

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name SUBWAY #3350	Telephone Number Est 812-948-0920 Own (812) 820-1180	Date of Inspection 03/18/2024	ID#
Address 2743 CHARLESTOWN RD, NEW ALBANY IN 47150	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 03/28/2024
Owner UMANG PATEL		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 6712 ELMCROFT CIR LOUISVILLE, KY 40241			
Person in Charge NURONDRA PATEL			
Responsible Person's Email KIRTAN189@YAHOO.COM			
Certified Food Handler UMANG PATEL			

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
				NO VIOLATIONS	

Summary of Violations C NC R **0**

Received by (name and title printed): NURONDRA PATEL	Inspected by (name and title printed): John Klem EHS
Received by (signature):	Inspected by (signature): 
cc:	cc: