



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 57480 (7/24)

FLOYD COUNTY HEALTH DEPARTMENT

Release Date

12/15/2025

Date

12/4/2025

No. of Risk Factor/Intervention Violations

2

Time In

23:15

No. of Repeat Risk Factor/Intervention Violations

0

Time Out

12:00

| | | | | |
|--|---------------------------------------|---|--------------------------|---|
| Establishment LEAVEN BAKERY | Address 1515 E. MARKET ST | City/State NEW ALBANY, IN | Zip Code 47150 | Telephone 502-536-8823 |
| License/Permit # 11304 - Retail Food License | Permit Holder LEAVEN BAKERY | Purpose of Inspection Routine | Est. Type | Risk Category Risk Level 3 (Medium) |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
IN = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

| Compliance Status | | | COS | R |
|--|-----|---|-----|---|
| Supervision | | | | |
| 1 | IN | Person-in-charge present, demonstrates knowledge, and performs duties | | |
| 2 | IN | Certified Food Protection Manager | | |
| Employee Health | | | | |
| 3 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | |
| 4 | IN | Proper use of restriction and exclusion | | |
| 5 | IN | Procedures for responding to vomiting and diarrheal events | | |
| Good Hygienic Practices | | | | |
| 6 | IN | Proper eating, tasting, drinking, or tobacco products use | | |
| 7 | IN | No discharge from eyes, nose, and mouth | | |
| Preventing Contamination by Hands | | | | |
| 8 | IN | Hands clean & properly washed | | |
| 9 | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | |
| 10 | IN | Adequate handwashing sinks properly supplied and accessible | | |
| Approved Source | | | | |
| 11 | IN | Food obtained from approved source | | |
| 12 | N/O | Food received at proper temperature | | |
| 13 | IN | Food in good condition, safe, & unadulterated | | |
| 14 | N/A | Required records available: molluscan shellfish identification, parasite destruction | | |
| Protection from Contamination | | | | |
| 15 | IN | Food separated and protected | | |
| 16 | IN | Food-contact surfaces; cleaned & sanitized | | |

| Compliance Status | | | COS | R |
|--|-----|--|-----|---|
| 17 | IN | Proper disposition of returned, previously served, reconditioned & unsafe food | | |
| Time/Temperature Control for Safety | | | | |
| 18 | IN | Proper cooking time & temperatures | | |
| 19 | IN | Proper reheating procedures for hot holding | | |
| 20 | N/O | Proper cooling time and temperature | | |
| 21 | N/O | Proper hot holding temperatures | | |
| 22 | IN | Proper cold holding temperatures | | |
| 23 | IN | Proper date marking and disposition | | |
| 24 | N/A | Time as a Public Health Control; procedures & records | | |
| Consumer Advisory | | | | |
| 25 | OUT | Consumer advisory provided for raw/undercooked food | | |
| Highly Susceptible Populations | | | | |
| 26 | IN | Pasteurized foods used; prohibited foods not offered | | |
| Food/Color Additives and Toxic Substances | | | | |
| 27 | IN | Food additives: approved & properly used | | |
| 28 | OUT | Toxic substances properly identified, stored, & used | | |
| Conformance with Approved Procedures | | | | |
| 29 | N/A | Compliance with variance/specialized process/HACCP | | |

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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FLOYD COUNTY HEALTH DEPARTMENT

License/Permit #

11304 - Retail Food License

Date 12/4/2025

| | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------------|
| Establishment LEAVEN BAKERY | Address 1515 E. MARKET ST | City/State NEW ALBANY, IN | Zip Code 47150 | Telephone 502-536-8823 |
|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------------|

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS** = corrected on-site during inspection **R** = repeat violation

| Compliance Status | | COS | R |
|---|---|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided & accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, & animals not present | | |
| 39 | Contamination prevented during food preparation, storage & display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used & stored | | |
| 42 | Washing fruits & vegetables | | |

| Compliance Status | | COS | R |
|--|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils: properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored & used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | Non-food contact surfaces clean | | |
| Physical Facilities | | | |
| 50 | Hot & cold water available; adequate pressure | | |
| 51 | X Plumbing installed; proper backflow devices | | |
| 52 | Sewage & waste water properly disposed | | |
| 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | X Physical facilities installed, maintained, & clean | | |
| 56 | X Adequate ventilation & lighting; designated areas used | | |

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN = in compliance

OUT = not in compliance

N/A = not applicable

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|-------------------|----------------------------|-----|---|
| 57 | N/A Outdoor Food Operation | | |

| Compliance Status | | COS | R |
|-------------------|--------------------------------------|-----|---|
| 58 | N/A Mobile Retail Food Establishment | | |

Robert Riddle

Person In Charge (Signature)

Date: 12/4/2025

Thomas Snider, Chief Food Specialist

Inspector (Signature)

Follow-up: NO Follow-up Date:

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Date 12/4/2025

Establishment

LEAVEN BAKERY

Address

1515 E. MARKET ST

City/State

NEW ALBANY, IN

Zip Code

47150

Telephone

502-536-8823

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code. | Complete by Date: |
|-------------|---|-------------------|
| 25 | Observed no consumer advisory for undercooked foods on the menus. | 12/12/2025 |
| 28 | Observed no label on a blue spray bottle in the coffee bar or on the HDX sprayer in back storage room. | 12/5/2025 |
| 51 | Observed water leaking from the ceiling in the restroom. | 12/5/2025 |
| 55 | Observed a damaged ceiling in the restroom from the water leak and cleaning needed from damaged building material and water. | 12/4/2025 |
| 56 | Observed a light fixture out in the back storage room. | 12/12/2025 |

Published Comment Observed Apple butter, that appeared to be whipped, date marked for 10-17. Observed remoulade sauce dated 11-14. Whipped butter is considered a TCS food and remoulade may be depending on its ingredients. Please review these products. Discussed the following with the person-in-charge; Written notification of allergens on menus and packaged food, labeling requirements of packaged food (sect 221), employee illness policy, clean up procedure for vomit or diarrhea. Reviewing all labels for pesticides to ensure they are approved for retail food use.

Robert Riddle

Person In Charge (Signature)

Date: 12/4/2025

Thomas Snider, Chief Food Specialist

Inspector (Signature)

Date: 12/4/2025