

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)						
10/26/11	11/5/11	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.

Establishment Name Telephone Number									
CAMMACK STATION (765) 759-38 Establishment Address (number and street, city, state, ZIP code)								3871	
	nment Ado 0 W JA			et, city, state, ZIP code)	MUNCIE	IN	473	04	
E-Mail Address					Purpose	Purpose:			
Owner's Name RICHARD W. HOWE					1 - ROUTINE		3 - ADVÄNCED PREP		
Owner's Address (city, state, ZIP code) 13150 W CO RD 300 N YORKTOWN IN 47396						SUM	SUMMARY OF VIOLATIONS:		
Name of Person In Charge KIM SLOAN						CRITICAL / NON-CRITICAL / REPEAT			
Establishment Identification Number 626				County 1 8	District T G T	С	C NC R		
Critical i	tems are i	dentified ed from p	in the narrativ	we columns marked "C" ("NC" ections are denoted in the "SUM	Non-Critical) IMARY OF VIOLATIONS" and i	in the narrative below as "R		ORIGINAL	
nnex Key	C / NC	R	Section #		Narrative			Corrected By Date	
	110			No Violations					
						@@	IVIDII E	TISM	
						10 l			
Received By Name and Title Printed Inspected By:						TERRY TROXELL			
	By: (S			Hering	Inspector Signature	e: Ten	del	Page 1 of	
		VVV.	~~~		OFFICE COPY	5	7		