

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> MIMO'S PIZZERIA	<b>Telephone Number</b> Est 812-945-7711 Own 3476129577	<b>Date of Inspection</b> 02/16/2024	<b>ID#</b>
<b>Address</b> 2708 PAOLI PIKE SUITE E, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 02/16/2024
<b>Owner</b> ATEF MAKAREOUS		<b>Menu Type</b> 1 __ 2 __ 3 <input checked="" type="checkbox"/> 4 __ 5 __	
<b>Owner's Address</b> 1820 TWINBROOK DR SELLERSBURG, IN 47172			
<b>Person in Charge</b> ATEF 'MIMO' MARKAREOUS			
<b>Responsible Person's Email</b> MARIAAPORCEDDY0929@GMAIL.COM			
<b>Certified Food Handler</b> ATEF MAKAREOUS			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
438	X			Observed an unlabeled spray bottle near the 3-comp sink. Person in charge stated it was windex.	today
173	X			Observed a pan of raw chicken stored over bread in the cooler. There was no sign of contamination.	Corrected
218		X	X	Observed the light bulbs not working in fumehood. Owner stated they had someone fix them but it did not stay fixed. They may install alternative lighting in this area. Lighting was measured at 6-10 Footcandles(ftc). 70 ftc is required in areas of food prep.	1 week
291		X		Observed no sanitizer test strips. Strips should match the sanitizer chemical. Quat ammonia or chlorine bleach can be used.	3 days
254		X		Observed the thermometer in the prep cooler to the right of the pizza oven reading the wrong temperature. It read 50F. Temperature was measured at 39F. Replace thermometer.	3 days

**Summary of Violations**      C   2        NC   3        R   1        **5**

Received by (name and title printed): MARIA	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: