

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										
AMY RODGERS	# 7039729	Expire								
Date of Inspection	Release Date	Follow Up (Yes - No)								
4/1/11	4/11/11	NO								

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

			ation Keduire	mems	. The time timit for t	orrection o	n each viola	non is specific	in me	narranve p	ornon or		100000000		
1,100,000	nment Na		1662									Telephone			
		LD'S #		at aits	y, state, ZIP code)							(765) 23	02-2	//0	
		GALLIA		a, cii	y, state, ZII code)		MUNO	CIE			IN	1	4730	3	
E-Mail	Address								ſ		Purpose	c c	1	Menu Type:	
Owner's TE	Name RHUNE	E'S INC								1	- ROUT	INE	2 -	LIMITED MENU	
	Address	(city, stat	e, ZIP code) /HEELINC	·	AV MUN	CIE	IN	47304	Ì		SUM	MARY OF	VIO	ATIONS:	
Name of	Person I	n Charge			TTV INIOTY	CIL		1,501	1	CP					
ROBERT TERHUNE CRITICAL / NON-C															
Dotatorio	milent roc	71	ii i tuiiioei		1 8		Nan	icy	Į	C _		NO.	2 A	R	
Critical i Violation	tems are in (s) repeat	dentified ted from	in the narrativ previous inspe	re col	umms marked "C" ("? s are denoted in the "	C" Non-C SUMMAR	ritical) Y OF VIOL	ATIONS" and	l in the na	arrative be	ow as "R		U	RIGINAL	
Annex Key	C / NC	R	Section #		Narrative									Corrected By Date	
16F	NC		234		Section 234In-use utensils; between-use storage. The ice machine had a scoop laying in the ce bin.										
8, 17D	NC		295		ection 295Equipmee dispenser was no					act surfac	es, and	utensils. Th	ne	Corrected	
Receive	By (Na		Title Printer	1) <	fore Mana	rel	Inspe	ected By:	TRO	XEU	NANC	Y LARSO	N		
Reverve	By: (S	ignature		On	NAM and		Inspe	otor Signatu	refue	, ,	Non	eyhar		Page 1 of	
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