

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

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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 lin	mit for cor	rection	n of each violation is specified in the narrative portion of the	nis report. 150	1230				
Establishment Name		Telephone Number	Date of Inspection ID #		ID#				
	SAm			7651282 -0897	1		970		
Establishm	ent Addres	s (nun	nber and street, city, state, ZIP code)	( ) Owner	3/1	1/3	763		
4831	NW	he	elm Ave Murere I 47305	<u> </u>					
Owner			110	Purpose:	Follow-u	No.	se Date		
speedwax UC			1. Routine	No 31113					
Owner's Address			2. Follow-up	Summary of Violations:					
PD Box 1580 Springfield OH 45501  Person in Charge			3. Complaint						
Butch Williams			4. Pre-Operational	CNCR					
Responsible Person's E-mail			5. Temporary	Menu Type (See back of page)					
Responsible Ferson's E-man				6. HACCP	including project out of page)				
Certified Food Handler			7. Other (list)	1/2 3 4 5					
EVE	Exend				7				
	Λ	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	No.				
• 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	UNIMARI OF TIODATIONS AN	D IIV THE IV		orrected By		
Section	CINC	_ A	Natiauve			TO BE CO	rrected by		
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			NO VIOLATIONS OBSER	sed					
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					- CO	1/10/11	21160		
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Received by (name and title printed):  Inspected by (name and title printed):									
& James Williams Mar Territroxell									
Received by (signature):  Inspected by (signature):									
& Jum William Mer Trestropel									
cc: / cc: cc:									