Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment N COFFEE CROS					Telephone Numbe	er	Date of Inspection	ID#	
Address 6671 HWY 150, GALENA IN 47119					Own 502-214-0196		05/08/2024		
Owner ALAN BUTTS					Purpose X Routine		Follow Up	Released 05/08/2024	
Owner's Address 208 ROSEWOOD DR CLARKSVILLE, IN 47129					Follow-up Complaint				
Person in Charge JESS FORBES					Pre-Operatio	nal			
Responsible Person's Email GDELONJAY@GMAIL.COM					Temporary HACCP				
Certified Food I	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		
118	Х		Observed PIC was unaware of reportable symptoms and was not able to 10 DAYS produce a written copy of an illness policy that included all excludable illnesses.						
136	X		Observed employee drinks without straws in the food prep area. CORRECTED CORRECTION: Drinks were moved to the employee area						
322	X		observed an atmelevated lines do	-	ker on the mop sinks with	vaives ar	nd 2 WEEK	.5	
Summary of Violations C <u>3</u> NC <u>0</u> R <u>0</u>							3		
Received by (nat	-	inted)	:		Inspected by (name and title printed): John Klem EHS				
Received by (sig	nature):				1 1 1 1 1	Inspected by (signature): The Man			
cc:				cc:	+		cc:		