

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Dein	WATE	Co	HEACT.	+ DA
100	Wm.	A.a	ST	
mu	NCIE	B	1473	05
765	74	7-	7721	
765	74	7-	7747	FAX

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.

The time finite for correction of each violation is specified in the narrative portion of	ms report. /09	0 11 >>		
Establishment Name	Telephone Number (765) 289-2424	Date of Inspection ID #		
Establishment Address (number and Seet, city, state, ZIP code)	() Owner	12/21/13 98		
2802 E Memorial Dr Muncie I 47302	,			
Owner	Purpose:	Release Date		
Burroz Rest. Inc	Routine	yes 3813		
4111 Nwheelm Ave Muncie I 47304	2. Follow-up	Summary of Violations:		
Person in Charge	3. Complaint	c nc_Z r		
leresp Warfel	4. Pre-Operational	c nc_z		
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type (See back of page)		
	7. Other (list)			
Certified Food Handler		1_2_3_4_5_		
Jeresa Warkel		/		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN			
Section# C/NC R Narrative	1 0	To Be Corrected By		
	ystem was o			
with heavy soiled	STEASE DUNO 4	P		
on the Interior,				
	0 .1			
430 Mc The floor under And	Around the	* 1		
Ice maker was observed damaged Sodays				
Also the drawage from the				
differt outlets to the floor drain.				
reads to be ge-adjusted to				
prevent water dan	rage to the			
Floor.				
		-70		
	200			
	La	ILPR I PR		
Received by (name and title printed):	Inspected by (name and title p	rinted):		
XCrysta Mewman Shift leader		ا) م		
Received by (signature):	Inspected by (signature):	7.1		
XC , dal Jour	Ten The	fuel		
cc: cc:		cc:		
DI ASSIST				