

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721

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email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER							
Amanda Thomas	#	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
6/27/12	7/7/12	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.

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	ZA KIN		mbar and sta	t, city, state, ZIP code)		(765) 289-	-0145
		55%	D 3 NORT		MUNCIE	IN 473	303
			OL.COM		Morreiz	Purpose:	Menu Type:
Owner's Name SWARTZ RESTAURANTS INC.					1 - ROUTINE	2 - LIMITED MENU	
411	1 N	W	e, ZIP code) HEELING	AVE MUNCI	IE IN 430	SUMMARY OF VI	OLATIONS:
Name of JER	Person In RY RIL	Charge LEY				CRITICAL / NON-CRIT	TCAL / REPEAT
Establishment Identification Number 299			n Number	County 1 8	District L S H	C_0_NC_0_R_0_	
Violation	n(s) repeat	dendified ted from	in the narrative	e columns marked "C" ("NC ections are denoted in the "SU	C" Non-Critical) UMMARY OF VIOLATIONS" and in the	e narrative below as "R"	ORICH
Annex Key	C / NC	R	Section #		Narrative		Corrected By Date
	INC			No Violations.			
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		+				DENE PROVIDE	ا لا
						COMMIN 12	=
Recei	ved By (Name a	nd Title Print	ted) Sha	Inspected By:	LYNNETTA HAR	
	y Y ived By	Mignati	nd Title Print Ver 1 /V	Mas On	Inspector Signature	Smeffo S. Harl	Page 1 of 1
Rece	E	XYY	Cinda	Thomas	OFFICE COPY	0 . (]
							ACC.