



Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

Fax (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER

Exempt by Menu # _____ Expire _____

Date of Inspection 12/21/10	Release Date 12/31/10	Follow Up (Yes - No) NO
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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7 - 24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name GAS AMERICA #49		Telephone Number 765-747-0995	
Establishment Address (number and street, city, state, ZIP code) 4837 WHEELING AV MUNCIE IN 47304			
E-Mail Address LISA.TIFT@GASAMERICA.COM		Purpose: 1 - ROUTINE	Menu Type: 1 - LIMITED PREP
Owner's Name GASAMERICA SERVICES INC		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C 0 NC 3 R	
Owner's Address (city, state, ZIP code) 2700 W MAIN ST GREENFIELD IN 46140			
Name of Person In Charge FREDA MERCER			
Establishment Identification Number 165	County 1 8		

* Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)

* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
17DE	NC		239	Section 239..Equipment, utensils, and linens. Three boxes of single service cups stored on floor in storage shed.	Today
17C	NC		291	Section 291..Sanitizing solutions; testing devices. No chemical test strips provided for sanitized solution.	Today
8, 17D	NC		295	Section 295..Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils. The following non food contact surfaces are not kept clean to sight and touch: a) Inside of the cappuccino machines are soiled with product. b.) Inside the microwave soiled with food debris.	Today

Received By: (Name and Title Printed) X Lenora J. Baker	Inspected By: TAMMY WHITE
Received By: (Signature) X Lenora J. Baker	Inspector Signature: Tammy White

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