

Delaware County Health Department

100 West Main Street, Room 207

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CERTIFIED FOOD HANDLER						
Cynthia Cornwell	# 7430923	Expire 00:00:00				
Date of Inspection	Release Date	Follow Up (Yes - No)				
2/23/12	3/4/12	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.

						765-289-1070	
				t, city, state, ZIP code)	700 207 10		
	7 BATA	AVIA A	AVE .	MUNCIE IN	4730	02	
E-Mail Address					Purpose: 1 - ROUTINE 2 -		
Owner's Name MAC'S RESTAURANT							
Owner's	Address (city, state B	e, ZIP code) ATAVIA	AVE MUNCIE IN 47302 SUM	MARY OF VIO	LATIONS:	
Name of GE	Person II ORGE	n Charge M CON	WELL AN		/ NON-CRITI	CAL / REPEAT	
Establishment Identification Number 61			n Number	County District C 0	NC2	R_0_	
Critical i	tems are i	demined ted from p	in the narrativ	e columns marked "C" ("NC" Non-Critical) ctions are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R		ORIGINALO	
Annex Key	C / NC	R	Section #	Narrative		Corrected By Date	
23B	NC		410	Section 410Functionality of light bulbs and protective shielding. The floresce above the grill/hot holding/prep area was not in place at the time of this inspection	1 Week		
17B	NC		218	Section 218Repair and proper adjustment of equipment. The biscuit prep table corner that is being covered with fraying duct tape. The seals to the Frigiare refrithe cook area are being held in place with duct tape.	60 Days		
						1	
Receive	d By (N	ame and	Title Printed	Inspected By: SHAR	ON PATTEE		
Received By (Name and Title Printed) Received By: (Signature) Received By: (Signature) Cynthia J. Conwell Inspected By: SHARON PATTEE Inspector Signature: Palle							
			0	OFFICE COPY			