Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
AGAVE & RYE (A&R NEW ALBANY IN)	Est 812-993-8226	02/13/2025	
Address 324 E. MAIN ST, NEW ALBANY IN 47150	Own 614-357-7874		
Owner WADE SARBER	**Purpose** X Routine	**Follow Up**	**Released** 02/13/2025
Owner's Address 7630 GIBSON STREET SUITE 110 LIBERTY TOWNSHIP, OH 45069	___ Follow-up		
Person in Charge RENE STRIEGEL	___ Complaint		
Responsible Person's Email KATIE.COMBS@AGAVEANDRYE.COM	___ Pre-Operational		
Certified Food Handler ROBERTO CRUZ PACHECO	___ Temporary	**Menu Type**	
	___ HACCP	1 __ 2 __ 3 X 4 __ 5 __	
	___ 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
171	X			Observed an employee handling ready to eat foods without gloves. Retrain staff.	corrected
431		X		Observed water collecting in a floor gap/ cutout across from the fryer and under a prep cooler.	2 days
239		X		Observed to-go boxes not inverted.	corrected
399		X		Observed the concrete floors worn and exposing large aggregate in areas of high traffic and around equipment in the warewash area. The worn areas are no longer smooth and easily cleanable.	5 weeks
416		X		Observed dead insects in the kitchen's light shields.	1 week
284		X		Observed the thermometer on the warewashing machine reaching 110F and not the minimum 120F.	3 days
345	X			Observed a syrup bottle in the bar's handwashing sink.	corrected
191	X			Observed at least 5 sauces in the walk-in cooler date marked for 8 days instead of 7 days, "2/11 - 2/18". The day the product is made is day one. Retrain staff	1 day
192	X			Observed a lime aoli and a Comeback sauce dated "2-5" in the walkin cooler, 2 days expired.	discarded
294	X			Measured the chlorine sanitizer in the dish machine at 0 ppm.	today

FCHD RECIEVED A ANONYMOUS FOODBOURNE ILLNESS COMPLAINT ABOUT THIS ESTABLISHMENT. WITHOUT FURTHER TESTING OF THE PATIENTS THE ILLNESS COULD NOT BE PROVEN TO COME FROM THIS ESTABLISHMENT.

Summary of Violations C 5 NC 5 R 0 **10**

Received by (name and title printed):	Inspected by (name and title printed):
KATIE COMBS	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: