		100 We Munci	est Main S e, Indiana		CERTIFIED FOOD HANDLEF		R Expire	
DEP	111	Phone Fax		747-7721 747-7747	Date of Inspection	Release Date	Follow Up (Yes - No)	
				h@co.delaware.in.us	12/29/10	1/8/11	NO	
P		Sanit	an inspection	CTAIL FOOD ESTABLISHN this day, the item(s) noted below identify vio ments. The time limit for correction of each v	lation(s) of 410 IAC 7 - 24	, Indiana Retail Food Establishment narrative portion of this report.		
	Establishment Name MID STATES CONCESSION SUPPLY (765) 289-5							
-						<u> (103) 203-</u> .	5505	
the second state of the se	Establishment Address (number and street, city, state, ZIP code) 1026 BURLINGTON DR MUNCIE IN 47302							
E-Mail A MI	Address DSTAT	ESCON	ICESS@SI	BCGLOBAL.NET		Purpose:	Menu Type: 1 - LIMITED PREP	
MID STATES CONCESSION SUPPLY								
	Owner's Address (city, state, ZIP code) PO BOX 910 MUNCIE IN 47308 Name of Person In Charge GLEN OHMIT, OWNER CRITICAL / NON-CRITICAL							
GL	EN OH	MIT, O	WNER			CRITICAL / NON-CRITI	CAL / REPEAT	
Establish	hment Ide	ntification 158	n Number	County 1 8 TA	District S W	C _ 0 NC _ 3	_ R	
* Critical i* Violation	n(s) repea	idemified ted from	in the narration previous inspectively and the second seco	ve columns marked "C" ("NC" Non-Critical) ections are denoted in the "SUMMARY OF V	TOLATIONS" and in the r	arrative below as "R"	PRIGINAL	
Annex Key	C / NC	R	Section #		Narrative		Corrected By Date	
16C	NC		177	Section 177Food storage. Several b	oxes of food stored on t	loor in walk in freezer.	Today	
17DE	NC		239	Section 239Equipment, utensils, and linens. Several boxes of single service paper products stored on floor in loft area of garage. Today				
24	NC		413	Section 413Protected outer opening: along the bottom of the garage door - ca		the bottom of the front door and	1 Week	
						<i>*</i>		
Receive	d B	ame and	Title Printer	d)	nspected By:			

Received B/ (Name and Title Printed)	Inspected By: TAMMY WHITE
Acceived By: (Signature S	Inspector Signature: Page 1 of 1
- Many	OFFICE COPY)