Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
MCDONALD'S #12900	Est 812-941-1186	04/08/2025	
Address 802 HAUSFELDT LANE, NEW ALBANY IN 47150	Own 502-909-0335		
Owner SHINE RESTAURANT LLC	**Purpose** X Routine	**Follow Up**	**Released** 04/18/2025
Owner's Address 101 N 7TH ST. LOUISVILLE, KY 40202	___ Follow-up		
Person in Charge JOANNE DICKERSON	___ Complaint		
Responsible Person's Email JOHN@BAUERMCD.COM	___ Pre-Operational	**Menu Type**	
Certified Food Handler BRANDON MORGAN JAMES RIDER	___ Temporary	1 __ 2 __ 3 X 4 __ 5 __	
	___ HACCP		
	___ 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
218		X	X	Observed build-up of ice on ceiling of walk-in freezer and dripping onto bags of buns.	2 weeks
392		X	X	Observed dumpster lids left open. Person in charge (PIC) closed lids.	Corrected

Received a complaint about employees not using gloves and no water or soap in the bathroom. No evidence of this was observed during the inspection.

Summary of Violations C 0 NC 2 R 2 2

Received by (name and title printed):	Inspected by (name and title printed):
JOANNE DICKERSON	Carrie Fischer EHS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: