Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name FALLS CITY KITCHEN	**Telephone Number** Est 502-6436314 Own 502-643-6314	**Date of Inspection** 06/12/2025	**ID#**
Address 826 W. MAIN ST, NEW ALBANY IN 47150			
Owner JOHN NEACE	**Purpose** X **Routine** ___ **Follow-up** ___ **Complaint** ___ **Pre-Operational** ___ **Temporary** ___ **HACCP** ___ **Other (list)**	**Follow Up** 06/12/2025	**Released**
Owner's Address 601 BINFORD NEW ALBANY, IN 47150			
Person in Charge JAMIE MORGAN			
Responsible Person's Email JMORGAN@FALLSCITYBEER.COM		**Menu Type** 1 __ 2 __ 3 X 4 __ 5 __	
Certified Food Handler LAWRENCE MORGAN			

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
195	X			Observed Reduced Oxygen Packaged (ROP) chicken, pork and sauce without prior approval.	1 day
187	X			Measured pork in a hot holding unit at 113F. Pork was reheated to 165F.	corrected
191	X			Observed no datemark on ROP foods.	today
291	X			Observed no quat strips for the sanitizer at the 3 compartment sink.	3 days

Mop sink should be turned off and pressure released from the hoses when not in use.

Summary of Violations C 4 NC 0 R 0 4

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:	cc: