ARE		Delaware County Health Department			7.5			
		100 We	est Main St	reet, Room 207	CER	TIFIED FOOD HA	222 N.	
			e, Indiana		TERRY COAHRAN	# 6426015	Expire	
DEP	Z	Phone Fax		47-7721 47-7747	Date of Inspection	Release Date	Follow Up (Yes - No)	
		111112-02-02-02-02-02-02-02-02-02-02-02-02-02		@co.delaware.in.us	6/28/11	7/8/11	NO	
RETAIL FOOD ESTABLISHMENT INSPECTION REPORT								
	E			his day, the item(s) noted below identify vio				
Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment Name Telephone Number								
SUNSHINE CAFE (765)							5) 288-5221	
Establishment Address (number and street, city, state, ZIP code)								
							47304	
E-Mail A	E-Mail Address						Menu Type: 3 - ADVANCED	
Owner's Name 1 - ROUTINE							PREP	
WAFFLE HOUSE MUNCIE, INC								
Owner's Address (city, state, ZIP code) AV MUNCIE IN 47304 SUMMARY OF VIOLATIONS:								
Name of Person In Charge WILLIAM GOINS						CRITICAL / NON-CRITICAL / REPEAT		
Establishment Identification Number County District						3	P	
Establishment Identification Number 29 1 8 T G T CN							REAL	
 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" 								
	n(s) repea	lea from p		cuons are denoted in the SUMMART OF V	ionations and in the half	ante beron as A	Corrected By	
Annex	ĩ	R	Section #		Narrative		Date	
Key	NC		#	NT 17' 1 4'				
				No Violations				
							~	
Received By (Name and Title Printed) Allowing Linspected By: LYNNETTA HARLEY								
TERRY L'COAHRAN MANAGER LYNNETTA HARLET								
Received By Signature Agbac Inspector Signature: Harley Page 1 of								
OFFICE COPY								