Delaware Co. Health Dept
100 W Main St
Muncie IN 47305
765-747-7721
765-747-7747-Fax

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

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.

10:00 10:45

Establishment Name Mississinewa Tavern	**Telephone Number** 765) 396-9311	**Date of Inspection** (*mm/dd/yr*) 11/28/12	**ID #** 328
Establishment Address (*number and street, city, state, ZIP code*) 125 Harris · Eaton IN 47338	( ) Owner		
Owner John Crouse / Mississinewa Tavern	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 12812
Owner's Address 125 Harris Eaton IN 47338	2. Follow-up	**Summary of Violations:**	
Person in Charge John Crouse	3. Complaint 4. Pre-Operational	C 2 NC 1 R___	
Responsible Person's E-mail	5. Temporary 6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Pending	7. Other (*list*)	1___ 2 X 3___ 4___ 5___	

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
1187	C		The certified food handler certificate was expired.	90 days
187	C		The make table reach in cooler was observed maintaining an internal temperature of 46F - 48F	Today
410	NC		The Lights in the Kitchen was observed without shielding or shatterproof Bulbs.	1 week

COMPLETED

Received by (*name and title printed*): John Crouse	Inspected by (*name and title printed*): Terry Trowell
Received by (*signature*): John Crouse	Inspected by (*signature*): Terry Trowell
cc:	cc: / cc: