

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 SLOAN	# 5049132	Expire						
Date of Inspection	Release Date	Follow Up (Yes - No)						
6/16/11	6/26/11	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.

										Telephone Number (765) 759-3871			
			mber and stree	t, city, s	state, ZIP code)					(100) 107	~ * * *	
9200 W JACKSON MUNCIE									IN 47304				
E-Mail Address									Purpose:		Menu Type: 3 - ADVANCED		
Owner's Name RICHARD W. HOWE									1 - ROUT	PREP			
Owner's Address (city, state, ZIP code) 13150 W CO RD 300 N YORKTOWN IN 47396									Ė	SUMMARY OF VIOLATIONS:			
Name of Person In Charge KIM SLOAN									CRITICAL / NON-CRITICAL / REPEAT				
Establishment Identification Number County 626 1 8 T							T	Oistrict G T		C NC R			
Critical i	tems are i	dentified ted from	in the narrativ	e colun	nns marked "C re denoted in t	" ("NC" No he "SUMM	n-Critical) ARY OF VI	OLATIONS" and	in the narr	ative below as "R		ORIGINAL	
Annex Key										Corrected By Date			
	110			No '	Violations								
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Received By, (Name and Title Printed) The Elly Elliott Inspected B						spected By:	TĘRRY TROXELL						
							spector Signature	e: -	hen	meel	Page 1 of		
1	OFFICE COPY												