



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 57480 (7/24)

FLOYD COUNTY HEALTH DEPARTMENT

Release Date

10/21/2025

Date

10/6/2025

No. of Risk Factor/Intervention Violations

0

Time In

14:24

No. of Repeat Risk Factor/Intervention Violations

0

Time Out

14:33

<b>Establishment</b> LIGHTNING FOOD MART	<b>Address</b> 2620 CHARLESTOWN ROAD	<b>City/State</b> NEW ALBANY, IN	<b>Zip Code</b> 47150	<b>Telephone</b> 812-944-0692
<b>License/Permit #</b> 11171 - Retail Food License	<b>Permit Holder</b> LIGHTNING FOOD MART	<b>Purpose of Inspection</b> Routine	<b>Est. Type</b>	<b>Risk Category</b> Risk Level 1 (Very Low)

**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
<b>Supervision</b>				
1	IN	Person-in-charge present, demonstrates knowledge, and performs duties		
2	N/A	Certified Food Protection Manager		
<b>Employee Health</b>				
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		
<b>Good Hygienic Practices</b>				
6	N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
8	IN	Hands clean & properly washed		
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10		Adequate handwashing sinks properly supplied and accessible		
<b>Approved Source</b>				
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		
<b>Protection from Contamination</b>				
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		
<b>Time/Temperature Control for Safety</b>				
18	IN	Proper cooking time & temperatures		
19	N/A	Proper reheating procedures for hot holding		
20	IN	Proper cooling time and temperature		
21	N/A	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	N/A	Proper date marking and disposition		
24	N/A	Time as a Public Health Control; procedures & records		
<b>Consumer Advisory</b>				
25	N/A	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>				
26	N/A	Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>				
27	N/A	Food additives: approved & properly used		
28	IN	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>				
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 #

11171 - Retail Food License

Date 10/6/2025

<b>Establishment</b> LIGHTNING FOOD MART	<b>Address</b> 2620 CHARLESTOWN ROAD	<b>City/State</b> NEW ALBANY, IN	<b>Zip Code</b> 47150	<b>Telephone</b> 812-944-0692
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**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
<b>Safe Food and Water</b>			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
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		
<b>Food Identification</b>			
37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
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
<b>Proper Use of Utensils</b>			
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		
<b>Utensils, Equipment and Vending</b>			
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		
<b>Physical Facilities</b>			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	X Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	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

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Compliance Status		COS	R
57	N/A Outdoor Food Operation		

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

Tammy Wolford

Person In Charge (Signature)

Date: 10/10/2025

Thomas Snider, Chief Food

Specialist

Inspector (Signature)

Follow-up: NO Follow-up Date:

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License/Permit #

11171 - Retail Food License

Date 10/6/2025

**Establishment**

LIGHTNING FOOD MART

**Address**

2620 CHARLESTOWN ROAD

**City/State**

NEW ALBANY, IN

**Zip Code**

47150

**Telephone**

812-944-0692

**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:
53	Observed no self-closing device on the restroom door.	10/17/2025

**Published Comment** Discussed the need for a procedure to clean up vomit and diarrhea, and illness policy.

Tammy Wolford

**Person In Charge (Signature)**

Date: 10/10/2025

Thomas Snider, Chief Food  
Specialist**Inspector (Signature)**

Date: 10/10/2025