



Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER

Expire _____

Date of Inspection

1/4/11

Release Date

1/14/11

Follow Up (Yes - No)

YES

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.

Establishment Name SCOTTY'S BREWHOUSE		Telephone Number 765-747-5151	
Establishment Address (number and street, city, state, ZIP code) 1700 W UNIVERSITY AVE MUNCIE IN 47303			
E-Mail Address TJENYK@SCOTTYSBREWHOUSE.COM		Purpose: 1 - ROUTINE	
Owner's Name SCOTTY'S BREWHOUSE, INC.		Menu Type: 3 - ADVANCED PREP	
Owner's Address (city, state, ZIP code) 1700 W UNIVERSITY AVE MUNCIE IN 47303			
Name of Person In Charge SCOTT M WISE			
Establishment Identification Number 285	County 1 8	District CDS	

ORIGINAL

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C 1 NC 0 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"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
5.5ABCD	C		187	Section 187..Potentially hazardous food; hot and cold holding- SALAD MAKE STATION REACH-IN COOLER WAS NOT ABLE TO HOLD FOOD TEMPERATURES AT 41 DEGREES OR LESS. DISCARD ALL PHF IN COOLER. COOLER IS BEING REPLACED WITHIN 2 WEEKS. DO NOT USE CURRENT COOLER FOR PHF HOLDING.	DISCARD

Received By (Name and Title Printed)

 Received By: (Signature)

Inspected By: **CHRISTINE DELY-STINSON, REHS**
 Inspector Signature:

OFFICE COPY