



Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER

JOHN CROUSE # 4289362		Expire _____
Date of Inspection 9/30/10	Release Date 10/10/10	Follow Up (Yes - No) 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 MISSISSINEWA TAVERN	Telephone Number (765) 396-9371
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Establishment Address (number and street, city, state, ZIP code) 125 HARRIS ST EATON IN 47338

E-Mail Address

Owner's Name DEIDA CROUSE

Owner's Address (city, state, ZIP code) PO BOX 272 EATON IN 47338

Name of Person In Charge DEIDA CROUSE

Establishment Identification Number 328	County 1 8	District T G T
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Purpose: 1 - ROUTINE	Menu Type: 2 - LIMITED MENU
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SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT NC R
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* 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	

COMPLETED

Received By (Name and Title Printed) Deida Crouse	Inspected By: TERRY TROXELL
Received By: (Signature) <i>Deida Crouse</i>	Inspector Signature: <i>Terry Troxell</i>

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