Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

								1	. 	
Establishment Name TACO BELL NO. 31510							Telephone Number Sst 812/948-8861	Date of Inspection	ID#	
Address 2563 CHARLESTOWN ROAD, NEW ALBANY IN 47150							Own 812-945-9810	05/06/2024		
Owner C&M SMITH RESTAURANTS, INC							Purpose X Routine	Follow Up	Released 05/16/2024	
Owner's Address 5140 CHARLESTOWN RD NEW ALBANY, IN 47150							Follow-up		1	
Person in Charge AMY RAY							ComplaintPre-Operational			
Responsible Person's Email RS031510@TACOBELL.COM							Temporary			
Certified Food Handler JERIMIAH SEABOLT										
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		ATIONS" AND IN THI	E NARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative		To Be Corrected				
				FAUCETS LEF DESIGNED FO VALVE TO TH	T ON. THE AT OR CONSTAN E FAUCET OI	TMOSPHERI T PRESSURI R CONNECT	AD LINE TO A CHEMICAL C VACUUM BREAKER ON E. FCHD RECOMMENDS II ING THE DISPENSER TO A BE DISCONNECTED BETW	NTHE FAUCET IS N NSTALLING A BLE IAN INDEPENDENT	OT EDER	
Summary of Vio	olations	(C -	0 NC	<u>1</u> R	_0		1		
Received by (name and title printed):							Inspected by (name and title printed): Carrie Fischer EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		