Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name COFFEE CROSSING							Telephone Number	Date of Inspection	ID#	
Address 4212 CHARLESTOWN ROAD, NEW ALBANY IN 47150							vn 502-214-0196	06/21/2023		
Owner ALAN BUTTS							Purpose X Routine	Follow Up	Released 06/21/2023	
Owner's Address 208 ROSEWOOD DRIVE CLARKSVILLE, IN 47129							Follow-up Complaint			
Person in Charge LILY SMITH							Pre-Operational	M T		
Responsible Person's Email BAILEYC@COFFEECROSSING.COM							Temporary HACCP	Menu Type 1 2 _X 3 4 5		
Certified Food Handler BAILEY COUCH							Other (list)			
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		5" AND IN THE	NARRAIVE COLUMN MARKED AS "R"			
Section #	C NC R Narrative							To Be Corrected		
345 291 297 411	X	X X X		Observed no test Observed biofilm	the handwashing sit strips available. In growth in ice made go below 70 ftc in the first strip in the first	chine	rea.	RETRA 1 WEEK 1 WEEK 2 WEEK	ζ	
Summary of Violations C 1 NC 3 R 0						_	4			
Received by (name and title printed):							Inspected by (name and title printed): John Klem EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		