

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 100 WEST MAIN ST MUNCIE, INDIANA 47305 765-747-7721 765-747-7747 FAX

Based on an inspection this day, the item(s) noted below identify violations 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.

| The time lin | mit for cor | rection | of each violation is specified in the narrative portion of this | s report. | | | 1,59 |
|--|--|---------|--|-------------------------|----------------------------------|---------|-------------|
| Establishm | ent Name | | | Telephone Number | Date of Inspection (mm/dd/yr) | | ID# (1) |
| Subuan #4866Z Establishment Address (number and street, city, state, ZIP code) | | | | 1265+789-6003 | 1 | | |
| Establishm | ent Addre | ss (num | St #A, ALBANY IN 47320 | 315-0140 | 10/05/10 | | New |
| Owner , | | | | Purpose: | Follow-up | | se Date |
| Ste | LLA E | STE | P, ESTEP + Co, Inc | 1. Routine | ND 101510 | | |
| Owner's A | ddress | | , | 2. Follow-up | Summary of Violations: | | |
| 1010 | 25 | 1 51 | Columbes In 47201 | 3. Complaint | | | |
| Person in C | Charge | r | Burger | 4 Pre-Operational | CNCR | | |
| SA. | de | rre | Burger | 5. Temporary | Menu Type (See back of page) | | |
| Responsible | e Person's | E-mail | | 6. HACCP | Menu Type (See back of page) | | |
| Certified F | _ 3 TY 31 | | | 7. Other (list) | 1 2 8 4 5 | | |
| SAn | | er | | opern | | | |
| | | | | | / | | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND LETHER AREA TO BE ADMINISTRATIVE BEADWAS "R" | | | | | | | |
| • VIOLATIO | ON(S) REPI | EATED | | MMARY OF VIOLATIONS" AN | The second second | | |
| Section# | C/NC | R | Narrative | | 17 | o Be Co | Arected 454 |
| | | | | | | | |
| | No Violations Observed | | | | | | |
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| OKAG to operate and permit. | | | | | | | |
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| | Sy Ft = 1400 | | | | | | |
| | 1, 16 | | | | | | |
| | Vzyr permit Fee | | | | | | |
| 154 | | | | | | | |
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| | | | | | | | |
| | Provisions of Indiana State Regulation | | | | | | |
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| | 410 IAC 7-24 and Delaware County | | | | | | |
| Ordinance 2004-013. | | | | | | | |
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| @M\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | | Ú. |
| GUIMII 154 - | | | | | | | |
| Received by (name and title printed): Inspected by (name and title printed): | | | | | | | |
| V/ | RAIG | F | BARKNIMER | Territroxe | ((| | |
| Received by (signature): Received by (signature): Inspected by (signature): | | | | | | | |
| Transled | | | | | | | |
| cc: | / | | cc: | 31144 | cc: | | |
| / | | | , ASTA | | | | |