STARE				Inty Health Department reet, Room 207	CERTIFIED FOOD HANDLER		
ID		Munci	e, Indiana	47305	TONY ALEXANDER	# 4979043	Expire
DEP		Phone Fax		47-7721 47-7747	Date of Inspection	Release Date	Follow Up (Yes - N
-				@co.delaware.in.us	1/9/10	1/19/10	YES
		Sanit	an inspection th	FAIL FOOD ESTABLISH nis day, the item(s) noted below identify vio ments. The time limit for correction of each	olation(s) of 410 IAC 7 - 24, In	idiana Retail Food Establish rative portion of this report.	
Establishment Name TEXAS ROADHOUSE							ne Number 282-7113
-				t, city, state, ZIP code)		(703)	202-7115
200 W MC GALLIARD RD MUNCIE IN							47303
E-Mail A	Menu Type:						
Owner's HO	Name	ROAD	HOUSE			7 - OTHER	4 - EXTENSIVE PR
Owner's	Address (city, stat	e, ZIP code) 0TH ST	#802 ANDERSON II	N 46016	SUMMARY	DF VIOLATIONS:
	and a second second		HOUSE, LL	the second se			
				C County	District		CRITICAL / REPEAT
Establishment Identification Number 289				1 8	CDS	C NC	
Critical i Violation	tems are in temperation (s) repeat	dentified ed from	in the narrative	e columns marked "C" ("NC" Non-Critical) tions are denoted in the "SUMMARY OF	VIOLATIONS" and in the narr	ative below as "R"	GINAL
Annex	C		Section			LA UN	Corrected B
Key	/ NC	R	#		Narrative	e	Date
1.0				ESTABLISHMENT IS ALLOWED	TO REOPEN AT THIS TI	ME.	
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54 - J							
0					1		
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							1000
	Sec.						100 To 100
Received By (Name and Title Printed)					Inspected By:		
Receive							
	d By: (Si		PAUL RAP		Inspector Stanature:	Bob Jone	