Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name PANERA BREAD #6256	**Telephone Number** Est 812-670-5307 Own 314-984-1000	**Date of Inspection** 04/14/2025	**ID#**
Address 2135 STATE ST, NEW ALBANY IN 47150			
Owner PANERA LLC	**Purpose** X **Routine**	**Follow Up**	**Released** 04/24/2025
Owner's Address 333 SE 2 AVE, STE 3200 MIAMI, FL 33131	___ **Follow-up**		
Person in Charge LEA RIHN	___ **Complaint**		
Responsible Person's Email ELIZABETH.DRIES@PANERABREAD.COM	___ **Pre-Operational** ___ **Temporary** ___ **HACCP**	**Menu Type** **1 __ 2 X 3 __ 4 __ 5 __**	
Certified Food Handler ELIZABETH DRIERS PEGGY DAVIS CARDAE BROWN	___ **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
218		X		Observed a frozen puddle on the floor in the walk-in freezer	10 days

Summary of Violations **C** 0 **NC** 1 **R** 0 1

Received by (name and title printed): ELIZABETH DRIES	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: