

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

|   |   |                                  |                        |
|---|---|----------------------------------|------------------------|
| Establishment Name<br>SUBWAY #29999                         | Telephone Number<br>Est 812-951-1177<br>Own 812-820-1180  | Date of Inspection<br>04/07/2025 | ID#                    |
| Address<br>1078 COPPERFIELD DR, GEORGETOWN IN 47122         |   |                                  |                        |
| Owner<br>UMANP PATEL  | Purpose<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) | Follow Up                        | Released<br>04/07/2025 |
| Owner's Address<br>1078 COPPERFIELD DR GEORGETOWN, IN 47112 |   |                                  |                        |
| Person in Charge<br>DEEP PATEL                              |   |                                  |                        |
| Responsible Person's Email<br>MAHANTKRUPA13207@GMAIL.COM    | Menu Type<br>1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |                                  |                        |
| Certified Food Handler<br>UMANG PATELM                      |   |                                  |                        |

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 |
|-----------|---|----|---|--|-----------------|
| 294       | X |    |   | Observed sanitizer from dispenser at 150ppm. | 10 DAYS         |

|                                       |   |             |            |     |
|---------------------------------------|---|-------------|------------|-----|
| Summary of Violations                 | C <u>1</u>  | NC <u>0</u> | R <u>0</u> | 1   |
| Received by (name and title printed): | Inspected by (name and title printed):<br>John Klem EHS   |             |            |     |
| Received by (signature):              | Inspected by (signature):<br> |             |            |     |
| cc:                                   | cc:   | cc:         | cc:        | cc: |