Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name STARLIGHT COFFEE CO - FLOYDS KNOBS							Telephone Number 812-923-1404	Date of Inspection	ID#	
Address 101 LAFOLLETTE STATION, FLOYDS KNOBS IN 47119							502-645-1411	04/02/2024		
Owner JIM BOOK							Purpose X Routine	Follow Up	Released 04/02/2024	
Owner's Address 6706 WIESEKA HILL RD FLOYDS KNOBS, IN 47119							Follow-up Complaint			
Person in Charge JULIA PALMER							Pre-Operational			
Responsible Person's Email JDGREGORY96@GMAIL.COM Certified Food Handler							Temporary HACCP Other (list)	Menu Type 1 2 _X 3 4 5		
Certified 1 000	i iianuici			JULIA PALMER			Other (list)			
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		" AND IN THE N	ARRAIVE COLUMN MARKED AS "R"			
Section #	С	NC	R	Narrative To Be Corrected						
322	Х		Х	Observed a chemical dispenser hooked up to a mop sink with an 3 WEEKS atmospheric vacuum breaker, with valves and elevated lines downstream.						
344	Х			Observed boxes and a trashcan blocking the hand sink in the ware wash area.						
107		Х		Observed no permit in the store on public display. 10 DAYS						
218		Χ	Χ	_	askets on the bagel	2 WEEKS				
256 404		X X	Χ	Observed no thermometer in the cooler below the expresso machine. Observed missing coving in the back hallway.				10 DAYS 2 WEEKS		
Summary of Violations C 2 NC 4 R 3							Inspected by (name and title printed):			
Received by (name and title printed): JULIA PALMER							John Klem EHS			
Received by (signature):							Inspected by (signature): The Home			
cc:					cc:			cc:		