

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone

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CERTIFIED FOOD HANDLER							
AMY RODGERS	# 7039729	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
11/9/11	11/19/11	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 MCDONALD'S #1662					Telephone Number (765) 282-2778		
			, city, state, ZIP code)			(100) 202-2	erro
	MCGALLI	ARD		MUNCIE	IN.	4739	03
E-Mail Addr	ress				Purpose	- 11	Menu Type:
Owner's Nan TERHI	ne UNE'S INC	2			1 - ROUT	TNE 2	- LIMITED MENU
Owner's Add 4707	dress (city, sta N	te, ZIP code) WHEELING	AV MUNCIE	IN 47304	SUM	MARY OF VIC	DLATIONS:
Name of Per ROBEI	son In Charge RT TERHU	JNE			CRITICAL	./ NON-CRITI	CAL / REPEAT
Establishme	nt Identification 71	on Number	County 1 8	District Nancy Larson	C	NC	_ R
Critical items Violation(s) 1	s are identified repeated from	d in the narrative previous inspec	e columns marked "C" ("NC" No ctions are denoted in the "SUMN	on-Critical) IARY OF VIOLATIONS" and i	in the narrative below as "F	"EII (JRIGINAL
nnex	C R	Section #	1	Narrative			Corrected By Date
		1	No	Violations			
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Received	By (Name a	nd Title Printe	d Assistant	Inspected By:	- 1	NCY LARSON	7
Received	By Signat	Podow	V	Inspector Signat	refancy La	you	Page 1 of _1
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