

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>Establishment Name</b><br>JIMMY JOHN'S #1802                    | <b>Telephone Number</b><br>Est 812-944-2700<br>Own 617-519-3355  | <b>Date of Inspection</b><br>02/20/2024        | <b>ID#</b>                    |
| <b>Address</b><br>2221 STATE ST. STE C, NEW ALBANY IN 47150        | <b>Purpose</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) | <b>Follow Up</b>                               | <b>Released</b><br>03/01/2024 |
| <b>Owner</b><br>83 SUBS, LLC/ JAY PAGE                             |  | <b>Menu Type</b><br>1 _ 2 <u>X</u> 3 _ 4 _ 5 _ |                               |
| <b>Owner's Address</b><br>5308 ROCK RIDGE DR LOUISVILLE, KY 40241- |  |  |                               |
| <b>Person in Charge</b><br>TIM HAZZEN                              |  |  |                               |
| <b>Responsible Person's Email</b><br>JAY@PAGEQSR.COM               |  |  |                               |
| <b>Certified Food Handler</b>                                      |  |  |                               |

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 |
|-----------|---|----|---|---|-----------------|
| 393       | X | X  |   | Observed dumpster with a drain without a plug. Correction: Dumpsters with drains should have a plug in it. Contact the dumpster company or have the landlord contact them to get a dumpster plug installed for the drain. | 10 days         |

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

|   |   |
|---|---|
| Received by (name and title printed):<br>JAY PAGE | Inspected by (name and title printed):<br>Carrie Fischer EHS  |
| Received by (signature):                          | Inspected by (signature):<br> |
| cc:   | cc:   |