

## 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

CE	CERTIFIED FOOD HANDLER						
***	#	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
7//11//12	7//21/12	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.

CAMMACK STATION							(765) 759-3871		
Establish	ment Ad	dress (nu	mber and street,	, city, state, ZIP code)					
	0 W JA	CKSO	N ST		MUNCIE	IN	4730	Menu Type:	
E-Mail Address						55 A. M. S. P. C. S.	Purpose: 1 - ROUTINE		
Owner's Name RICHARD W. HOWE						1-8001	INE	PREP	
Owner's 131	Address (	city, stat	e, ZIP code) O RD 300 N	YORKTO	WN IN 47396	SUM	MARY OF VIO	LATIONS:	
Name of Person In Charge KELLY ELLIOTT						CRITICAL	NON-CRITIC	OREPEND.	
Establishment Identification Number 626			n Number	County 1 8	District T G T	c	CRITICAL / NON-CRITICAL / REPEAT  C NC R		
				columns marked "C" ("NC" N tions are denoted in the "SUM	ion-Critical) MARY OF VIOLATIONS" and in	the narrative below as "R	C"		
Annex Key	C / NC	R	Section #		Narrative			Corrected By Date	
				No Violations	83				
					<del></del>				
						6	ON TINE	+52121G	
							<del>4111 V 11111</del>		
Receive	By (N	me and	Title Printed)	Alfrey	Inspected By:	TerryTroTERRY	Y TROXELL		
Received By: (Signature) Insp				alfrey	Inspector Signature:	tremel		Page 1 of	
OFFICE COPY									