Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
MCDONALD'S 12096	Est (930) 228-3330	03/25/2025	
Address 2107 STATE ST, NEW ALBANY IN 47150	Own 502-909-0335		

Owner	Purpose	Follow Up	Released
SHINE RESTAURANT LLC	X Routine		03/25/2025
Owner's Address 101 N 7TH ST LOUISVILLE, KY 40202	___Follow-up		
Person in Charge ESTAFANIA RIOS PEREZ	___Complaint		
Responsible Person's Email FANNY@BAUERMCD.COM	___Pre-Operational		
Certified Food Handler FANNY RIOS	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 __ 3 X 4 __ 5 __	
	___Other (list)		

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 NARRAIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
324	X			Observed the backflow device on the main water line periodically dripping.	1 week
347		X		Observed no handtowels at the handwashing sink.	corrected
239		X		Observed rusted bolts with rust colored water inside the icemachine on the front panel.	4 days
239		X		Observed single service food containers not inverted.	today

Summary of Violations C 1 NC 3 R 0 4

Received by (name and title printed):	Inspected by (name and title printed):
ESTAFANIA RIOS PEREZ	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: