

**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

BOB WILLIAMS

4914989

Expire 2011

Date of Inspection

11/16/09

Release Date

11/26/09

Follow Up (Yes - No)

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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name PENN STATION		Telephone Number (765) 284-7366	
Establishment Address (number and street, city, state, ZIP code) 3313 N EVERBROOK LANE MUNCIE IN 47304			
E-Mail Address PSINDY@COMCAST.NET		Purpose: 1 - ROUTINE	
Owner's Name CHINSKY REST. GROUP, INC		Menu Type: 2 = Limited Menu	
Owner's Address (city, state, ZIP code) PO BOX 3365 CARMEL IN 46082		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____	
Name of Person In Charge CHINSKY REST. GROUP, INC			
Establishment Identification Number 490	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"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				No violations.	
				ATTENTION: YOUR 2009 FOOD PERMIT WILL EXPIRE ON 31 DECEMBER 2009 AND MUST BE RENEWED NO LATER THAN 31 JANUARY 2010.	

Received By (Name and Title Printed)
Bob Williams, General Manager

Inspected By:

TIM BOTKIN

Received By: (Signature)

Inspector Signature:

Page 1 of 1

OFFICE COPY