



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X6600

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>St. Mary of the Knobs</i>	Telephone Number <i>812 923 1630</i>	Date of Inspection (mm/dd/yr) <i>9/17/19</i>	PERMIT # <i>19-290</i>
Establishment Address (number and street, city, state, zip code) <i>3033 Martin Rd. Floyd Knobs, IN 47119</i>	Purpose: <u><i>Routine</i></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>TODAY</i>
Owner		Summary of Violations: <i>C 1 NC Q R Q</i>	
Owner's Address	Person in Charge <i>Jan Jennings</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail		Certified Food Manager <i>Jan Jennings (7/9/24)</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>438</i>	<i>C</i>		<i>Observed unlabeled chemical sprayer</i>	<i>TODAY</i>

Received by (name and title printed): <i>Jan M Jennings</i>	Inspected by (name and title printed): <i>A.J. Ingram (EHS)</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: