Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
COFFEE CROSSING	Est 812-557-6899	12/26/2024	
Address 805 TALAINA PL, NEW ALBANY IN 47150	Own 502-214-0196		

Owner	Purpose	Follow Up	Released
ALAN BUTTS	X Routine		12/26/2024
Owner's Address 208 ROSEWOOD DRIVE CLARKSVILLE, IN 47129	___ Follow-up		
Person in Charge JESS FORBES	___ Complaint		
Responsible Person's Email GRANTLINE@COFFEECROSSING.COM	___ Pre-Operational		
Certified Food Handler JOSH BECHT, BETHANY OBERMEYER, BAILEY COUCH	___ Temporary	**Menu Type**	
	___ HACCP	1 __ 2 X 3 __ 4 __ 5 __	
	___ 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
191	X			Observed 2 containers of Quiche in the back cooler with an expired date mark. The PIC (person in charge) stated they were froze and had been thawed 4 days prior. Once thawed, the product should datemarked again for 7 days.	1 day
295		X		Observed the cabinet under the front dipper well in need of cleaning from a previous leak.	1 day
256		X		Observed and innacurate thermometer in the under counter cooler near the drive thru.	3 days
192	X			Measured 11 quiche and 5 egg sandwiches, stored in the display cooler, at 47F. This cooler should not be used for TCS foods until it can maintain a temperature of 41F or below. The quiches and sandwhichs were discarded.	before reused.

THE MOP SINK FAUCET SHOULD BE TURNED OFF AND PRESSURE RELEASE WHEN NOT IN USE. THIS PROTECTS THE AVB BACKFLOW DEVICE.

Summary of Violations C 2 NC 2 R 0 4

Received by (name and title printed):	Inspected by (name and title printed):
LIZ BROWN	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: