



Delaware County Health Department

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CERTIFIED FOOD HANDLER

SCOTT A BOYLAN # XE20439246 Expire 11/12/14

Date of Inspection	Release Date	Follow Up (Yes - No)
7/14/11	7/24/11	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 BURKIES DRIVE IN		Telephone Number 765-282-4355	
Establishment Address (number and street, city, state, ZIP code) 1515 W JACKSON MUNCIE IN 47303			
E-Mail Address BOYLAR@HOTMAIL.COM		Purpose: 1 - ROUTINE	
Owner's Name BURKIES DRIVE IN		Menu Type: 2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 1515 W JACKSON ST MUNCIE IN 47303			
Name of Person In Charge SCOTT BOYLAN			
Establishment Identification Number 15	County 1 8	District Nancy Larson	

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C _____ NC 1 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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
23B	NC		410	Section 410. Functionality of light bulbs and protective shielding NEEDED IN WALKIN COOLER AND FREEZER	2 Weeks
				NO FOOD SAFETY ISSUES OBSERVED	

Received By (Name and Title Printed) SCOTT BOYLAN	Inspected By: Nancy Larson
Received By: (Signature) <i>Scott Boylan</i>	Inspector Signature: <i>Nancy Larson</i>

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