



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Delaware Co Health Dept
100 W MAIN ST
Muncie IN 47305
765-747-7721
765-747-7747-fax

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.

10/10 - 12/30

Form with fields: Establishment Name (Olive Garden), Telephone Number (765-287-0450), Date of Inspection (11/27/12), ID # (200), Establishment Address (304 W McCalland Muncie IN 47304), Owner (Gomri), Owner's Address (PO Box 695016 Orlando FL 32869), Person in Charge (John Alkove), Responsible Person's E-mail, Certified Food Handler (John Alkove), Purpose (6. HACCP), Follow-up (NO), Release Date (12/7/12), 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'No Violations Observed'. Large 'COMPLETED' stamp is present.

Received by (name and title printed): John Alkove Manager
Inspected by (name and title printed): Terry Troxell
Received by (signature): [Signature]
Inspected by (signature): [Signature]