Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
HONEY CREME DONUTS	Est 812-945-2150	02/07/2025	
Address 514 VINCENNES STREET, NEW ALBANY IN 47150	Own 502-724-0059/502-539-9		
Owner JASON VAN HORN	**Purpose** X Routine	**Follow Up**	**Released** 02/07/2025
Owner's Address 104 BLACKISTON RIDGE CT CLARKSVILLE, IN 47129	___ Follow-up		
Person in Charge BRYANT KRISTIAN	___ Complaint		
	___ Pre-Operational		
Responsible Person's Email 1DONUTHONEY@GMAIL.COM	___ Temporary	**Menu Type**	
	___ HACCP	1 X 2 __ 3 __ 4 __ 5 __	
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
346		X	X	Observed no hand soap available for handwashing sink in three compartment sink. FCHD had approved this sink as a handwashing sink so the bathroom does not have to be used on a regular basis.	2 days
291		X		Observed no sanitizer quat test strips.	4 days
297		X		Observed observed mold spots on the wire rack in the glass door cooler in front of the 3-compartment sink.	4 days
204	X			Observed 2 dead mice on sticky traps in the corner by the back door.	discarded
415	X			Observed mice dropping in the drive thru window area and in the employee restroom. Avoid creating dust when removing.	1 day
449	X			Oberved uncovered rodent bait in the employee restroom. If bait is used it must be in an enclosed tamperproof container/ device.	1 day
431		X		Observed an accululation of icing on the wall under the window sill in the fryer area. Observed sprinkles on the storage rack under the sprinkle containers.	2-21-25
174		X		Observed a spray bottle without a label. Person in charge identified it as water.	corrected

PERMITS DO NOT TRANSFER WITH OWNERSHIP.

Summary of Violations C 3 NC 5 R 1 — 8

Received by (name and title printed):	Inspected by (name and title printed):
JASON VAN HORN	Thomas Snider CFS
Received by (signature):	Inspected by (signature): Thomas Snider

cc:	cc:	cc: