

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

|   |  |   |                               |
|---|--|---|-------------------------------|
| <b>Establishment Name</b><br>FCHS BASEBALL/SOFTBALL CONCESSIONS         | <b>Telephone Number</b><br>Est 812-542-8505<br>Own   | <b>Date of Inspection</b><br>03/30/2022   | <b>ID#</b>                    |
| <b>Address</b><br>6575 OLD VINCENNES ST, FLOYDS KNOBS IN 47119          | <b>Purpose</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) | <b>Follow Up</b>  | <b>Released</b><br>03/30/2022 |
| <b>Owner</b><br>FLOYD CENTRAL ATHLETICS DEPT.                           |  | <b>Menu Type</b><br>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |                               |
| <b>Owner's Address</b><br>6575 OLD VINCENNES RD FLOYDS KNOBS, IN 47119- |  |   |                               |
| <b>Person in Charge</b><br>LARISSA JERKE                                |  |   |                               |
| <b>Responsible Person's Email</b>                                       |  |   |                               |
| <b>Certified Food Handler</b><br>N/A                                    |  |   |                               |

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 COLUMN MARKED AS "R"

| Section # | C | NC | R | Narrative                                     | To Be Corrected |
|-----------|---|----|---|---|-----------------|
| 324       |   | X  |   | Observed sink faucet to have a constant drip. | 1 week          |

**Summary of Violations**    C   0      NC   1      R   0  

|                                       |   |
|---------------------------------------|---|
| Received by (name and title printed): | Inspected by (name and title printed):<br>Thomas Snider CFS |
| Received by (signature):              | Inspected by (signature):<br><i>Thomas Snider</i>           |
| cc:                                   | cc:   |