100 West Main S Muncie, Indiana	47305	CERTIFIED FOOD HANDLER #Expire		
Fax (765) email - dchealth	747-7721 747-7747 h@co.delaware.in.us	Date of Inspection 2/5/10	Release Date 2/15/10	Follow Up (Yes - No NO
RE Based on an inspection of Sanitation Required	TAIL FOOD ESTABLISHM this day, the item(s) noted below identify vio ments. The time limit for correction of each	MENT INSPECT ation(s) of 410 IAC 7 - 24, violation is specified in the	ION REPORT Indiana Retail Food Establishm marrative portion of this report	ORIGINAL
Establishment Name			felephon	e Number 47-0995
GAS AMERICA #49 Establishment Address (number and street	et, city, state, ZIP code)		/03-/4	+7-0995
4837 WHEELING AV		UNCIE	IN	47304
E-Mail Address			Purpose:	Menu Type:
Owner's Name GASAMERICA SERVICES	INC		1 - ROUTINE	1 - LIMITED PREF
Owner's Address (city, state, ZIP code)				
2700 W MAIN ST GREENFIELD IN 46140 SUMMARY OF Name of Person In Charge				
STEPHANIE WHITE CRITICAL / NON-CH			CRITICAL / REPEAT	
Establishment Identification Number 165	1 8	CDS	C NC	R
	ve columns marked "C" ("NC" Non-Critical) ections are denoted in the "SUMMARY OF V	IOLATIONS" and in the n	arrative below as "D"	
Annex / R Section #		Narrative		Corrected By Date
			COMPL	ETED
Received By (Name and Title Printed			CHRISTINE DELY-STIN	ISON, REHS
Received By: (Signature)	Cater 1	nspector Signature:	YUN	Page 1 of
VOLU	OFFICI	ECOPY		