

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 PERWARE CO NEACH A DEFI 100 W MAIN St. MUNCHE IN 47305 765 - 747 - 7721 765 - 747 - 7771

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.

			to calculation is specimen in the marriance portion of the	100		80
Establishme		Ba	ens # 60/074	765286-5452	Date of Inspe (mm/dd/yr)	, I
Establishme	ent Addre	ss (numb	er and street, city, state, ZIP code). Literal Cd Munzie I 47303	() Owner	2/12	413 397
Owner	•	2		Purpose:	Follow-up	Release Date 22213
Owner's Ac		1 77		1. Routine 2. Follow-up	Summary of Violations:	
Person in C	E	Jest	lliand Rd Munzie I 47303	3. Complaint		NG P
	INN I	MAC	shall	4. Pre-Operational 5. Temporary		NCR_/
Responsible	Person's	E-mail		6. HACCP	Menu Type	(See back of page)
Certified Fo			shall	7. Other (<i>list</i>)	12	> 3_45
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
			No Vicuations Obse			
				CO		
Received by (name and title printed): Inspected by (name and title printed):						
Received by	y (signatul		Marshall Manager	Inspected by (signature):	rell	