

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name PMC REGIONAL HOSPITAL	Telephone Number Est 812-206-7660 Own (812) 206-7624	Date of Inspection 01/17/2024	ID#
Address 4023 REAS LN, NEW ALBANY IN 47150	Purpose <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)	Follow Up	Released 01/27/2024
Owner DENNIS MEDLEY (CEO)/ ADMIN		Menu Type 1 _ 2 _ 3 _ 4 <u>X</u> 5 _	
Owner's Address 3626 GRANTLINE RD STE 205 NEW ALBANY, IN 47150-			
Person in Charge TRACY RODRIGUEZ			
Responsible Person's Email ROBERT.D.JONES@SCASURGERY.COM			
Certified Food Handler WHITNEY ROBERTS			

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
324		X		Observed a puddle in the cabinet below the handwashing sink. Investigate for leaks and make appropriate repairs.	1 week

Summary of Violations C 0 NC 1 R 0 **1**

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