Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name LIGHTNING FOOD MART Address 2620 CHARLESTOWN ROAD, NEW ALBANY IN 47150 Owner TAMMY WOLFORD Owner's Address 3101 CREEK RIDGE DR NEW ALBANY, IN 47150- Person in Charge GARY HOKE Responsible Person's Email LIGHTNINGFOODMART@ATT.NET Certified Food Handler						Es	Telephone Number 812-944-0692 9 812-989-1881 Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Date of Inspection 05/02/2024 Follow Up Menu Type 1 X 2 3	ID# Released 05/12/2024	
CRITICAL ITEMS ARE I	DENTIFIED IN	ТНЕ СНЕС	KLIST	AND NARRATIVE COLUMN	S MARKED "C"					
VIOLATION(S) REPEAT	ED FROM PREV	/IOUS INSI	PECTIO	NS ARE DENOTED IN THE		IS" AND IN THE	NARRAIVE COLUMN MARKED AS "R"			
Section #	n # C NC R Narrative X Observed a bathroom without a self-closing door. Correction							To Be Corrected		
Summary of Violations C 0 NC 1 R 0							Inspected by (name and title printed):			
Received by (name and title printed): GARY HOKE							Carrie Fischer EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		