Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone:812-948-4726
X387

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 Hull & Highwater	**Telephone Number** ( ) Establishment 812-590-2249 ( ) Owner 502-572-8862	**Date of Inspection (mm/dd/yr)** 1-23-19	**ID #** 18-125
Establishment Address (number and street, city, state, zip code) 324 E Main St, New Albany, IN 47150			
Owner Concrete Jungle	**Purpose:** 1. Routine	**Follow-up** Yes	**Release Date** Today
Owner's Address	2. Follow-up 3. Complaint	Summary of Violations:	
Person in Charge Bree Huffman	4. Pre-Operational	C 2 NC 8 R ___	
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type *(See back of page)*	
Certified Food Handler Michl Richardson 11-3-21	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
191	C		Observed the following Items that were	Corrected
			preped the day before without dates: Shrimp,	
			Salmon, Cole Slaw, Beans, Potatos. Any food	
			Kept over 24 hours must be dated	
344	C		Observed the handsink in the bar being blocked	Corrected
			by drink mats.	
177	NC		Observed plates near drink station not Inverted	Corrected
			or Covered. Observed shrimp not covered	
			in refrigerator in the Kitchen	Corrected
218	NC		Observed both handles on stand up freezer	2 weeks
			broken and in need of repair	
239	NC		observed knives and forks not being stored	Corrected
			handles up at drink station	
256	NC		Observed no thermometer in seafood	Corrected
			refrigerator	
291	NC		Observed no sanitizer test strips in Kitchen or	3 days
			☆ See Page 2 ☆ Bar.	

Received by (name and title printed): Brianne Huffman	Inspected by (name and title printed): Anthony Lieber EHS
Received by (signature): Brianne Huffman	Inspected by (signature):
cc:	cc: / cc:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
Hull & Highwater	324 E Main St	1-23-19

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		Observed Black Buildup around the handsink faucet in the kitchen and the can opener in need of cleaning.	5 days
310	NC		Observed a build-up of dust on the intake vent above the register and vents in both restrooms.	1 week
347	NC		Observed no hand towels available at the hand sink in the bar and in the kitchen	Corrected
			* If an extension is need FCHD must be contacted within 2 weeks *	

Received By (Name & Title)	Inspected By (Name & Title)	
Brianne Huffman	Anthony Lieber EHS	Page 2 of 2

State Form 48621(R2 / 8-05)

Floyd County Health Department Inspection Notes

	Code #	C/NC	Comments
			PIC: Bree Huffman
			CFH: Michl Richardson 11-3-21
			Health Policy (Y) - N Food Code: (Y) - N
5 ✓	239	NC	Handles Down on utensils - corrected
3. ✓	177	NC	Insert water containers & plates - corrected
9 ✓	310	NC	Restroom vents
2 ✓	348	C	Blocked Hand Sink at Bar
10	347	NC	No towels at Bar & Kitchen Hand Sink
4 ✓	310	NC	Intake vent nex to register Dusty
8 ✓	295	NC	Black Buildup on Handsink in Kitchen
10	347	NC	No towell at Handsink in Kitchen - Corrected
7 ✓	291	NC	Test Strips ?? Kitchen & Bar
8 ✓	215	NC	Can opener Dirty
1 ✓	218	NC	Freezer Door Handles
3 ✓	177	NC	Shrimp uncovered in Kitchen Fridge Corrected
1 ✓	191	C	Shrimp Not Dated & Salmon Slaw Beans & Potatoes - corrected
6 ✓	256	NC	Thermo in Seafood Fridge - Corrected
			Tomatos 32° / 35°
			Sausage 37°
			Salmon 39°
			Fish 38° 39°