

Establishment Name

Delaware County Health Department 100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721 Fax

(765)747-7747

OLIVE GARDEN ITALIAN RESTAURANT, THE

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER							
NORMAN ROSE	# 5497476	Expire <u>6/2011</u>					
Date of Inspection	Release Date	Follow Up (Yes - No)					
9/28/09	10/8/09	NO					

Telephone Number 765-287-0405

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.

Establish	ment Ado	dress (nur	nber and stree	t, city, state, Z	IP code)						
304 W. MCGALLIARD RD. MUNCIE							IN	4	7303		
E-Mail Address SSADDLER@GARDEN.COM Purpose:									Menu Type:		
Owner's Name GMRI, INC./ATTN:LICENSING 1 - ROUTINE 3										3 = Advanced Prep	
Owner's Address (city, state, ZIP code) P.O. BOX 593330 ORLANDO FL 330							Ī	SUMMARY OF VIOLATIONS:			
Name of Person In Charge BARRY STEVENSON, GENERAL MANAGER								CRITICAL / NON-CRITICAL / REPEAT			
Establishment Identification Number 200				County District 1 8 C T B C NC					R		
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"											
Annex Key	C / NC	R	Section #				Narrative				Corrected By Date
				No Violati	ons observed du	ring this inspe	ction visit con	nducted	during norma	al business hours	. – 4
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Received By (Name and Title Printed) Inspected By:											
Received By: (Signature)					Inspe	ector Signatur	re: 🗸	lem B	Botkin, DCH	Page 1 of	

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