	N MAII	$\frac{He}{2} + \frac{1}{5}$ $\frac{1}{5} + \frac{1}{7}$ $\frac{1}{5} + \frac{1}{7}$ $\frac{1}{5} + \frac{1}{7}$ $\frac{1}{7} + \frac{1}{7} + \frac{1}{7} + \frac{1}{7}$ $\frac{1}{7} + \frac{1}{7} + 1$	- far					
The time limit for correction of each violation is specified in the narrative portion of this Establishmen				Number	Date of Inspec	ction ID #		
JuBury # 31873				54-180/	(mm/dd/yr)	1 410	2	
Establishment Address (number and street, city, state, ZIP code) 4801 WCLARD W MUNCLE In 47304				acr	2/22	13 177		
Owner Estept Co					Follow-up	2.1.		
Owner's Address NAtional Ld Columbus In 47201				2. Follow-up S 3. Complaint		Summary of Violations:		
Person in Charge Keite Go Kost				4. Pre-Operational		C R		
Responsible Person's E-mail				5. Temporary 6. HACCP		Menu Type (See back of page)		
Certified Food Handler Dorinda Druis				7. Other (list) 12_345			-	
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"								
Section# C/NC	R	Narrati	ive		Т	o Be Corrected B	у	
		No VioLATIONS OBSERVEd						
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Received by (name of	and the	nvistade	Inspected by	(name and title p	winted).			
Y.	KEL	110 LINFORT	Te	ernTro	sxell	-		
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