THE A		100 W		Inty Health Department reet, Room 207 47305	CER Lynn marshall	TIFIED FOOD HANDLER # 5109570 Expire	
	周	Phone		47-7721			
DEPN	JELC .	Fax		47-7747	Date of Inspection 9/21/09	Release Date 10/1/09	Follow Up (Yes - No NO
		email		@co.delaware.in.us	L		NU NO
		Sanit	an inspection t	TAIL FOOD ESTABLISHM his day, the item(s) noted below identify viol nents. The time limit for correction of each v	lation(s) of 410 IAC 7 - 24, In	ndiana Retail Food Establishn	ORIGIN
Establish			DAVEDY	/ CAFÉ #1074		Telephon	
	and the second se			t, city, state, ZIP code)		(705)	286-5452
			ARD RD		INCIE	IN	47303
E-Mail A	ddress	BREAD	COM			Purpose:	Menu Type:
Owner's 1	Name			(1)11.0778		1 - ROUTINE	2 - LIMITED MEN
	and the second se	the second s	LICENSE N e, ZIP code)	IANAGER			
6710	0	C	LAYTON	RD RICHMOND HEIGHTS M	O 63117	SUMMARY OF	VIOLATIONS:
Name of PAN	Person In VERA,	n Charge LLC				CRITICAL / NON-C	RITICAL / REPEAT
Establish	ment Ide		n Number		District	C_0_NC_	0 р
0.22		397			DS		<u> </u>
				e columns marked "C" ("NC" Non-Critical) ctions are denoted in the "SUMMARY OF V	IOLATIONS" and in the nam	rative below as "R"	
Annex	C	R	Section		Narrative		Corrected By
Key	NC	R.	#		Nallauve		Date
				No VIOLATIONS			
Received	By (Na	me and	Title Printed) Ir	aspected By:	dimen of the	TINGON
Received	D (C)	ancture		7 SWIFF III	spector Signature	CHRISTINE DELY-S	
X	ani	manure)	XL	en marazen	ispector signature	XIT	Page 1 of
		L) OFFICE			

0	-	-	CE	CO	DV
	-	-			PY
~				~~	