

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 Decaware Co Heart + Dept 100 W Main St Myncie In 47305 765-747-7721 765-747-7747-Pay

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 limit for correction of each violation is specified in the narrative portion of this report.

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Establishm			11 2 -	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#	
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Establishme	ent Addres	s (nh	Riser Blod Munes To 47304	() Owner	44	13	100	
Owner	wh	1/2	Cive Vylor Hunce in 1.5	Purpose:	Follow-up	Releas	e Date	
90	step +	(0.	1 (Routine)	No 21413			
Owner's Ac	ldress			2. Follow-up	Summary of Violations:			
31	85 N	N	ations Rd Columbis In 47201	3. Complaint	Summary of Violations.			
Person in C	harge		The space of the state of the s		6 NC R			
Mar	The state of the s	Ch		4. Pre-Operational				
Responsible	erson's	E-mai	1	5. Temporary	Menu Type (See back of page)			
				6. HACCP				
Certified Fo	ood Handle	er		7. Other (list)	1 2 3 4 5			
MAG	y My	.00	~1					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
				MMARY OF VIOLATIONS" AN				
Section#	C/NC	R	Narrative			o Be Co	rrected By	
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