Floyd County Health Department Telephone (812) 948-4726

Establishment Name SUBWAY #22660 (SERVELL 2 INC)							Telephone Number t 626-991-1766	Date of Inspection	ID#	
Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4						Ov	020 991 1700	03/04/2024		
Owner MONISH KAPUR							Purpose <u>X</u> Routine	Follow Up 03/25/2024	Released 03/04/2024	
Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143							Follow-up Complaint			
Person in Charge HARRY							Pre-Operational			
Responsible Person's Email DO.SUBWAY@GMAIL.COM							Temporary HACCP	Menu Type 1 _ 2 <u>X</u> 3 _	4 _ 5 _	
Certified Food Handler MOHNISH KAPUR							Other (list)			
				AND NARRATIVE COLUMNS NS ARE DENOTED IN THE "S		ND IN THE	NARRAIVE COLUMN MARKED AS "R"			
Section #	С	NC	R	Narrative		To Be Corrected				
322	Х		Х	Observed prep sink with direct waste connection. Correction: Sinks used 3 weeks for food preparation must have an indirect connection for wastewater. 3						
324		Х		Observed a leak in the cabinet under the soda fountain. Correction: Repair 3 week leak.						
392										
Summary of Violations C <u>1</u> NC <u>2</u> R <u>2</u>								3		
Received by (nat		tle prir	nted):	:			Inspected by (name and title printed):			
MONISH KAPUR							Carrie Fischer EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		