Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
SIGS SPORTSPLEX	Est 812-949-7447	04/04/2024	
Address 4343 SECURITY PARKWAY, NEW ALBANY IN 47150	Own 812-949-7447		

Owner	Purpose	Follow Up	Released
BRITTANY ALEXANDER	X Routine		
Owner's Address 4343 SECURITY PARKWAY NEW ALBANY, IN 47150	___Follow-up		
Person in Charge BREAH TRUEBLOOD	___Complaint		
	___Pre-Operational		
Responsible Person's Email OFFICE@SIGSGYM.COM	___Temporary	**Menu Type**	
	___HACCP	1 X 2 __ 3 __ 4 __ 5 __	
Certified Food Handler N/A	___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	X			When speaking with the person working in the kitchen it was discovered dishes were not being sanitized in the 3 compartment sink. The yellow sanitizer (Quat) should be used and measured with test strips to determine the correct concentraition is met.	1 day
291		X		The Quat test strip were unable to be located.	4 days
443	X			Observed the concetration in the "yellow sanitizer" to be high when measured with test strips. Dilute.	3 days
438	X			Observed a spray bottle with a purple liquid without a chemical name. Observed the "Yellow Sanitizer" spray bottle missing the chemical name. It was identified as Quaternary ammonia (Quat).	today
355		X		When speaking to the employee in the kitchen it was discovered mop water was being discarded in the 3 comaprtment sink. Mop water should be discarded in the utility sink down the hallway since it is available.	1 day

Summary of Violations C 3 NC 2 R 0 5

Received by (name and title printed):	Inspected by (name and title printed):
SARAH WHITE	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: