

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)						
4/6/10	4/16/10	NO						

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

	Based o	n an insp	ection this day	y, the item(s) noted below in The time limit for correction	dentify violation(s) of	410 IAC 7 - 24, I	ndiana Retail Food	f Establishmen	nt		
Establishment Name							Telephone Number				
MINNETRISTA CULTURAL CENTER						(765) 282-4848					
Establishment /	Address (r	number a	nd street, city	, state, ZIP code)							
1200 N MINNETRISTA PKWY MUNCIE						IN 47303					
E-Mail Address							Purpose	Purpose:		Menu Type:	
Owner's Name MINNETRISTA CULTURAL CENTER							1 - ROUTINE 2 - LIMIT			TED MENU	
Owner's Address (city, state, ZIP code) 1200 N MINNETRISTA PKWY MUNCIE IN 47303						03	SUMMARY OF VIOLATIONS:				
Name of Person In Charge MIINITRISTA CULTURAL FOUNDATION							CRITICAL / NON-CRITICAL / REPEAT				
Establishment Identification Number 379				County 1 8	District CDS		C NC R				
Critical items ar Violation(s) rep	e identific eated from	ed in the n previou	narrative colu is inspections	mns marked "C" ("NC" Non are denoted in the "SUMMA	n-Critical) ARY OF VIOLATION	IS" and in the nar	rative below as "R	"			
Annex Key	C / R Section # Narrative							Corrected By Date			
				NO VIOLATIONS F	OUND AT THIS IN	SPECTION					
					8						
							CO		ETE		

Received By (Name and Title Printed)

Inspected By:

Y-STINSON, REHS

Received By: (Signature)

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