

## **Delaware County Health Department** 100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721 Fax (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER								
# 5049132	Expire							
Release Date	Follow Up (Yes - No)							
	# 5049132							

Telephone Number

## 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. Establishment Name

CAMMACK STATION									(765) 759	9-3871
				t, city, state, ZIP code)						
9200 W JACKSON MUNCIE					_	IN	47	7304		
E-Mail A	ddress							Purpose	- 11	Menu Type:
Owner's Name RICHARD HOWE						]	1 - ROUT	INE	2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 13150 W CO RD 300 N YORKTOWN IN 47396						] [	SUMMARY OF VIOLATIONS:			
Name of Person In Charge KIM SLONE								CRITICAL	/ NON-CRI	TICAL / REPEAT
Establishment Identification Number 626				County   District				C NC R		
				e columns marked "C" ("NC" ctions are denoted in the "SU		IOLATIONS"	and in the na	arrative below as "R	*	
Annex Key	C / NC	R	Section #			Narrativ	⁄e			Corrected By Date
				Temporarily closed due	to remodelin	g				
								ram .		
								6WM		LU
Received By (Name and Title Printed)			Iı	nspected By:		CHRISTIN	Trovel DELY STI	NSON		
Received By: (Signature)				I	nspector Signa	ature:	Tex	Tapel	Page 1 of	
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