## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name MCDONALD'S 2008  Address 2621 CHARLESTOWN RD, NEW ALBANY IN 47150  Owner SHINE RESTAURANT LLC Owner's Address 101 N 7TH ST LOUISVILLE, KY 40202  Person in Charge NICCI ROJAS  Responsible Person's Email  Certified Food Handler NICCI ROJAS |  |  |  |   |   | Est Own 502-  Purpo X R  F  C  P  T  H     |  | Date of Inspection 06/06/2024  Follow Up  Menu Type  1 2 3 _X | Released 06/16/2024 |  |
|--|--|--|--|---|---|--|--|---|---------------------|--|
|  |  |  |  | AND NARRATIVE COLUMN                      | S MARKED "C"<br>'SUMMARY OF VIOLATIONS" | AND IN THE NARRAIVE                        | COLUMN MARKED AS "R"                                 |   |                     |  |
| Section # C NC R Narrative   |  |  |  |   |   |  | To Be Corrected                                      |   |                     |  |
|  |  |  |  | ATMOSPHERIC<br>CONSTANT PE<br>FAUCET OR C | C VACUUM BREA<br>RESSURE. FCHD R        | KER ON THE FA<br>ECOMMENDS<br>DISPENSER TO | AUCET IS NOT DE<br>INSTALLING A BI<br>O AN INDEPENDE | LEEDER VALVE TO<br>NT WATER LINE. TH                          |                     |  |
| Summary of V  Received by (n   |  |  |  | 0 NC                                      | 1 R 0                                   | -<br>                                      | d by (name and title                                 | te printed):  |                     |  |
| NICCI ROJAS  |  |  |  |   |   | Carrie F                                   | Carrie Fischer EHS                                   |   |                     |  |
| Received by (signature):   |  |  |  |   |   | _  | Inspected by (signature):                            |   |                     |  |
| cc:  |  |  |  |   | cc:                                     | 1  |  | cc:   |                     |  |