Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name NEW ALBANY VALERO **Address** 327 W. 5TH ST., NEW ALBANY IN 47150	**Telephone Number** Est 812-949-2063 Own 502-930-2572	**Date of Inspection** 04/04/2025	**ID#**
Owner MUHAMMAD ATIF **Owner's Address** 501 SUMMERSET CT SELLERSBURG, IN 47172 **Person in Charge** PATRICK WIGGENTON **Responsible Person's Email** NA27INC@GMAIL.COM **Certified Food Handler** RANVEER SINAH	**Purpose** X **Routine** ___ **Follow-up** ___ **Complaint** ___ **Pre-Operational** ___ **Temporary** ___ **HACCP** ___ **Other (list)**	**Follow Up** **Menu Type** 1 __ 2 X 3 __ 4 __ 5 __	**Released** 04/13/2025

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
411		X		Observed a light fixture out near the pizza prep area. Lighting was measured at 25 ftc. Lighting must be 70 ftc in areas of food prep.	3 weeks
295		X		Observed a dried spill in the walkin cooler.	1 day

Summary of Violations C 0 NC 2 R 0 2

Received by (name and title printed): RANEER SINGH	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: