RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05)

SDH Form 51-0001

STATE OF

DELAWARE COUNTY	
DEPARTMENT OF HEALTH	,
100 W MAIN RM 207	
MUNCIE IN 47305-2874	

(765) 747-7721 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.

Establishme CVS Establishme 2.6 Owner Owner Owner's Ac Person in C DOO Responsible	S ent Address I S ddress	T	nber and street, city, state, ZIP code) TILOTSON MUNCIE, IN 47304	Telephone Number 165)257-0074 () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>) HARKED "C" / A / D, 49	Date of Inspection (mm/dd/yr) Z/14/13 Follow-up NO Summary of Violations: CR Menu Type (See back of page)		
Certified Fo	emp	er	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS !		1 2 3 4 5		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU				
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations				
				ſ	NO.		
Received by (name and title printed): DOD' (HASE STONE MANAGEZ Lynnettals, Harley							
Received by				Inspected by (signature):	l He	srle	T
cc:			<i>c</i> .	/ 0		C	,