Delaware County Health Dep: 100 West Main Street, Room 207 Muncie, Indiana 47305		CERTIFIED FOOD HANDLER TERRY COAHRAN # 6426015 Expire 4/28/2014		
Phone (765)747-7721 Fax (765)747-7747 email - dchealth@co.delaware.in.us		tion Release Date 4/11 11/24	4/11 Follow Up (Yes - No) 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				
Establishment Name SUNSHINE CAFE		ied in the narrative portion of this		
Establishment Address (number and street, city, state, ZIP code) 3113 OAKWOOD	MUNCIE	IN	47304	
E-Mail Address		Purpose:	Menu Type:	
Owner's Name WAFFLE HOUSE MUNCIE, INC			NE 3 - ADVANCED PREP	
Owner's Address (city, state, ZIP code) AV MUNCIE IN 47304 SUMMARY OF V.			MARY OF VIOLATIONS:	
Name of Person In Charge WILLIAM GOINS			NON-CRITICAL / REPEAT	
Establishment Identification Number County 29 1 8	L S H	C_1	NC 0 R 0	
Critical items are identified in the narrative columns marked "C" ("NO Violation(s) repeated from previous inspections are denoted in the "SU	2" Non-Critical) JUMMARY OF VIOLATIONS" an	d in the narrative below as "R"	ORIGINAL	
Annex C R Section Key NC R #	Narrative		Corrected By Date	
Section 187. Potential	lly hazardous food; hot and cold ckaged hash browns were being l		Corrected	
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		60	MPLEUEW	
Received By (Name and Title Printed) TERRY L. COAHRAN	Mar Inspected By:	C LYNNET	TA HARLEY	
Received By: (Signature) Jerry R. Wahr	La Inspector Signer	muth S. Har	leg Page 1 of 1	
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