STARE		Delaware County Health Department			CERTIFIED FOOD HANDLER			
(Frank)			est Main St e, Indiana	reet, Room 207 47305	LYNN MARSHALL	# 5109570		Expire
(U)		Phone	(765)7	47-7721	Date of Inspection	Release Date		Follow Up (Yes - No)
DEP	182	Fax email -		47-7747 @co.delaware.in.us	9/15/11		25/11	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					rotation is specified in the na	arative portion of t	Telephone Num	ber
PANERA BREAD #1074							(765) 286-5	452
Establishment Address (number and street, city, state, ZIP code) 812 E MCGALLIARD RD MUNCIE IN 4730								12
E-Mail A		JALLIA		WIC		Purpose:		Menu Type:
Oumaria	Nama					1 - ROUTI		- LIMITED MENU
Owner's Name PANERA, LLC LICENSE MANAGER								
Owner's Address (city, stateling) ST LOUIS MO 63127 SUMMAR							MARY OF VIO	LATIONS:
Name of Person In Charge PANERA, LLC						CRITICAL	/ NON-CRITIC	CAL / REPEAT
			n Number	County	District	τ		
Establishment Identification Number 397				1 8 Nan	cy Larson	C	NG	
<ul> <li>* Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)</li> <li>* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"</li> </ul>								
Annex	C	R	Section		Narrative			Corrected By Date
Key	NC		#					
				No violations observed during this in	spection.			
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Received By (Name and Title Printed Nasha 11					Inspected By:	_ NANG	CY LARSON	
Received By Signation					Inspector Signature:	Da		Page 1 of 1
ANG A COMPANY								
OFFICE COPY								