Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name V.F.W. NO. 3281	**Telephone Number** Est 812-945-6685 Own 812-945-6685	**Date of Inspection** 02/04/2025	**ID#**
Address 232 E. FIFTH STREET, NEW ALBANY IN 47150			
Owner V.F.W. POST 3281	**Purpose** X **Routine**	**Follow Up**	**Released** 02/14/2025
Owner's Address 232 EAST FIFTH STREET NEW ALBANY, IN 47150-	___ **Follow-up**		
Person in Charge KATHY KELLEMS	___ **Complaint**		
Responsible Person's Email VFWFLOYD@MW.TWCBC.COM	___ **Pre-Operational** ___ **Temporary** ___ **HACCP**	**Menu Type** 1 __ 2 __ 3 X 4 __ 5 __	
Certified Food Handler KATHY KELLAMS	___ **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
322		X	X	Observed no safety chain on the gas appliances under the fumehood.	30 days
218		X		Observed missing caps on the fire suppression systems sprayers.	2 weeks
256		X		Observed no thermometer in the large prep cooler.	1 week
404		X	X	Observed missing coving tiles under the 3 compartment sink. Observed missing coving in the men's restroom around the urinal and stall legs. This gap creates an area that is not easily cleanable. Coving should be installed or the areas filled with caulk.	2 weeks

Summary of Violations C 0 NC 4 R 2 4

Received by (name and title printed): KATHY KELLEMS	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: