



Retail Food Establishment Inspection Report

Floyd County Health Department

Telephone: 812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Floyds Knobs Elementary</b>	Telephone Number ( ) Establishment <b>812-542-5505</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>2-12-19</b>	ID # <b>18-318</b>
Establishment Address (number and street, city, state, zip code) <b>4484 Scottsville RA FK, IN 47119</b>		Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>NAFCB</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C</b> <input checked="" type="checkbox"/> <b>NC</b> <input checked="" type="checkbox"/> <b>R</b> <input checked="" type="checkbox"/>	
Owner's Address <b>2801 Grantline Rd New Albany</b>		Menu Type (See back of page) <b>1</b> <b>2</b> <b>3</b> <input checked="" type="checkbox"/> <b>4</b> <b>5</b>	
Person in Charge <b>Sara Leuthold</b>			
Responsible Person's E-mail			
Certified Food Handler <b>Sara Leuthold</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 BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			-no violations-	

Received by (name and title printed): <b>Sara Leuthold manager</b>	Inspected by (name and title printed): <b>Thomas Snider, EHS</b>
Received by (signature): <i>Sara Leuthold</i>	Inspected by (signature): <i>Thomas Snider</i>
cc:	cc: