## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

|   |   |   |   |   |                        |         | I   |                       | <b>I</b> |  |
|---|---|---|---|---|------------------------|---------|---|-----------------------|----------|--|
| Establishment Name TUMBLEWEED   |   |   |   |   |                        |         | Telephone Number                                      | Date of<br>Inspection | ID#      |  |
| Address<br>3005 CHARLESTOWN CROSSING WAY, NEW ALBANY  |   |   |   |   |                        | Es Ov   | t 812-945-9333<br>wn 502-618-8357                     | 01/30/2024            |          |  |
| Owner   |   |   |   |   |                        |         | Purpose   | Follow Up             | Released |  |
| MATT HIGGINS/ TW-INDIANA, LLC.  |   |   |   |   |                        |         | X Routine   | •                     |          |  |
| Owner's Address   |   |   |   |   |                        |         | Follow-up   |                       |          |  |
| 2301 RIVER ROAD SUITE 200 LOUISVILLE, KY 40206  |   |   |   |   |                        |         | Complaint   |                       |          |  |
| Person in Charge<br>MELANIE BUCK  |   |   |   |   |                        |         | Pre-Operational                                       |                       |          |  |
| Responsible Person's Email  |   |   |   |   |                        |         | Temporary   | Menu Type             |          |  |
| CCX@TUMBLEWEEDINC.NET   |   |   |   |   |                        |         | HACCP   | 1 _ 2 _ 3 <u>X</u>    | 4 _ 5 _  |  |
| Certified Food Handler STACEY BLAIR MELLANIE BUCK   |   |   |   |   |                        |         | 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" |   |   |   |   |                        |         |   |                       |          |  |
| ection # C NC R Narrative   |   |   |   |   |                        |         | To Be Corrected                                       |                       |          |  |
| 191   | Х |   |   | Observed no dates on the sauce bottles in the salsa cooler.  CORRECTED  |                        |         |   |                       |          |  |
| 344   | Χ |   |   | Observed the hand sink by the fryer blocked and inaccessible. 1 WEEK  |                        |         |   |                       |          |  |
| 134   |   | X | Χ | Observed employees wearing rings, bracelets and watches.  TODAY   |                        |         |   |                       |          |  |
| 233   |   | Χ |   | Observed a knife used for splitting potatoes, being stored in ice used as a CORRECTED coolant.                              |                        |         |   |                       |          |  |
| 297   |   | Х |   | Observed a biofilm inside the ice machine. 1 WEEK   |                        |         |   |                       |          |  |
| 310   |   | Χ |   | Observed grease   | e buildup in the fryer | 3 WEEKS |   |                       |          |  |
| 324   |   | Χ |   | Observed a leak   | under the ice machin   | 3 WEEK  | 3 WEEKS   |                       |          |  |
| 431   |   | Х | Х | Observed dirt, debris, and mold growth under the ice machine. Observed grease, dirt, and debris behind the fryer and grill. |                        |         |   |                       | S        |  |
|   |   |   |   |   |                        |         |   |                       |          |  |
|   |   |   |   |   |                        |         |   |                       |          |  |
|   |   |   |   |   |                        |         |   |                       |          |  |
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|   |   |   |   |   |                        |         |   |                       |          |  |
|   |   |   |   |   |                        |         |   |                       |          |  |
| Summary of Violations C 2 NC 6 R 2  |   |   |   |   |                        | -       |   | 8                     |          |  |
| Received by (name and title printed):   |   |   |   |   |                        |         | Inspected by (name and title printed):  John Klem EHS |                       |          |  |
| Received by (signature):  |   |   |   |   |                        | +       | Inspected by (signature):                             |                       |          |  |
|   |   |   |   |   |                        |         |   | J In Jem              |          |  |
| cc:   |   |   |   |   | cc:                    | · ·     |   | cc:                   |          |  |