 345   | Х |    |   | Observed red sani bucket in hand wash sink. Corrected. Hand wash sinks  Corrected should not be used for any purpose other than hand washing. |                                    |                 |   |                       |                            |  |
| 392   |   | Χ  |   | Observed dumpster lid left open. Correction: Dumpster lids should be kept Today closed.   |                                    |                 |   |                       |                            |  |
| 393   |   | Χ  |   | Observed dumpster without a dumpster plug. Correction: Dumpsters with 1 week drains should have a plug in place.                              |                                    |                 |   |                       |                            |  |
| 430   |   | Х  | Х | Observed a miss<br>Replace ceiling  | sing ceiling tile in fror<br>tile. | 2 weeks         |   |                       |                            |  |
|   |   |    |   |   |                                    |                 |   |                       |                            |  |
|   |   |    |   |   |                                    |                 |   |                       |                            |  |
|   |   |    |   |   |                                    |                 |   |                       |                            |  |
|   |   |    |   |   |                                    |                 |   |                       |                            |  |
|   |   |    |   |   |                                    |                 |   |                       |                            |  |
| Summary of Violations C 2 NC 3 R 1  |   |    |   |   |                                    |                 |   | 5                     |                            |  |
| Received by (name and title printed):  AUSTIN ANASTASIO   |   |    |   |   |                                    |                 | Inspected by (name and title printed): Carrie Fischer EHS |                       |                            |  |
| Received by (signature):  |   |    |   |   |                                    |                 | Inspected by (signature):                                 |                       |                            |  |
|   |   |    |   |   | 1                                  |                 | (wolga-   | -ia-tre               |                            |  |
| cc:   |   |    |   |   | cc:                                |                 |   | cc:                   |                            |  |