

Delaware County Health Department

100 West Main Street, Room 207

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CERTIFIED FOOD HANDLER VANETTA BROWN # 220606655 Expire Date of Inspection Release Date Follow Up (Yes - No) 8/16/11 8/26/11 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.

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Establishment Name CHEERS, INC.										Telephone N (765) 216		
Establishment Address (number and street, city, state, ZIP code)												
3823	N BR	OADW		.,, ,		MUNC	CIE		IN	47	303	
E-Mail Ad	ldress								Purpose	11	Menu Type:	
	ony bru	mmett							1 - ROUT	INE	2 - LIMITED MEN	U
pob	ox	33	e, ZIP code) 302		MUNCIE	IN	47307		SUM	MARY OF V	IOLATIONS:	
Name of Person In Charge anthony brummett								CRITICAL / NON-CRITICAL / REPEAT				
Establishn	nent Ider	ntification	n Number		County 1 8	T G			С	NC	R	
Critical ite	ms are io	dentified	in the narrativ	e columns mai	rked "C" ("NC" No oted in the "SUMM	on-Critical) IARY OF VIOL	ATIONS" and	in the narra	tive below as "R		ORIGINAL	,
Annex Key	nex C R Section						Narrative			3	Corrected By Date	y
				No Violat	ions							
									>			
			×									
Received By (Name and Title Printed)							ected By:		TERRY	Y TROXEL	L	
Received By: (Signature)							ector Signatur	re: \	4 In	fel	Page 1 of	
OFFICE COPY												