

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

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|--|--|--|-------------------------------|
| Establishment Name MCDONALD'S #2008 | Telephone Number Est 812-944-2970 Own 502-267-5719 | Date of Inspection 04/12/2023 | ID# |
| Address 2621 CHARLESTOWN RD, NEW ALBANY IN 47150 | Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up | Released 04/22/2023 |
| Owner BRANDON BELL | | Menu Type 1 __ 2 __ 3 <u>X</u> 4 __ 5 __ | |
| Owner's Address 500 N. ENGLISH STATION RD LOUISVILLE, KY 40223 | | | |
| Person in Charge KRISSI LEE | | | |
| Responsible Person's Email KRISTINA.LEE@US.STORES.MCD.COM | | | |
| Certified Food Handler PAULA ZIEGLER PAYTON MAY | | | |

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 NARRATIVE COLUMN MARKED AS "R"

| Section # | C | NC | R | Narrative | To Be Corrected |
|-----------|---|----|---|--|-----------------|
| 256 | | X | | Observed a prep cooler missing a thermometer. | Corrected |
| 324 | | X | | Observed a detached PVC pipe under the ice chest near drivethru window. | 1 week |
| 431 | | X | | Observed an area of piping to the left of the mop sink to be wet and in need of more frequent cleaning. | 3 days |
| 218 | | X | X | Observed small metal shaving near the blade of the can opener. Can opener should be repaired or replaced. --Observed the dish machine not working. | 1 week |
| 433 | | X | | The establishment uses the 3-compartment sink only. (REPEAT) Observed mops not hung to dry at storage area mop sink or in lobby mopsink closet. Observed no hole or hook on mop handle. | 1 day |

Summary of Violations C 0 NC 5 R 1 **5**

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|---|---|-----|
| Received by (name and title printed): KRISSI LEE | Inspected by (name and title printed): Thomas Snider CFS | |
| Received by (signature): | Inspected by (signature): <i>Thomas Snider</i> | |
| cc: | cc: | cc: |