

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> STARLIGHT COFFEE COMPANY	<b>Telephone Number</b> Est 502-645-1411 Own (502) 645-1411	<b>Date of Inspection</b> 04/11/2024	<b>ID#</b>
<b>Address</b> 3131 GRANTLINE RD, NEW ALBANY IN 47150		<b>Follow Up</b> 04/26/2024	<b>Released</b> 04/11/2024
<b>Owner</b> JIM BOOK	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		
<b>Owner's Address</b> 101 LAFOLLETTE STATION FLOYDS KNOBS, IN 47119-			
<b>Person in Charge</b> RACHELLE BOYSILLO			
<b>Responsible Person's Email</b> SADIEGAUDET@GMAIL.COM	<b>Menu Type</b> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
<b>Certified Food Handler</b> CHRISTINA NAVILLE JIM BOOK JULIA PALMER			

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 undated drink mix intended for use beyond 24 hours.	CORRECTED
322	X		X	Observed an atmospheric vacuum breaker (AVB) with elevated lines and valves downstream.	10 DAYS
234		X	X	Observed stirring spoons in a cup of room temperature water on the bar.	10 DAYS
243		X	X	Observed single use items stored on the floor under the shelving.	CORRECTED
309		X		Observed a non-functional exhaust fan in the women's restroom.	2 WEEKS
392		X		Observed the dumpster open and overflowing with trash.	2 WEEKS
430		X	X	Observed holes in the drywall at the mop sink and in the wall around the electrical box.	2 WEEKS

**Summary of Violations** C 2 NC 5 R 4 **7**

Received by (name and title printed): SADIE GAUDET	Inspected by (name and title printed): John Klem EHS
Received by (signature):	Inspected by (signature): 

cc:	cc:	cc:
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