## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment N	Name				Telephone Number	Date of	ID#	
STARLIGHT COFFEE CO					Est	Inspection		
Address 6500 IN-64, GEORGETOWN IN 47122					Own 812-945-1411	06/24/2024		
Owner					Purpose	Follow Up	Released	
JIM BOOK					X Routine	07/15/2024		
Owner's Address 7613 OLD STATE RD 60 SELLERSBURG, IN 47172					Follow-up Complaint Pre-Operational			
Person in Charge IAN COLEMAN								
Responsible Person's Email					Temporary			
JIM@STARLIGHTCOFFEECO.COM					НАССР	HACCP		
Certified Food 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				
322	22 X X Observed a chemical dispenser hooked up to a mo				up to a mop sink faucet that was le			
				on. The backflow valve on the faucet is	-	e.		
393		Х	Х	Install a bleeder valve. This violation was first cited 10-2-23.  Observed the dumpster drain missing a drain plug.  1 week				
355								
				flying insects from traveling back and f	Forth from the restroom and kitcher	1		
345	Х		Х	contaminationg food and surfaces.  Observed debris and coffee in the hand	washing sink. This sink must be	today		
3.13	^		^	used for handwashing only. Retrain star	_			
342		X		Measured the hot water in the restroom at 75 degree F. The sink was ran for over a minute. Handwashing sinks must reach 100F. Mixer valve may need adjusted.				
Summary of Violations C 2 NC 3 R 3					5			
Received by (nar	me and ti	tle prii	nted):			Inspected by (name and title printed):		
JIM BOOK					Thomas Snider CFS			
Received by (signature):					Inspected by (signature):			
cc:				cc:	<u>-</u>	cc:		