

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name SUBWAY #29999	Telephone Number Est Own 812-820-1180	Date of Inspection 11/13/2023	ID#
Address 1078 COPPERFIELD DR, GEORGETOWN IN 47122	Purpose <input checked="" type="checkbox"/> Routine <input 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 11/13/2023
Owner MACHANT GEORGETOWN LLC		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 3701 MELROSE CT FLOYDS KNOBS, IN 47119			
Person in Charge AKKI PATEL			
Responsible Person's Email MAHANTKRUPA29999@GMAIL.COM			
Certified Food Handler			

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
291		X		Observed no sanitizer test trips for quat sanitizer.	3 days
218		X		Observed the container of dish soap in the middle bay of the 3 compartment sink. Container was connected to the soap dispenser and the hose was too short to reach the container holder. Install a longer hose. Measured quat sanitizer over 400ppm. Concentration was measured at the dispenser. Dispenser should be adjust so it dispenses the correct concentration of quat sanitizer. Continue to dilute until adjusted.	1 week

Summary of Violations C 0 NC 2 R 0 **2**

Received by (name and title printed): NILESHKUMAT PATEL	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: