A		Deta	ware Co	unty He	ealth Depart		and y				
Re-		100 We	est Main St	street, Roon					RTIFIED FOO	D HANDLE	
CUPY		Muacia Phone	ie, Indiana (765)7	47305		1	THOMAS W/		# 4475720		Expire 10/2011
PER DEP	AST	Fax	(765)7	747-7747			Date of Inspect		Release Date		Follow Up (Yes - No)
Bilton			- dchealth	h@co.dela			2/1/			11/10	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											
		Sanita	ation Requirer	ments. The ti	time limit for correction	ion of each v	riolation is specifi	ied in the n	larrative portion of	this report.	
1000	hment Nar	All Sectors and							ľ	Telephone Nur (765) 282-	
The second second second	Contraction of the local division of the loc	LD'S #1	1662 mber and stree	-t eity state	TIP code)				/	(103) 202	2778
		GALLIA		A, Cuy,	Zir touty	M	UNCIE		IN	47	303
E-Mail A	ALC: NOT THE OWNER OF THE OWNER OWNER OF THE OWNER OWN				and the second secon			ГГ	Purpose:		Micnu Type:
Owner's I	Name RHUN	E'S OF	MUNCIE	<u></u>	and the product line of				1 - ROUT		2 = Limited Menu
Owner's	Address ((city, state	te. ZIP code)	- AV	MINCIE	T	47204	1 F	SIIN		TONIC.
470 Name of	f Person Ir	W In Charge	VHEELING	G AV	MUNCIE	IN	N 47304	1		MARY OF VI	
ANI	DREW	T. TER	RHUNE						CRITICAL	/ NON-CRIT	TICAL / REPEAT
Eştablist	ament Ide	entification 71	on Number		County 1 8	C	District T B	1 1	c	NC	R
Critical it	items are	identified	in the narrati	l	narked "C" ("NC" No	ion-Critical)		1 -		£11	DICINAL
Violation	n(s) repeat	ated from	previous inspe	ections are de	enoted in the "SUMM	AARY OF V	/IOLATIONS" an	id in the na	mative below as "R	e .	THUNAL
Annex Key	C - NC	R	Section #								Corrected By Date
	NU				DLATIONS observ				ucted in all areas	of food	11
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Receive	d By (N	ame and	Title Printed	d)		- P	Inspected By:]
_			Dee Stev	wart, Store	: Manager				Tim Bo	otkin, DCHD	
Receive	d By: (S	Signature)	the s	towa	+	ľ	Inspector Signatu	ure:	Im Both	Lui _	Page 1 of <u>1</u>
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ESTABLISHMENT COPY

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