



# 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 <i>Holy Family School</i>	Telephone Number <i>812-944-6090</i>	Date of Inspection (mm/dd/yr) <i>1-24-20</i>	PERMIT # <i>19-142</i>
Establishment Address (number and street, city, state, zip code) <i>217 Daisy Ln New Albany, IN 47150</i>			
Owner <i>Holy Family Catholic Church</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address		Summary of Violations:  <i>C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i>	
Person in Charge <i>Melanie Dome</i>		Menu Type (See back of page)  <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Responsible Person's E-mail			
Certified Food Manager <i>Nicole R. Shavers</i>			

- 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
				<i>- No Violations -</i>	

Received by (name and title printed): <i>Nicole Shavers Asst Director</i>	Inspected by (name and title printed): <i>Thomas Snider, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: