Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name HOMEMADE ICE CREAM & PIE KITCHEN	**Telephone Number** Est 812-590-3580 Own 317-997-8997	**Date of Inspection** 03/10/2025	**ID#**
Address 3113 BLACKISTON MILL RD, NEW ALBANY IN 47150			
Owner HOMEMADE CAFES LLC	**Purpose** X **Routine**	**Follow Up**	**Released** 03/20/2025
Owner's Address 2104 PLANTSIDE DR LOUISVILLE, KY 46037	___ **Follow-up**		
Person in Charge TERESA ROBBINS	___ **Complaint**		
Responsible Person's Email PK4@PIEKITCHEN.COM	___ **Pre-Operational** ___ **Temporary** ___ **HACCP**	**Menu Type** 1 __ 2 X 3 __ 4 __ 5 __	
Certified Food Handler	___ **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
310		X		Observed dust buildup in air vent above 3-comparment sink.	5 days
				NOTES 1) EVALUATE PRODUCTS TO DETERMINE WHAT LABELING IS REQUIRED. 2) CONSIDER ADJUSTING THE SELFCLOSERS ON THE RESTROOM DOORS SO THEY DO NOT SLAM AND CREATE A POTENTIAL HAZARD.	

Summary of Violations C 0 NC 1 R 0 1

Received by (name and title printed): TERESA ROBBINS	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: