## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SUBWAY #22660 (SERVELL 2 INC)  Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4  Owner MONISH KAPUR  Owner's Address							Telephone Number  wn 626-991-1766  Purpose Routine X Follow-up	Date of Inspection 03/25/2024 Follow Up	ID#  Released 04/04/2024
2993 SEASONS DR GREENWOOD, IN 46143  Person in Charge CLIFFORD NOURSE  Responsible Person's Email DO.SUBWAY@GMAIL.COM  Certified Food Handler MOHNISH KAPUR							Complaint Pre-Operational Temporary HACCP Other (list)	Menu Type 1 2 <u>X</u> 3 4 5	
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"									
392	C	X X		kept closed. A re		or a shared	ection: Dumpsters must be dumpster is to post a sign l.	Today	orrected
Summary of Vi				0 NC	<u>1</u> R _		Increased by (name and title	1	
Received by (name and title printed):  MONISH KAPUR							Inspected by (name and title printed):  Carrie Fischer EHS		
Received by (signature):							Inspected by (signature):		
cc:					cc:			ce:	