

Establishment Name

Delaware County Health Department 100 West Main Street, Room 207

Muncie, Indiana 47305

Phone Fax

(765)747-7721 (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER								
JOHN CROUSE	# 4289362	Expire						
Date of Inspection 6/30/11	Release Date 7/10/11	Follow Up (Yes - 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.

	nment Nar						Telephone Num	ber	
							(765) 396-9	371	
			mber and street	t, city, state, ZIP code)					
	HARR	SST			EATON	IN	4733	8	
E-Mail Address							Purpose: 1 - ROUTINE 2 - I		
	Name IDA CR		The second secon			1 - 800		- LIMITED MENU	
Owner's 808	Address (city, state R	e, ZIP code) ACE	EATON	IN 47338	SUM	MARY OF VIO	LATIONS:	
Name of JOF	Person In	Charge OUSE				CRITICAL	L / NON-CRITI	CAL / REPEAT	
Establishment Identification Number 328 County T					District T G T	С	C NC R		
Critical i	tems are i	dentified ed from	in the narrative	e columns marked "C" ("NC"	Non-Critical) MMARY OF VIOLATIONS" and in	the narrative below as "	R"	RIGINAL	
nnex Key	C /	R	Section #		Narrative			Corrected By Date	
	NC			No Violations					
			-						
		-							
		-							
					le un			•	
Recei	ved By	Name a	nd Title Print	ROUSE	Inspected By:	TER	RRY TROXELI		
	ved By	7	/	wie	Inspector Signatu	ire:	Infeel	Page 1 of	
	-+	Xe	AV C		OFFICE COPY				