

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							
	#	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
9/11/12	9/21/12	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.

	Sanit	ation Requirer	ments. The time limit for correct	tion of each viola	ation is specified in the	he narrative portion of	this report.		
Establishment Name						Telephone Number			
EATON VI							(765) 396	6-3969	
107 W HA		mber and stree	et, city, state, ZIP code)	EATO)N	IN	4	7338	
E-Mail Address				Diric		Purpose		Menu Type:	
DAVIDGRIDER@YAHOO.COM						1 · · · · · · · · · · · · · · · · · · ·		1 - LIMITED MENU	
Owner's Name DAVID GI	Carlot Control Control								
Owner's Address (city, state, ZIP code) 18209 N CO RD 200 E EATON IN					47338	SUM	SUMMARY OF VIOLATIONS:		
Name of Person In Charge DAVID GRIDER						CRITICAL / NON-CRITICAL / REPEAT			
Establishment Identification Number County					rict	C NC R			
	607		1 8				NC	K	
			ve columns marked "C" ("NC" N ections are denoted in the "SUM?		ATIONS" and in the	e narrative below as "R			
Annex C / Key NC	R	Section #		Corrected By Date					
			NO VIOLATIONS FOUR	ND AT THIS I	NSPECTION				
						,			
Received By (Name and Title Printed)			Insp	ected By:	NANC	Y LARSON	N		
Received By: (Signature)				Insp		rneyfa	sa-	Page 1 of	
				JEELCE /	CODV/	///			

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