



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

DELAWARE COUNTY DEPARTMENT OF HEALTH 100 W MAIN RM 207 MUNCIE IN 47305-2874 (765) 747-7721

Based on an inspection this day, the item(s) noted below identify violations 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.

Form with fields: Establishment Name (Gas America), Telephone Number (747-0995), Date of Inspection (11-2-11), ID # (165), Establishment Address (4837 N. Wheeling), Owner (Lisa Tiff @ Gas America), Owner's Address (2700 W. Main Greenfield 46140), Person in Charge (FRONA MUECCER), Responsible Person's E-mail, Certified Food Handler, Purpose (Routine), Follow-up (NO), Release Date (11-12-11), Summary of Violations (C \_\_ NC \_\_ R \_\_), Menu Type (1 \_\_ 2 \_\_ 3 \_\_ 4 \_\_ 5 \_\_)

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 BELOW AS "R"

ORIGINAL

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text: No Violations

COMPLETED

Received by (name and title printed): Stacey Sayers, Inspected by (name and title printed): NANCY LARSON, Received by (signature): Stacey Sayers, Inspected by (signature): Nancy Larson, cc: