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 Cafe 157	**Telephone Number** 502 548 9114	**Date of Inspection (mm/dd/yr)** 6/17/2019	**PERMIT #** 18-37
Establishment Address (number and street, city, state, zip code) 157 E. Main St. New Albany, IN 47150			
Owner Linda Williams	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address	2. Follow-up 3. Complaint	Summary of Violations:	
Person in Charge Linda Williams	4. Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type *(See back of page)*	
Certified Food Manager Linda Williams (2/19/20)	7. Other (list)	1 2 3 X 4 5	

- 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): LINDA WILLIAMS	Inspected by (name and title printed): A.J. Ingram (EHS)
Received by (signature): Linda Williams	Inspected by (signature): aj

cc:	cc:	cc: