

OPERATOR WRITTEN RESPONSE TO INSPECTION AND NARRATIVE REPORT

Mail To:

DELAWARE COUNTY HEALTH DEPARTMENT

100 WEST MAIN STREET, ROOM 207

MUNCIE, INDIANA 47305

Fax # 765-747-7747

E-mail - dchealth@co.delaware.in.us

Date: 12-27-11


The following is my response to the inspection and narrative report prepared by your agency's
representative Jammie Bane, on _____

Test Strips put in place on 12-26-11

The mixer knob - Hot & Cold replaced - 12-27-11

Heat Lamp on order from Kirby Risk 12-27-11 Shatterproof

Lines on Ice Maker Repaired 12-27-11

 ORIGINAL

Name: George ConwellTitle: OwnerEstablishment: Mac'sLocation: 1121 W. McGalliard Rd. 47303

ATTACH ADDITIONAL SHEETS AS NEEDED.