

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305 (765)747-7721

Phone Fax (765)747-7747

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CERTIFIED FOOD HANDLER		
TERRY COAHRAN	# 6426015	Expire 2016/03/30
Date of Inspection	Release Date	Follow Up (Yes - No)
5/16/12	5/26/12	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

and analysis to the control of the c	hone Number 5) 288-5221
NOTE:	5) 288-5221
Lestablishment Address (number and street city state 712 code)	
3113 OAKWOOD MUNCIE IN	47304
E Mail Address	
Purpose:	Menu Type: 3 - ADVANCED
WAFFLE HOUSE MUNCIE, INC	PREP
	OF VIOLATIONS:
Name of Person In Charge WILLIAM GOINS CRITICAL / NO	N-CRITICAL / REPEAT
Establishment Identification Number County District SIP C 0 N	$\frac{2}{R}$ R 0
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"	URIGINAL.
	Compared Day
Annex / R Section Narrative	Corrected By Date
Section 148. Bulk milk; at the bulk milk machine the tubing is hanging below the refruint by approximately 3".	rigeration Today
Section 430. Repairing premises, structures, and attachments; The interior surface of twalk-in cooler has rusted and the condenser fan has loose, chipping paint. In the kitchen worn in the floor under the prep table. The seal of the	
ice machine door has became detached and is hanging loose.	
	7576
	EIL
AN EMPLOYEE HEALTH POLICY WAS DISCUSSED.	
Received By (Name and Title Printed) William Goins Inspected By: SHARQN PA	TTEE
Received By: (Signature) William Joins Inspector Signature: March 1	Page 1 of