



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 57480 (7/24)

FLOYD COUNTY HEALTH DEPARTMENT

Release Date

9/29/2025

Date

9/18/2025

No. of Risk Factor/Intervention Violations

0

Time In

20:15

No. of Repeat Risk Factor/Intervention Violations

0

Time Out

20:55

Establishment State Street, LLC (Parlour)	Address 115 W Market St	City/State New Albany, IN	Zip Code 47150	Telephone 812-920-6400
License/Permit # 11671 - Retail Food License	Permit Holder State Street, LLC (Parlour)	Purpose of Inspection Routine	Est. Type Food Establishment	Risk Category Risk Level 2 (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
Supervision				
1	IN	Person-in-charge present, demonstrates knowledge, and performs duties		
2	IN	Certified Food Protection Manager		
Employee Health				
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		
Good Hygienic Practices				
6	N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
8	IN	Hands clean & properly washed		
9	N/A	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN	Adequate handwashing sinks properly supplied and accessible		
Approved Source				
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		
Protection from Contamination				
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		
Time/Temperature Control for Safety				
18	N/O	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	N/O	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking and disposition		
24	N/A	Time as a Public Health Control; procedures & records		
Consumer Advisory				
25	N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations				
26	IN	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances				
27	IN	Food additives: approved & properly used		
28	IN	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
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 #

11671 - Retail Food License

Date 9/18/2025

Establishment State Street, LLC (Parlour)	Address 115 W Market St	City/State New Albany, IN	Zip Code 47150	Telephone 812-920-6400
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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
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
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		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
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
Proper Use of Utensils			
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		
Utensils, Equipment and Vending			
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		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	X Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	X Toilet facilities: properly constructed, supplied, & cleaned		
54	X Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	X 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

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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		

Don Parlour

Person In Charge (Signature)

Date: 9/18/2025

Thomas Snider, Chief Food Specialist
Inspector (Signature)

Follow-up: NO Follow-up Date:

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Establishment

State Street, LLC (Parlour)

Address

115 W Market St

City/State

New Albany, IN

Zip Code

47150

Telephone

812-920-6400

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Other - Walk-In Cooler	38 F	-		-	

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:
51	Observed no airgap on the prep sink's drain pipe.	9/21/2025
53	Observed no covered trash receptacle in the woman's restroom.	9/22/2025
54	Observed the lid and the side door of the dumpster open.	9/18/2025
54	Observed debris around the dumpster.	9/19/2025
56	Observed no ventilation system directly over the smoker in the kitchen.	9/22/2025
56	Measured light intensity over the prep sink in the back prep room at 8-16 footcandles. Lighting should be 50 footcandles in this area.	9/22/2025

Published Comment A fume hood system must be installed over the smoker before it is used. Discussed; Person in charge duties, labeling spray bottles, employee illness reporting policy, clean-up procedures for vomit or diarrhea and written notifications of allergen's.

Don Parlour

Person In Charge (Signature)

Date: 9/18/2025

Thomas Snider, Chief Food

Specialist

Inspector (Signature)

Date: 9/18/2025