Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name COFFEE CROSSING Address 140 E MAIN ST, NEW ALBANY IN 47150						Telephone Number 812-946-9410 502-214-0196	Date of Inspection 11/27/2024	ID#
Owner ALAN BUTTS Owner's Address 208 ROSEWOOD DRIVE CLARKSVILLE, IN 47129 Person in Charge ABBY BYRNES Responsible Person's Email BAKERY@COFFEECROSSING.COM Certified Food Handler BAILEY COUCH						Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Released 11/27/2024	
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 # 294 234 352	C NC X X X	X	Observed spoon	tion water in 3 comparts in a cup of water that vo closer on the bakery b	vas <1	35F	To Be C CORRE CORRE 3 WEEK	CTED CTED
Summary of Violations C 1 NC 2 R 1					- I.		3	
Received by (name and title printed):						spected by (name and title ohn Klem EHS	printed):	
Received by (signature):						aspected by (signature):	T< lon	
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