

# Delaware County Health Department

100 West Main Street, Room 207

**Muncie, Indiana 47305**

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**CERTIFIED FOOD HANDLER**

BOB WILLIAMS

# 4914989

Expire

Date of Inspection

8/24/11

Release Date

9/3/11

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 <b>PENN STATION</b>		Telephone Number <b>(765) 284-7366</b>	
Establishment Address (number and street, city, state, ZIP code) <b>3313 N EVERBROOK LANE MUNCIE IN 47304</b>			
E-Mail Address		Purpose: <b>1 - ROUTINE</b>	Menu Type: <b>2 - LIMITED MENU</b>
Owner's Name <b>CHINSKY REST. GROUP, INC</b>		SUMMARY OF VIOLATIONS:  CRITICAL / NON-CRITICAL / REPEAT  C _____ NC <u>  /  </u> R _____	
Owner's Address (city, state, ZIP code) <b>745 E 107TH ST INDIANAPOLIS IN 46280</b>			
Name of Person In Charge <b>CHINSKY REST. GROUP, INC</b>			
Establishment Identification Number <b>490</b>	County <b>1 8</b>	District <b>Nancy Larson</b>	

\* 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"

[illegible]

Received By (Name and Title Printed) Nancy Larson, Asst. Manager	Inspected By: NANCY LARSON
Received By: (Signature) Nancy Larson	Inspector Signature: Nancy Larson
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