# Retail Food Establishment Inspection Report

**Floyd County Health Department**
**Telephone:812-948-4726**
X6660

**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**: New Albany Little League | **Telephone Number**: 773-573-8904 | **Date of Inspection (mm/dd/yr)**: 4/5/2019 | **PERMIT #**: 18-174 |
| **Establishment Address (number and street, city, state, zip code)**: P.O. Box 564 New Albany, IN 47150 | | | |
| **Owner**: NA Little League | **Purpose:** 1. Routine (circled) | **Follow-up**: NO | **Release Date**: 10 days |
| **Owner's Address**: 205 Crescent Loop New Albany, IN 47150 | 2. Follow-up | Summary of Violations: | |
| **Person in Charge**: Bud Seidenfaden | 3. Complaint | C 0 NC 0 R 0 | |
| **Responsible Person's E-mail** | 4. Pre-Operational | | |
| | 5. Temporary | Menu Type *(See back of page)* | |
| **Certified Food Manager**: Bud Seidenfaden | 6. HACCP | | |
| | 7. Other (list) _____ | 1 ___ 2 X 3 ___ 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. All corrections | |

| | |
|---|---|
| Received by (name and title printed): Bud Seidenfaden (MOK) | Inspected by (name and title printed): A.J. Ingram (EHS) |
| Received by (signature): | Inspected by (signature): aj |
| cc: | cc: / cc: |