



Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726

X 678

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>Grantline Elementary</b>	Telephone Number <b>812-542-5502</b>	Date of Inspection (m/m/dd/yr) <b>2-4-20</b>	PERMIT # <b>19-122</b>
Establishment Address (number and street, city, state, zip code) <b>4711 Grantline Rd New Albany IN 47150</b>			
Owner <b>NAFCS</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>2801 Grantline Rd</b>		Summary of Violations: <b>C <del>A</del> NC <u>2</u> R <del>0</del></b>	
Person in Charge <b>Christine Combs</b>		Menu Type (See back of page) <b>1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___</b>	
Responsible Person's E-mail			
Certified Food Manager <b>Christine Combs 6-12-23</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
416	NC		Observed dead insects in floor drain.	today
392	NC		Observed dumpster lid open.	today

Received by (name and title printed): <b>Christine Combs - Manager</b>	Inspected by (name and title printed): <b>Thomas Snider, EHS</b>
Received by (signature): <i>Christine Combs</i>	Inspected by (signature): <i>Thomas Snider</i>
cc:	cc: