

Establishment Name

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721

Fax (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER								
ELMER E. CASE	# EH000179427	Expire 10/2011						
Date of Inspection	Release Date	Follow Up (Yes - No)						
4/19/10	4/29/10	YES						

Telephone Number

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Based on an inspection this day, the item(s) noted below identify violation(s) 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.

AMVETS POST 12							(317) 287-9054					
Establishment Address (number and street, city, state, ZIP code) 7621 ST PD 2 NOPTH MUNICIPALITY AND ADDRESS AND								IN	×4	17303		
7621 ST. RD. 3 NORTH MUNCII E-Mail Address						CIE	r					
									Purpose: Menu Type 1 - ROUTINE 2 - LIMITED			Menu Type: LIMITED MENU
Owner's Name AMVETS POST 12, INC.									. Ro	:ec/#.##.3#d		
Owner's Address (city, state, ZIP code) 7621 ST. RD 3. NORTH MUNCIE IN 47303									SUMMARY OF VIOLATIONS:			
Name of Person In Charge MARY BORCHERS, Manager									CRITICAL / NON-CRITICAL / REPEAT			
Establish	nment Ide	ntification 324	n Number	C	ounty 8	Dist Tim	trict B		C NC R			
* Critical i	tems are i	dentified	in the narrativ	e columns marked	d "C" ("NC" No		L		18	709	ADECENIAL	
	(s) repear	ted from p		ctions are denoted	in the "SUMN	IARY OF VIOL	LATIONS" and	a in the n	arrative below as	s R	T	Committed Div
Annex Key	ex / B Section Narrative									Corrected By Date		
	NO VIOLATIONS OBSERVED DURING THIS ROUTINE SEMI-ANNUAL INSPECTION VISIT.										ON	
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BONNIE COZAT					Insp	ector Signatu	ıre:	11M	BOTKIN, DC	П [Page 1 of 1	
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