Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name SUBWAY #22660 (SERVELL 2 INC)						Es	Telephone Number	Date of Inspection	ID#	
Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4							vn 626-991-1766	10/18/2024		
Owner							Purpose	Follow Up	Released	
MONISH KAPUR							X Routine	10/25/2024	10/18/2024	
Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143							Follow-up Complaint			
Person in Charge DEEPAK							Pre-Operational			
Responsible Person's Email							Temporary	Menu Type		
DO.SUBWAY@GMAIL.COM							HACCP	1 _ 2 <u>X</u> 3 _	4 _ 5 _	
Certified Food Handler MOHNISH KAPUR							Other (list)			
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		' AND IN THE	NARRAIVE COLUMN MARKED AS "R"			
Section # C NC R Narrative							To Be Corrected			
218	X Observed the undercounter prep cooler not working and a 65F. Serving line 10-25-24								<u> </u>	
					-		rved the towel dispenser at t	he		
107	~			front handwashing sink not working. Measured every food item in the serving coolers at 65F. All TCS foods discarded						
187	Х				A picture of content	aiscaraea				
256		Χ			ermometer in the wa	3 days				
411		Χ			ght out in first restro	10-25-24				
324		X			er odor in the first re	10-25-24				
426	6 X Observed at least 90 boxes, which a hallway near restrooms. Observed or restrooms and in the hallway.									
				A hair restraint a food prep and so		ng any fo	od prep. A sanitizer bucket	should available durin	g	
l										
l										
Summary of Violations C 1 NC 5 R 0										
Received by (na	ame and ti	tle prin	ited):				Inspected by (name and title	printed):		
MOHNISH KAPUR							Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					cc:		,	cc:		



