E-Mail Address Owner's Name SUB S CORPORATION Owner's Address (city, state, ZIP code)	TERRY COCHRAN Date of Inspection 7/1/10 TENT INSPECTIO lation(s) of 410 IAC 7 - 24, Individuality is specified in the narr INCIE	tiana Retail Food Establishme ative portion of this report. Telephone 317-288 IN Purpose: 	Expire Follow Up (Yes - No) NO ent Number 3-5221 47304 Menu Type: 4 - EXTENSIVE PREP
3113 N OAKWOOD AV MUNCIE IN 47304 SUMMARY OF VI Name of Person In Charge WILLIAM GOINS, MRG. CRITICAL / NON-CRITICAL / NON-CRIT			
Establishment Identification Number County I	District		
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 C OR			
Annex Key / R Section #	Narrative		Corrected By Date
VIOLATIONS FROM INSPEC Image: Imag		COMPL	ETED
Received By (Name and Title Printed) Inspected By: CHRISTINE DELY-STINSON, REHS			
Received By: (Signature) Bill Joing Inspector Signature: Page 1 of 1 OFFICE COPY			