



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		
KIM SLONE	# 5049132	Expire _____
Date of Inspection 10/4/10	Release Date 10/14/10	Follow Up (Yes - No) 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.

Establishment Name CAMMACK STATION		Telephone Number (765) 759-3871	
Establishment Address (number and street, city, state, ZIP code) 9200 W JACKSON MUNCIE IN 47304			
E-Mail Address		Purpose: 1 - ROUTINE	
Owner's Name DICK HOWE		Menu Type: 3 - ADVANCED PREP	
Owner's Address (city, state, ZIP code) 13150 W CO RD 300 N YORKTOWN IN 47396			
Name of Person In Charge KIM SLONE			
Establishment Identification Number 626	County 1 8	District T G T	

ORIGINAL

SUMMARY OF VIOLATIONS:
 CRITICAL / NON-CRITICAL / REPEAT
 C _____ NC _____ R _____

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"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				No Violations	

COMPLETED

Received By (Name and Title Printed) Vicki Hatt, Bookkeeper	Inspected By: Terry Troxel CHRISTINE DELY-STINSON, REHS	Page 1 of _____
Received By: (Signature) Vicki Hatt	Inspector Signature: Terry Troxel	

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