## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name MCDONALD'S 12096						Est	Telephone Number	Date of Inspection	ID#	
Address 2107 STATE ST, NEW ALBANY IN 47150						Owr	502-909-0335	07/19/2024		
Owner SHINE RESTAURANT LLC							Purpose X Routine	Follow Up	<b>Released</b> 07/19/2024	
Owner's Address 101 N 7TH ST LOUISVILLE, KY 40202							Follow-up	'		
Person in Charge FANNY RIOS							ComplaintPre-Operational			
Responsible Person's Email GABRIEL.TILLY@BAUERMCD.COM							Temporary HACCP	Menu Type 1 2 3 _X	<b>.</b> 4 _ 5 _	
Certified Food Handler FANNY RIOS							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 #	tion # C NC R Narrative							То Ве С	orrected	
334 X Observed that the hose from the mop sink extended below the lip of the sink, removing the air gap. Corrected. Person in charge cut hose above level of the sink.  336 X Observed the mop sink faucet had a y-valve with a line to a chemical dispenser downstream from an atmospheric vacuum breaker and the facet was left on. The atmospheric vacuum breaker on the faucet is not designed to be under constant pressure. FCHD recommends installing a bleeder valve to the faucet or connecting the dispenser to an independent water line or to a hand pump. The hoses may be disconnected between uses in the meantime.										
Summary of Vi	iolations	(	-	2 NC	0 R 0			2		
Received by (name and title printed):							Inspected by (name and title printed):			
GABRIEL TILLY							Carrie Fischer EHS			
Received by (signature):						l I	Inspected by (signature):			
cc:					cc:			cc:		