Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name MCDONALDS #12096 (STATE)						Telephone Number	Date of Inspection	ID#
Address 2107 STATE ST, NEW ALBANY IN 47150						Own 502-267-5719	04/14/2023	
Owner						Purpose	Follow Up	Released
BRANDON BELL						X Routine		04/24/2023
Owner's Address 500 N. ENGLISH STATION RD SUITE 110 LOUISVILLE, KY 40223						Follow-up Complaint		
Person in Charge ESTEAFANIA RIOS						Pre-Operational		
Responsible Person's Email						Temporary	Menu Type	
						HACCP	$1 - 2 - 3 \times $	4 _ 5 _
Certified Food Ha	ndler					Other (list)		
CRITICAL ITEMS ARE IDENT VIOLATION(S) REPEATED FR						N THE NARRAIVE COLUMN MARKED AS "R"		
Section #	C	NC	R	Narrative To Be Corrected				
218	X Observed ice buildup inside the walk in freezer. CORRECTION: Have 3 WEEKS							S
freezer repaired or adjusted to prevent X X Observed an open dumpster. CORREC							TODAY	
closed at all times.								
395	395 X X Observed bird droppings on and arou Dumpsters must be kept clean.					the dumpster. CORRECTION: 1 WEEK		
				FAUCETS LEF DESIGNED FO VALVE TO TH	T ON. THE ATMOSPH OR CONSTANT PRESSI E FAUCET OR CONNE	THAD LINE TO A CHEMICAI ERIC VACUUM BREAKER OF JRE. FCHD RECOMMENDS I CTING THE DISPENSER TO O BE DISCONNECTED BETV	N THE FAUCET IS NO NSTALLING A BLEE AN INDEPENDENT	TC
Summary of Viola	tions	(C <u>-</u>	0 NC	3 R 2	3		
Received by (name	and ti	tle prir	nted):			Inspected by (name and title printed): John Klem EHS		
Received by (signature):						Inspected by (signature): The Man		
cc:					cc:		cc:	