(Free	À)	100 We Muncie	est Main St e, Indiana		CERTIFIED FOOD HANDLER #Expire				
DEP	ST.	Phone Fax email	(765)7 - dchealth	47-7721 47-7747 @co.delaware.in.us	Date of Inspection 1/28/10	J	7/10	Follow Up (Yes - 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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.									
	ment Na C'S RE		RANT			Telephone Number 7652895060			
			mber and stree	t, city, state, ZIP code) ML	JNCIE	IN	473	03	
E-Mail Address								Menu Type:	
Owner's Name MAC'S RESTAURANT								2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) III IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						SUMMARY OF VIOLATIONS:			
GEORGE CONWELL & WADE VON KLEECK Establishment Identification Number County District						CRITICAL / NON-CRITICAL / REPEAT			
301 1 8 T G T * Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)						С	NC	ADICINIA	
* Violation			Section	ctions are denoted in the "SUMMARY OF V	IOLATIONS" and in the narrat	ive below as "R	"	Corrected By	
Key	NC		#	NO VIOLATIONS				Date	
					the second second second second				
						CO	MPLE	ED	
Deseive	A By (Mr	me and	Title Printed		nspected By:				
Receive			T		nspector Signature:	TIM BOTKIN			
Receive	u Dy. (8)	gnature)			/.	en / 1	fill	Page 1 of	
OFFICE COPY									

and show the second sec