Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name TRUE NORTH COFFEE HOUSE Address 137 E MARKET STREET STE 103, NEW ALBANY IN 47 | | | | | | | Telephone Number 812-725-7358 812-557-0791 | Date of Inspection 02/14/2024 | ID# | |
|---|---------------------------------|----------|-------|--|-----|--------------|--|-------------------------------------|----------|--|
| Owner MICHELLE RYAN Owner's Address | | | | | | | Purpose X Routine Follow-up | Follow Up Release 02/14/202 | | |
| Person in Charge MICHELLE RYAN Responsible Person's Email TRUENORTHCOFFEE812@GMAIL.COM Certified Food Handler | | | | | | | Complaint Pre-Operational Temporary HACCP Other (list) | Menu Type 1 2 _X 3 4 5 | | |
| VIOLATION(S) REPEATI | DENTIFIED IN T ED FROM PREVI | OUS INSP | ECTIO | | | ND IN THE NA | RRAIVE COLUMN MARKED AS "R" | | | |
| Section # | C X | NC | R | Narrative To Be Corrected Observed a y-valve and a chemical dispenser connected to a mop sink with 3 WEEKS | | | | | | |
| 291 393 | X | X | | an AVB. Observed expire | | • | | 1 WEEK 3 WEEK | <u> </u> | |
| Summary of Violations C 2 NC 1 R 0 | | | | | | - 1- | 3 | | | |
| Received by (name and title printed): MICHELLE RYAN | | | | | | | Inspected by (name and title printed): John Klem EHS | | | |
| Received by (signature): | | | | | | In | Inspected by (signature): The Home | | | |
| cc: | | | | | cc: | | | cc: | | |