RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

DELAWARE COUNTY
DEPARTMENT OF HEALTH
100 W MAIN RM 207
MUNCIE IN 47305-2874
(765) 747-7721

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.

Establishment Name: Damark	**Telephone Number**: ( ) Establishment 765-273-7338 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 2-7-13	**ID #**: ✓
Establishment Address (*number and street, city, state, ZIP code*): 3201 W Bethel Ave, Muncie IN 47304			
Owner: Bassam Helwani	**Purpose:** 1. Routine	**Follow-up**: N	**Release Date**: 2-17-13
Owner's Address: 3201 W Bethel, Muncie IN 47304	2. Follow-up	**Summary of Violations:**	
Person in Charge: Bassam Helwani	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail: N/A	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Required within 6 months	5. Temporary	1 2 3 ✓ 4 5	
	6. HACCP		
	7. Other (*list*)		

• 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	Narrative	To Be Corrected By
			No Violations at the time of inspection	
			IN.GOV - for code book 410-IAC-7-24	
			Ready to be permitted	
			COMPLETED	

Received by (*name and title printed*): Bassam Helwani	Inspected by (*name and title printed*): Sharon I Patter
Received by (*signature*):	Inspected by (*signature*): Sharon Patter

cc:	cc:	cc: