


# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> SMOOTHIE KING	<b>Telephone Number</b> Est (812) 945-5464 Own 502-819-9700/812-557-6	<b>Date of Inspection</b> 04/08/2025	<b>ID#</b>
<b>Address</b> 4214 CHARLESTOWN ROAD SUITE #1, NEW ALBANY	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b>
<b>Owner</b> NUTRITIONAL FOOD SYSTEMS, LLC		<b>Menu Type</b> 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
<b>Owner's Address</b> 1210 WATER WORKS PLACE NEW ALBANY, IN 47150-			
<b>Person in Charge</b> DEBBIE MCILVOY			
<b>Responsible Person's Email</b> MCILVOY1210@GMAIL.COM			
<b>Certified Food Handler</b>			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				NO VIOLATIONS. THE FRONT SINK EQUIPPED WITH A SPRAYER SHOULD NOT BE UTILIZED FOR FOOD PREPARATION UNLESS A SECONDARY CONTAINER IS USED, AS THE AIR GAP HAS BEEN FILLED WITH CONCRETE.	

<b>Summary of Violations</b>	C _____	NC _____	R _____	<b>0</b>
Received by (name and title printed): DEBBIE MCILVOY	Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):	Inspected by (signature): 			
cc:	cc:	cc:		