

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 Decourse Co HEACH 1901 100 W MAIN St Muncie Dn 47305 765-747-7721 765-747-7747

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 lin	The time limit for correction of each violation is specified in the narrative portion of this report.							
Establishm		AU	Lecion #437	Telephone Number 765 282-7020	Date of In (mm/dd/yr	spection ')	ID#	
			mber and street, city, state, ZIP code)	( )Owner	121	4/12	179	
Establishment Address (number and street, city, state, ZIP code)  315 ALBAN St Selma To 47383								
Owner	1-1-1	HI	SI SEITHA DE 11.50)	Purpose:	Follow-u	p Release	Date	
11.000000000000000000000000000000000000			1 + 437	Routine	10000	Reicase	Date	
Owner's A	meric	An	cesion #751	10/				
Owner's A	adress 1/\ 1/A		(1 (1 -)	2. Follow-up	Summary of Violations:			
315	AIB	ANS	St Selma In 47383	3. Complaint				
Person in C	narge	_		4. Pre-Operational	e_	NC_	R	
He	ilens	Le	each	5. Temporary				
Responsible	e Person's	E-ma	il	Very large transmission	Menu Type (See back of page)			
				6. HACCP			100	
Certified F	ood Handle	er	· ·	7. Other (list)	1 2 4 5			
180	1	1	ak 2/15		1.7-3-1			
Bruce Clark 2/15								
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE	NARRATIVE B	ELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Cor	rected By	
- 1								
	· Ital		No VIOLATIONS OBS	erved.				
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Received by (name and title printed):  Inspected by (name and title printed):								
4 Heren Leach Territroxell								
Received by (signature): Inspected by (signature):								
801///								
They had any notes								
cc:			cc:		cc:			
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