

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name COFFEE CROSSING	Telephone Number Est Own 502-214-0196	Date of Inspection 08/16/2024	ID#
Address 3700 PAOLI PIKE, SUITE 12, FLOYDS KNOBS IN 47119	Purpose <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)	Follow Up	Released 08/26/2024
Owner ALAN BUTTS		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 208 ROSEWOOD DR CLARKSVILLE, IN 47129			
Person in Charge BAILEY COUCH			
Responsible Person's Email BAILEYC@COFFEECROSSING.COM			
Certified Food Handler RACHAEL RUTHERFORD			

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				NO VIOLATIONS. THE MOP SINK FAUCET SHOULD BE TURNED OFF AFTER EACH USE.	

Summary of Violations C NC R **0**

Received by (name and title printed): BAILEY COUCH	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 

cc:	cc:	cc:
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