

# 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](mailto:dchealth@co.delaware.in.us)**

**CERTIFIED FOOD HANDLER**

GEORGE M CONWELL # 4146620

Expire

Date of Inspection

2/1/10

Release Date

2/11/10

Follow Up (Yes - No)

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.

|   |                      |                          |  |  |  |
|---|----------------------|--------------------------|--|--|--|
| Establishment Name<br><b>MAC'S RESTAURANT</b>   |                      |                          |  | Telephone Number<br><b>765-289-1070</b>  |  |
| Establishment Address (number and street, city, state, ZIP code)<br><b>1307 BATAVIA AVE MUNCIE IN 47302</b> |                      |                          |  |  |  |
| E-Mail Address  |                      |                          |  | Purpose:<br>1 - ROUTINE  |  |
| Owner's Name<br><b>MAC'S RESTAURANT</b>   |                      |                          |  | Menu Type:<br>2 - LIMITED MENU   |  |
| Owner's Address (city, state, ZIP code)<br><b>1307 BATAVIA AVE MUNCIE IN 47302</b>                          |                      |                          |  | SUMMARY OF VIOLATIONS:<br><br>CRITICAL / NON-CRITICAL / REPEAT<br><br>C _____ NC _____ R _____ |  |
| Name of Person In Charge<br><b>GEORGE M CONWELL AND B. WADE VON KLEECK</b>                                  |                      |                          |  |  |  |
| Establishment Identification Number<br><b>61</b>  | County<br><b>1 8</b> | District<br><b>T G T</b> |  |  |  |

\* Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)

\* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"

[illegible]

COMPLETED

|                                      |                      |                |
|--------------------------------------|----------------------|----------------|
| Received By (Name and Title Printed) | Inspected By:        | TIM BOTKIN     |
| Received By: (Signature)             | Inspector Signature: | Page 1 of ____ |

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