

## **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									
GREG HATHAWAY	# EX20524566	Expire							
Date of Inspection	Release Date	Follow Up (Yes - No)							
6/30/11	7/10/11	NO							

## 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.

Establish	ment Na	ne									Telephone 1	Numl	oer
AMVETS POST 12							(765) 287-9054						
ı			mber and stree	t, city, state	, ZIP code)								
7621 ST. RD. 3 NORTH MUNCIE								TE		IN	4	730	3
E-Mail Address									Purpose:			Menu Type:	
Owner's Name AMVETS POST 12, INC.									1 - ROU	JTINE	2 -	- LIMITED MENU	
Owner's Address (city, state, ZIP code) 7621 ST. RD 3. NORTH MUNCIE IN 47303								Ė	SU	MMARY OF	VIO	LATIONS:	
Name of Person In Charge AMVETS POST #12										CRITICAL / NON-CRITICAL / REPE			
Establishment Identification Number Count 324 1							Distri T G	T T		С	NC/	-	R
Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical) Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"											PRIGINAL		
Annex Key	C / NC	R	Section #				1	Narrative					Corrected By Date
	110			No Vio	lations								
								,					
													. 100
Received By (Name and Title Printed)  Inspected By:							cted By:	TERRY TROXELL					
Received By: (Signature) Reuch Inspect							ctor Signatur	re: <	Lite	ngel		Page 1 of	

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