AND		Delaware County Health Department 100 West Main Street, Room 207			CERTIFIED FOOD HANDLER		
		Muncie Phone	e, Indiana (765)7	47305 47-7721	KELLY D REED	# _4170641	Expire
DEP DEP	ARION	Fax	(765)7	47-7747	Date of Inspection	Release Date	Follow Up (Yes - No)
		email ·		@co.delaware.in.us	9/22/10	10/2/10	NO
	В	ased on a		TAIL FOOD ESTABLISHM his day, the item(s) noted below identify vio			ment
stablic	nment Nar	Sanita	ation Requiren	nents. The time limit for correction of each	violation is specified in the r	arrative portion of this report	
AM	ne Number 282-7020						
stablisl	nment Ado	tress (nur	mber and street	, city, state, ZIP code)			
	ALBA	NY ST		SE	LMA	IN	47383
-Mail F	Address				1.	Purpose:	Menu Type:
Owner's Name SELMA AMERICAN LEGION						1 - ROUTINE	2 - LIMITED MENU
wner's	Address (city, state	, ZIP code)	ST SEI MA IN	J 47393	STRANDY	
315 ALBANY ST. SELMA IN 47383 Name of Person In Charge							
Name of Person In Charge AMERICAN LEGION POST #437						CRITICAL / NON-	CRITICAL / REPEAT
					G T	с ж	R
ritical i	tems are i	dentified	in the narrative	e columns marked "C" ("NC" Non-Critical)	UOLATIONS" and in the	grative below as "P"	VRIGINAI
	n(s) repeat	ed from p		etions are denoted in the "SUMMARY OF V		aractive below as A	Corrected By
inex (ey	1	R	Section #		Narrative		Date
,	NC			No Violations			
	-					ดดญาติด	
						GUNIP	
_							
					Inspected By:		
Received By (Name and Title Printed)						TERRY TRO	
1	1-16	nu	inc I	II. ccli	Inspector Signature:		Page 1 of
Danai	ived Hy	Sonatu	re)			1 million	