

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721

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CERTIFIED FOOD HANDLER # 8556703 Expire 11/14/2016 Brandon Miller Date of Inspection Follow Up (Yes - No) Release Date 10/31/12 11/10/12 NO

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

		Sani	tation Requirer	nents. The time limit for corre	ection of each violation is specified i	in the narrative portion of	this report.		
Establishment Name Telephone Nur								nber	
PANERA BREAD #1074 (765) 286-54								5452	
Establishment Address (number and street, city, state, ZIP code) 812 E MCGALLIARD RD MUNCIE IN 4730								03	
F. Mail Address								Menu Type:	
Owner's Name 1 - ROUTINE 2 -								2 - LIMITED MENU	
PANERA, LLC LICENSE MANAGER								DIMITED MENO	
Owner's Address (city, st&e)LZTH & COUS MO 63127 SUMMARY OF VIO								DLATIONS:	
Name of Person In Charge Kevin Simon CRITICAL / NON-CRIT								ICAL / REPEAT	
Establish	nment Ide	ntificatio	n Number	County 1 8	District SIP	C _ 0	C 0 NC 0 R 0		
Critical it Violation	tems are i	dentified ed from	in the narrativ	e columns marked "C" ("NC" ctions are denoted in the "SUM	Non-Critical) MMARY OF VIOLATIONS" and in	the narrative below as "R	"		
nnex Key	C / NC	R	Section #	1 1 E	Narrative			Corrected By Date	
	No violations were noted during this inspection								
				AN EMPLOYEE HEAI	LTH POLICY WAS DISCUSSE	ED.			
				19					
				1					
Received By (Name and Title Printed) Keyin Simon SHARON PATTEE									
Received By: (Signature) Received By: (Signature) Inspector Signature:								Page 1 of	