# Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

| Establishment Name | Telephone Number | Date of Inspection | ID# |
|---|---|---|---|
| TRUE NORTH COFFEE HOUSE | Est 812-725-7358 | 08/27/2024 | |
| **Address** 137 E MARKET STREET STE 103, NEW ALBANY IN 47 | Own 812-557-0791 | | |

| Owner | Purpose | Follow Up | Released |
|---|---|---|---|
| MICHELLE RYAN | X Routine | | 09/05/2024 |
| **Owner's Address** 137 E. MARKET STREET NEW ALBANY, IN 47150 | ___Follow-up | | |
| **Person in Charge** MICHELLE RYAN | ___Complaint | | |
| **Responsible Person's Email** TRUENORTHCOFFEE812@GMAIL.COM | ___Pre-Operational | | |
| **Certified Food Handler** GWEN BOWMAN | ___Temporary | **Menu Type** | |
| | ___HACCP | 1 __ 2 X 3 __ 4 __ 5 __ | |
| | ___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 |
|---|---|---|---|---|---|
| 426 | | X | | Observed an accumulation of unnecessary items in the back room. | 2 WEEKS |

**Summary of Violations** C 0 NC 1 R 0 1

| Received by (name and title printed): | Inspected by (name and title printed): |
|---|---|
| MICHELLE RYAN | John Klem EHS |
| Received by (signature): | Inspected by (signature): John Klem |

| cc: | cc: | cc: |
|---|---|---|
| | | |