Floyd County Health Department Telephone (812) 948-4726

Establishment Name								Telephone Number	Date of	ID#	
THORNTONS #1								Est 812/949-2035	Inspection		
Address 2250 STATE STREET, NEW ALBANY IN 47150								^{Own} 502-425-8022	10/31/2023		
Owner THORTONS LLC								Purpose	Follow Up	Released 11/10/2023	
Owner's Address								Follow-up		ļ	
2600 JAMES THORNTON WAY LOUISVILLE, KY 40245								Complaint			
Person in Charge BJ PLUTE-DIGNAN								Pre-Operational			
Responsible Person's Email STORE1@MYTHORNTONS.COM								Temporary HACCP	Menu Type 1 _ 2 <u>X</u> 3 _	4_5_	
Certified Food Handler ANTHONY KEITH								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 #	С	NC	R	Narrative					To Be C	orrected	
218		Х					in the kitche	en. Establishment has a second	l 2 weeks		
431 X X Observed soda syrup on floor and on co								ter in back hallway behind soda 3 days			
431 X X Observed soda syrup on floor and on counter in back hallway behind soda 3 days dispenser. (This violation was noted on the last 3 inspections) Observed a											
				-	-	-		on floor along wall in walk-in			
								the rest of the cooler. Area ma clean. (repeat violation).	ly		
				Observed counter	er top in	lobby	with coffee i	machines to have a dried spill			
297		х	Х	spilled coffee be					1 week		
271		Λ	X Observed mold spots on drink racks throughout walk-in cooler. 1 week								
The exhasut fans in both restrooms did not appear to be running.											
Summary of Violations C 0 NC 3 R 2							2		3		
Received by (name and title printed):								Inspected by (name and title printed):			
BJ PLUTE-DIGNAN								Thomas Snider CFS			
Received by (signature):								Inspected by (signature):			
								Tam	- initial init	la	
cc:					cc:			<u> </u>	cc:		