

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

| | | | |
|--|--|--|-------------------------------|
| Establishment Name PENN STATION EAST COAST SUBS | Telephone Number Est 812-944-9310 Own 502-210-8629 | Date of Inspection 07/09/2024 | ID# |
| Address 4317 CHARLESTOWN RD, NEW ALBANY IN 47150 | Purpose <input type="checkbox"/> Routine <input checked="" 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 07/19/2024 |
| Owner PENN IN LLC | | Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _ | |
| Owner's Address 12407 REHL RD LOUISVILLE, KY 40299 | | | |
| Person in Charge GINGER ALWOOD | | | |
| Responsible Person's Email 157@PENNSUBS.COM | | | |
| Certified Food Handler JEANNETTE HOPKINS | | | |

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 |
|-----------|---|----|---|--------------------------|-----------------|
| | | | | All violations corrected | |

Summary of Violations C NC R **0**

| | |
|---------------------------------------|---|
| Received by (name and title printed): | Inspected by (name and title printed): Carrie Fischer EHS |
| Received by (signature): | Inspected by (signature):  |
| cc: | cc: |