

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

| | | | |
|--|--|--|-------------------------------|
| Establishment Name FALLS CITY KITCHEN | Telephone Number Est 502-6436314 Own | Date of Inspection 04/08/2025 | ID# |
| Address 826 W. MAIN ST, NEW ALBANY IN 47150 | Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up | Released 04/18/2025 |
| Owner | | Menu Type 1 __ 2 __ 3 <u>X</u> 4 __ 5 __ | |
| Owner's Address | | | |
| Person in Charge JAMIE MORGAN | | | |
| Responsible Person's Email JMORGAN@FALLSCITYBEER.COM | | | |
| Certified Food Handler | | | |

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 |
|-----------|---|----|---|---|-----------------|
| 218 | | X | | Observed rust on 2 wire storage racks and flaking plastic coating on another, in the walkin cooler. | 2 weeks |
| 324 | | X | | Observed wheeled gas appliances without a safety chain. | before opening |

Summary of Violations C 0 NC 2 R 0 **2**

| | |
|---|---|
| Received by (name and title printed): JAMIE MORGAN | Inspected by (name and title printed): Thomas Snider CFS |
| Received by (signature): | Inspected by (signature):  |
| cc: | cc: |