

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

KC20047247 DEBBIE MARTIN Expire 5/2011

Date of Inspection Release Date 12/18/09

12/28/09

_ NC ____ R

Follow Up (Yes - No) NO

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT	U	ETAI	L	O	OD	ES	TAB	LISH	MENT	INSF	PECT	TON	REP	OR'	I
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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 Telephone Number SIGNATURE INN (765) 284-4200 Establishment Address (number and street, city, state, ZIP code) 3400 N CHADAM LN MUNCIE IN 47304 E-Mail Address Purpose: Menu Type: 1 - ROUTINE 1 = Limited Prep Owner's Name KITCHEN HOSPITALITY, LLC Owner's Address (city, state, ZIP code) 4770 S ATLANTA RD **SMYRNA** 30080 GA SUMMARY OF VIOLATIONS: Name of Person In Charge CATHY HEWSON, MGR CRITICAL / NON-CRITICAL / REPEAT District County Establishment Identification Number

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В

Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)

364

* Violation	n(s) repea	ted from	previous inspe	ctions are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"		
Annex Key	C / NC	R	Section #	Narrative	Corrected By Date	
			- 1	No violations.		
					i eka	
					1170	
				COMPLE		

Received By (Name and Title Printed) Cathy Hewson, General Manager	Inspected By: Tim Botkin, DCHD			
Received By: (Signature)	Inspector Signature:	Page 1 of1_		