

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

-0.0	Decaware Concacto Dept
	DECAMPTE CONCACTH Dept 100 W MAIN ST MUNCIE + 12 47305
	765-747-7721
	765-747-7747-FAY

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 parartive portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.							
Establishment Name				Telephone Number 7652896145	Date of Inspection ID # (mm/dd/yr)		
Fetablishme	ent Addres	s (nu	nber and street, city, state, ZIP code)		2/20/12 299		
8010 N StRed 3 MUNCIEL 47363							
Owner	10.05		0	Purpose:	No 32/3		
SWATTZ REST.				Routine			
Owner's Address				2. Follow-up	Summary of Violations:		
411	INh	Jh-	eeling Ave Mynciety 47304	3. Complaint	/		
Person in C	harge		n	4. Pre-Operational	C/ NC R		
15	2556	>	Morepa	5. Temporary			
Responsible	Person's	E-mai		6. HACCP	Menu Type (See back of page)		
					\sim		
Certified Fo	od Handle	er 1		7. Other (list)	12_345		
\cup	ehor	al	- BASS				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
MANUAL S. 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 Narrative	1 1/	To Be Corrected By		
181	C			ms IN the	2		
			Socoo Reach in e	cooler was	Today		
			observed Not being	& held cold	8		
			1 1 .	Penperature			
				1/	1 -20		
	A.) HAM ON SALAD MEASURED 580						
	B) HARD Boiled egg MEAGURES 580						
	C) Cheese dressing measured 590						
	3.						
					n non Pariall		
	CONTRACTOR OF THE PROPERTY OF						
	LOUND						
Received by (name and title printed): Inspected by (name and title printed):							
1 7 DSa Morgan lern roxel							
Received by (signature):							
Transa Margan I In The Will							
cc: CC:							