

 <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION</p>	Release Date	7/6/25		Date	6/26/25
	No. of Risk Factor/Intervention Violations	2		Time In	9:30am
	No. of Repeat Risk Factor/Intervention Violations	0		Time Out	10:50am
Establishment	Address	City/State	Zip Code	Telephone	
McDonalds	501 N IN 46	NASHVILLE	47448	8129884452	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category	
		FOLLOW-UP		3	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable				Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Compliance Status		COS		R			
Supervision							
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Person in charge present, demonstrates knowledge, and performs duties					
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Certified Food Protection Manager					
Employee Health							
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper use of restriction and exclusion					
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices							
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco products use					
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Hands clean & properly washed					
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Adequate handwashing sinks properly supplied and accessible					
Approved Source							
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food obtained from approved source					
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature					
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food in good condition, safe, & unadulterated					
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: molluscan shellfish identification, parasite destruction					
Protection from Contamination							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected			<input checked="" type="checkbox"/>		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food-contact surfaces; cleaned & sanitized					

Compliance Status		COS		R	
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition			
24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control; procedures & records			
Consumer Advisory					
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Compliance with variance/specialized process/HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" in box if numbered item is not in compliance			Mark "X" in appropriate box for COS and/or R		
Compliance Status		COS		R	
Safe Food and Water					
30	<input type="checkbox"/>	Pasteurized eggs used where required			
31	<input type="checkbox"/>	Water & ice from approved source			
32	<input type="checkbox"/>	Variance obtained for specialized processing methods			
Food Temperature Control					
33	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			
34	<input type="checkbox"/>	Plant food properly cooked for hot holding			
35	<input type="checkbox"/>	Approved thawing methods used			
36	<input type="checkbox"/>	Thermometers provided & accurate			
Food Identification					
37	<input type="checkbox"/>	Food properly labeled; original container			
Prevention of Food Contamination					
38	<input type="checkbox"/>	Insects, rodents, & animals not present			
39	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display			<input checked="" type="checkbox"/>
40	<input type="checkbox"/>	Personal cleanliness			
41	<input type="checkbox"/>	Wiping cloths: properly used & stored			
42	<input type="checkbox"/>	Washing fruits & vegetables			
Proper Use of Utensils					
43	<input type="checkbox"/>	In-use utensils: properly stored			
44	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled			
45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used			
46	<input type="checkbox"/>	Gloves used properly			
Utensils, Equipment and Vending					
47	<input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			
49	<input type="checkbox"/>	Non-food contact surfaces clean			
Physical Facilities					
50	<input type="checkbox"/>	Hot & cold water available; adequate pressure			
51	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
52	<input type="checkbox"/>	Sewage & wastewater properly disposed			
53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			
54	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			
55	<input type="checkbox"/>	Physical facilities installed, maintained, & clean			
56	<input type="checkbox"/>	Adequate ventilation & lighting; designated areas used			

Person In Charge (Signature) *Loretta Redding* Date: 6/26/25
 Inspector (Signature) *TIFFANY PETIT* Follow-up: YES NO (Circle one) Follow-up Date: 7/25/25



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #

Date 6/26/2025

Establishment: MCDONALDS, Address: 501-N IN 46, City/State: NASHVILLE IN, Zip Code: 47448, Telephone: 812988.4452

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.
IN=in compliance, OUT=not in compliance, N/A=not applicable. COS=corrected on-site during inspection, R=repeat violation

Compliance Status table with columns for COS and R for items 57 and 58.

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes entries like SAUSAGE GRAVY (159°), FOLDED EGG (149°), CAN. BACON (141°), WALK IN FREEZER (0°), WALK IN COOLER (39°), SLICED TOMATOES (38°), BEVAIRE COOLER (32°).

OBSERVATIONS AND CORRECTIVE ACTIONS

Table with 3 columns: Item Number, Description of violation, Complete by Date. Includes items 189a and 4406.

Person In Charge (Signature) and Inspector (Signature) fields with handwritten signatures and dates.

