

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

DELAWARE COUNTR DEPARTMENT OF HEALTH
100 W MAIN RM 207
MUNCIE IN 47305-2874

(765) 747-7721 Based on an inspection this day, the item(s) noted below identify violations 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.

Establishme 1200 Owner M.M. Owner's Ad 1200 Person in C Chef Certified Fo Chef • CRITICAL	htrista ent Address hetrist idress harge Person's Char Char Char ITEMS AF	er Is I	2/15/2016 Redman Stephanie Wiles NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		Follow-up Summary C_O Menu Typ 12	-2013 Release Date $2 \cdot 26 \cdot 2013$ of Violations: $NC \stackrel{0}{-} R \stackrel{0}{-}$ pe (See back of page) $3 4 5$
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	
Section#	C/NC	R	Narrative			To Be Corrected By
Received by			No Violations Aboted of inspection	at the til	ne DNP	LETED
Chef Received by	Chi	AR	Les Redunou CEL Supaciter	Sharon I Par Inspected by (signature) Sharp Pat	lt rc Le cc:	-
V	/					2