Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WILD EGGS	**Telephone Number** Est 812-850-9453 Own 502-409-7848	**Date of Inspection** 03/06/2025	**ID#**
Address 223 W. 5TH ST, NEW ALBANY IN 47150			
Owner WILD EGGS OPERATIONS, LLC	**Purpose** X Routine	**Follow Up**	**Released** 03/06/2025
Owner's Address 1211 HERR LN STE 290 LOUISVILLE, KY 40222	___ Follow-up ___ Complaint ___ Pre-Operational		
Person in Charge AGELICA WEIN	___ Temporary	**Menu Type**	
Responsible Person's Email JOSE@WILDEGGS.COM	___ HACCP	1 __ 2 __ 3 __ 4 X 5 __	
Certified Food Handler ANGELICA WEIN	___ 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
136	X			Observed employee drinks in the prep area, and dish area.	CORRECTED
344	X			Observed bleach bottle in a hand sink. Observed a cast iron skillet in another hand sink.	CORRECTED
392		X		Observed dumpster with lids left open.	CORRECTED

Summary of Violations C 2 NC 1 R 0 3

Received by (name and title printed):	Inspected by (name and title printed): John Klem EHS
Received by (signature):	Inspected by (signature): John Klem

cc:	cc:	cc: