

Establishment Name

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									
MARY MEFFORD	# 4007530	Expire 4/2011							
Date of Inspection	Release Date	Follow Up (Yes - No)							
2/17/10	2/27/10	NO							

Telephone Number

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.

SUE	SWAY	#17817	<u> </u>								(765)28	37-09	982	
Establish	ment Ad	dress (nu	mber and stree	t, city, state, 2	ZIP code)									
2910 WHITE RIVER BLVD. MUNCIE							CIE		IN 4730				4	
E-Mail Address R.ARNETT@ESTEP-CO.COM								Γ		pose:			Menu Type:	
	TEP & C		ANY, INC.						1 - R0	OUTIN	Е	2 -	LIMITED MENU	
						JS IN	47201	Ī	S	UMM	MARY OF VIOLATIONS:			
Name of Person In Charge MARY MEFFORD, Store Manager									CRITICAL / NON-CRITICAL / REPEAT					
Establishment Identification Number 462 County 1 8					Dist Tim	rict B		С	1	NC		R		
Critical it Violation	tems are i	dentified ed from p	in the narrativ previous inspe	e columns ma ctions are den	arked "C" ("NC" Not toted in the "SUMM	n-Critical) ARY OF VIOL	ATIONS" and	in the na	rrative below	as "R"				
Annex Key	NC /	R	Section #				Narrative						Corrected By Date	
				No violat	ions observed dur	ing this inspec	ction visit.							
													4	
Received	i By (Na	me and	Title Printed) FFORD, Sto	ore Manager	Inspe	ected By:		TIM	ВОТ	KIN, DC	HD		
Received By: (Signature) Maire Melhoul					Inspe	ector Signature	e:	13	-			Page 1 of1		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MICH	FFICE (COPY							