

## **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

CERTIFIED FOOD HANDLER						
SALLY ELROD	# 4508020	Expire				
Date of Inspection	Release Date	Follow Up (Yes - No)				
12/14/00	12/24/00	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.

1440 5131 51A A A A A A A A A A A A A A A A A A						elephone Number (765) 282-4848		
Establishment Address (number and street, city, state, ZIP code)								
1200 N MINNETRISTA PKWY MUNCIE IN 473						03		
E-Mail Address			Purpose:		Menu Type:			
Owner's Name MINNETRISTA CULTURAL CENTER					1 - ROUTINE 1			
Owner's Address (city, state, ZIP code) 1200 N MINNETRISTA PKWY MUNCIE IN 47303 SUMMARY OF VIO						OLATIONS:		
Name of Person In Charge MINITRISTA CULTURAL FOUNDATION CRITICAL/ NON-CRITICAL/						REPEAT		
Establishment Identification Number County District C D S C ENC						_ R		
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"								
Annex Key	C / NC	R	Section #	Narrative		Corrected By Date		
				NO VIOLATIONS WERE OBSERVED AT TIME OF THIS INSPECTION.				
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Received By (Name and Title Printed)  Inspected By:  CHRISTINE DELY-STINSON, REHS								
Received By: Signature Inspector Signature:								
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