Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name AMORE ITALIAN	**Telephone Number** Est 812-903-0139 Own 812-725-6480	**Date of Inspection** 02/06/2025	**ID#**
Address 730 HIGHLANDER POINT DR, FLOYDS KNOBS IN 471			
Owner AMORE ITALIAN	**Purpose** X **Routine**	**Follow Up**	**Released** 02/05/2025
Owner's Address 3046 FAIRWAY DR FLOYDS KNOBS, IN 47119-	___ **Follow-up**		
Person in Charge JOHN KEITH/ AL PAPSODORO	___ **Complaint** ___ **Pre-Operational**		
Responsible Person's Email RASTAPASTA2016@ICLOUD.COM	___ **Temporary** ___ **HACCP**	**Menu Type** **1 __ 2 __ 3 X 4 __ 5 __**	
Certified Food Handler IRIE ABREU	___ **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
170		X		Oberved a can of NOS energy drink stored in the ice machine's ice.	corrected
294	X			Measured the dish machine's sanitizer concentration a 0 ppm.	1 day
422		X		Observed a cell phone and eye glasses on a prep cooler's cutting board.	corrected
218		X		Observed the door of the walkin cooler not closing flush. Repair or adjust gasket or door.	1 week
294		X		Observed dried food debris on a wire rack in the walkin cooler.	5 days

MONITOR CAN OPENER.

Summary of Violations C 1 NC 4 R 0 5

Received by (name and title printed): IRE ABREU	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: