

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name SUBWAY #22660 (SERVELL 2 INC)	Telephone Number Est Own 626-991-1766	Date of Inspection 11/01/2024	ID#
Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4	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 11/01/2024
Owner MONISH KAPUR		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143			
Person in Charge DEEPAK			
Responsible Person's Email DO.SUBWAY@GMAIL.COM			
Certified Food Handler MOHNISH KAPUR			

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
390		X		Observed the side door open on the dumpster.	today

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

Received by (name and title printed): MONISH KAPUR	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: