Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Owner	D STORE		, NE	W ALBANY IN 4	7150	Est	Telephone Number 812-949-7427 1 502-254-1710 Purpose X Routine	Date of Inspection 04/26/2024 Follow Up	ID# Released 04/26/2024	
RYAN BRIDGEMAN Owner's Address 3309 COLLINS LN LOUISVILLE, KY 40245- Person in Charge							Follow-up Complaint Pre-Operational	Menu Type 1 2 3 _X 4 5		
Responsible Person's Email NEWALBANY@MARKSFEEDSTORE.COM Certified Food Handler KELLI TURNER							Temporary HACCP Other (list)			
				AND NARRATIVE COLUMN		AND IN THE N.	ARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative		To Be Corrected				
322 415 218 392	x	x x	×	Observed a y-valve with shut offs, hose, and a chemical dispenser hooked up to a mop sink below a vacuum breaker. Correction: It is not allowed to have a shut off below a vacuum breaker. The vacuum breaker is not designed to have constant pressure. It is recommended that the chemical dispenser have its own source of water. Observed fruit flies in dry storage area. Correction: Contact pest control to 2 weeks take care of fruit flies. Observed ice build-up inside of and on the door of walk-in freezer. 2 weeks Correction: Repair walk-in freezer. Observed dumpster lids open. Correction: Dumpster lids need to be kept closed. Observed trash around dumpster. Correction: Clean up garbage around 3 days						
394		Χ								
431		X			Correction: Increase f		in front of smoker and in of cleaning to prevent	3 days		
Summary of V	Violations	(C _	2 NC .	4 R 2			6		
Received by (name and title printed): KELLI TURNER							Inspected by (name and title printed): Carrie Fischer EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		