Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
SCOOPS & SMILES WATER ICE	Est 502-416-6165	06/26/2025	
Address 1222 STATE ST SUITE 1, NEW ALBANY IN 47150	Own 502-416-6165		

Owner	Purpose	Follow Up	Released
ANGELA CHAMBERS	X Routine		07/06/2025
Owner's Address 1405 SOUTH ST NEW ALBANY, IN 47150	___Follow-up		
Person in Charge ANGELA CHAMBERS	___Complaint		
Responsible Person's Email LEEANGELA1515@GMAIL.COM	___Pre-Operational ___Temporary	**Menu Type**	
Certified Food Handler	___HACCP ___Other (list)	1 X 2 __ 3 __ 4 __ 5 __	

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
430		X		Observed a water leak from the ceiling and damaged and missing ceiling tiles.	10 days

Summary of Violations C 0 NC 1 R 0 1

Received by (name and title printed):	Inspected by (name and title printed):
ANGELA CHAMBERS	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: