

## **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

CERTIFIED FOOD HANDLER									
EXEMPT	#	Expire							
Date of Inspection	Release Date	Follow Up (Yes - No)							
8/19/10	8/29/10	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.

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			mber and stree	et, city	y, state, ZIP	code)					(100) 37	
1	WHA			00 18	V 1	*		EATON		IN	4	7338
E-Mail Address DAVIDGRIDER@YAHOO.COM										Purpose: 1 - ROUTINE		Menu Type: 1 - LIMITED PREP
Owner's DA	Name VID Gl	RIDER								1 - KOO1	HAD	1 - DHVILLED I KEP
Owner's 182	Address 09	(city, state N	e, ZIP code) CO RD 200	0 E		EATON		IN 47338		SUM	MARY OF V	TOLATIONS:
	Name of Person In Charge DAVID GRIDER  CRITICAL / NON-CR										/ NON-CRI	TICAL / REPEAT
Establishment Identification Number 607					1	8	Т	District G T		C	NC	R
Critical i	tems are	dentified ted from p	in the narrativ	ection	umns marke s are denoted	d "C" ("NC" I	Non-Criti IMARY (	cal) DF VIOLATIONS	" and in the nar	rative below as "F		DRIGINAL
Annex Key	C / NC	R	Section #					Narrati	ve			Corrected By Date
				N	o Violation	ns						
				L								
Receive	d By (N	ame and	Title Printed	1)				Inspected By	mTrone	(I TAMA	ARA WHIT	E
Receive				,				Inspector Sig	nature:	1. 02		Page 1 of
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