## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name HONEY CREME DONUTS							Telephone Number 812-945-2150	Date of Inspection	ID#	
Address 514 VINCENNES STREET, NEW ALBANY IN 47150						Ow	n 502-724-0059/502-539-9	04/26/2024		
Owner JASON VAN HORN							Purpose X Routine	Follow Up 04/29/2024	Released 04/26/2024	
Owner's Address 104 BLACKISTON RIDGE CT CLARKSVILLE, IN 47129							Follow-up Complaint			
Person in Charge KRISTIAN BRYANT							Pre-Operational			
Responsible Person's Email  1DONUTHONEY@GMAIL.COM							Temporary			
Certified Food Handler							Other (list)			
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 NARRAIVE COLUMN MARKED AS "R"										
Section #	C NC R Narrative							To Be Corrected		
329	Х			Observed hot water heater to not be functioning. Correction: Repair hot 3 days water heater. Owner stated they would use alternative means to use hot water for warewashing.						
254		X		Observed therm	casning.  cometer in employee foc ction: Replace thermom	3 days				
291		X	X	Observed that th	ney used quat sanitizer to strips. Correction: Ac	y 3 days				
342		Χ		Correction: Han	ne water for handwashin dwashing should be do	3 days				
346 431		X X	X	Correction: Han	ap at hand washing stat dwashing facilities sho up of flour on floor and	3 days				
431		^	^		eaning to prevent build-	e Today				
Summary of Violations C 1 NC 5 R 3								6		
Received by (name and title printed):							Inspected by (name and title printed):  Carrie Fischer EHS			
JASON VAN HORN  Received by (signature):							Inspected by (signature):			
					<u>,                                      </u>		Car esa	Dia-he		
cc:					ce:	·		cc:		