

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WHICH WICH	Telephone Number Est 812-920-0637 Own 502-415-5302	Date of Inspection 04/02/2024	ID#
Address 3531 GRANT LINE ROAD, 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 04/12/2024
Owner AALOK SHAH		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 117 BLACKISTON RIDGE CT CLARKSVILLE, IN 47129			
Person in Charge AL SHAH			
Responsible Person's Email ALMYMAN83@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 expired test strips for quat sanitizer. Correction: Obtain new test strips.	1 week

Summary of Violations C 0 NC 1 R 0 **1**

Received by (name and title printed): AL SHAH	Inspected by (name and title printed): Carrie Fischer EHS
Received by (signature):	Inspected by (signature): 
cc:	cc: