Delaware County Health Department 100 West Main Street, Room 207 Muncie, Indiana 47305 Phone (755)71771	CERTIFIED FOOD HANDLER ANGELA CRISSMORE # KB9706356 Expire		
Phone (765)747-7721 Fax (765)747-7747 email - dchealth@co.delaware.in.us	Date of Inspection 6/30/11	Release Date 7/10/11	Follow Up (Yes - No) NO
RETAIL FOOD ESTABLISH			
Based on an inspection this day, the item(s) noted below identify v Sanitation Requirements. The time limit for correction of each			ient
Establishment Name		Telephone	
EATON PANTRY Establishment Address (number and street, city, state, ZIP code)		765-39	6-3091
	ATON	IN	47338
E-Mail Address JAMILLEROIL@AOL.COM		Purpose:	Menu Type:
Owner's Name		1 - ROUTINE	2 - LIMITED MENU
J A MILLER & SONS OIL CO Owner's Address (city, state, ZIP code)	L		
PO BOX 114 DUNKIRK	IN 47336	SUMMARY OF	VIOLATIONS:
Name of Person In Charge JOHN MILLER		CRITICAL / NON-C	RITICAL / REPEAT
Establishment Identification Number County 189 1 8 T	District G T	CNC	R
T T Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical			1 ODICIMAT
 * Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF 		rrative below as "R"	AMINIMAL
Annex C Key NC R Section #	Narrative		Corrected By Date
No Violations			
Descrived Dut (Name and Title Drinted)	Inspected Dev		
Received By (Name and Title Printed)	Inspected By:	TERRY TROXE	LL
	Inspector Signature:	he Track	Page 1 of
OFFIC	E COPY	Strand	