

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 Delaware Co. Health Dept. 100 W. Main St. Rm207 Muncie, IN 47305 Ph (105) 747-7721 Fax(705) 747-7747

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.

		centor	n of each violation is specified in the narrative portion of this	*			
Establishme				Telephone Number	Date of Ins (mm/dd/yr)		ID#
DIZ	22a	K	ing# 67	765 396-9568			
Establishment Address (number and street, city, state, ZIP code)				( ) Owner	11/10	1/12	2
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Owner	1 4 -	2	111111111111111111111111111111111111111	Purpose:	Follow-uj	Releas	se Date
	nuct	ZV	TINC		NO		29/12
Owner's Ad			,1140	1. Routine			
Owner's Ac	11 h	1	Murkie, IN	2. Follow-up	Summary of Violations:		
	111	٧,	Wheeling Ave. Muncie, IN	3. Complaint	000		
Person in C			<del></del> 0	4. Pre-Operational	$C \bigcirc NC \bigcirc R \bigcirc C$		
Ro	hort	_	Jones		100		
Responsible	e Person's	E-mail	3.0	5. Temporary	Menu Type (See back of page)		
				6. HACCP		,	
Certified Fo	ood Handle	r		7. Other (list)	1 2	$\chi_3$	4 5
Certification and the second s							-''-
Robert Jones 8917108 3/20/2017							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" 1 - 12.41 Qut - 1:10							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
			Narrative			To Re Co	orrected By
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Received by (name and file printed); Inspected by (name and title printed):							
Liberate Lines Linnetta S. Harley							
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