## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TUMBLEWEED  Address 3005 CHARLESTOWN CROSSING WAY, NEW ALBANY Owner	Telephone Number  Est 812-945-9333  Own 502-618-8357  Purpose	Date of Inspection 02/21/2024 Follow Up	ID#	
MATT HIGGINS/ TW-INDIANA, LLC.  Owner's Address 2301 RIVER ROAD SUITE 200 LOUISVILLE, KY 40206  Person in Charge CLYDE WYZARD  Responsible Person's Email CCX@TUMBLEWEEDINC.NET  Certified Food Handler STACEY BLAIR  MELLANIE BUCK	Routine	Menu Type 1 2 3 _X	03/02/2024	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARK VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMA Section # C NC R Narrative		To Po C	orrected	
ALL VIOLATIONS C	PRRECTED			
Summary of Violations C NC NC	R Inspected by (name and title	0		
CLYDE WYZARD	John Klem EHS	Inspected by (name and title printed):  John Klem EHS		
Received by (signature):	Inspected by (signature):	T\ lon	~	
ce: cc		cc:		