Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name WHICH WICH Address 3531 GRANT LINE ROAD, NEW ALBANY IN 47150 Owner							Telephone Number 812-920-0637 502-415-5302 Purpose	Date of Inspection 08/31/2023 Follow Up	Released
AALOK SHAH Owner's Address 117 BLACKISTON RIDGE CT CLARKSVILLE, IN 47129							X Routine Follow-up Complaint	08/31/2023	
Person in Charge AL SHAH							Pre-Operational		
Responsible Person's Email ALMYMAN83@GMAIL.COM Certified Food Handler							TemporaryHACCP	Menu Type 1 2 _X 3 4 5	
Certified Food	i Handier						Other (list)		
				AND NARRATIVE COLUMN INS ARE DENOTED IN THE		ND IN THE NA	ARRAIVE COLUMN MARKED AS "R"		
Section #	C	NC	R	Narrative		To Be Corrected			
191	Χ				te mark on container	today			
192	Х			Observed container of corn beef with a label of 8/23/23. 8 days old. PIC today (person in charge) stated that the date was incorrect and it was 2 days old.					
218		Χ		Observed rust or	n and around can oper emoved the can open	1 day			
431		X		Observed the floor drain under drive thru drink machine to be in need of l day cleaning. Cleaning drain regularly prevents drain flys.					
433							o sink is enclosed in a cubby that is 1 day ither be turn upside down to dry or an g mops installed.		
							nip, A plan review was not de to the existing store, No		ted
Summary of V Received by (n AL SHAH Received by (s	ame and t			2 NC :	<u>3</u> R <u>0</u>	Т	nspected by (name and title homas Snider nspected by (signature):		
cc:					cc:		Tam	cc:	la