

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								
JENNIFER COOPER	# 4201449	Expire 1/2010						
Date of Inspection	Release Date	Follow Up (Yes - No)						
11/2/09	11/12/09	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									
DAIRY QUEEN - BETHEL						(765) 287-8244			
			mber and stree	et, city, state, ZIP code)					
3820 W BETHEL MUNC					UNCIE	IN	IN 47304		
E-Mail Address DQMUNCIE@MSN.COM						*	Purpose: 1 - ROUTINE 2		
Owner's Name MATT & CHAD ANDERSON				N		1 - ROUT			
Owner's Address (city, state, ZIP code) 420 W WASHINGTON ST. MUNCIE IN 47305							SUMMARY OF VIOLATIONS:		
Name of MA	Person Ir TTHEV	Charge V AND	ERSON			CRITICAL	/ NON-CRITIC	CAL / REPEAT	
Establishment Identification Number 300 County 1 8 C					District B	С	C NC1 _ R		
Critical i	items are i	dentified ed from	in the narrativ	ve columns marked "C" ("NC" Non-Critical ections are denoted in the "SUMMARY OF) VIOLATIONS" and in t	he narrative below as "R	•		
nnex Key	C / NC	R	Section #		Narrative			Corrected By Date	
17B	NC		231	Section 231Cleanability of can ope grime and debris.	eners-can opener and	its mount require clear	ning to remove	corrected	
			-						
							2.000		
		_	-	ATTENTION: YOUR 2009 FOOD	PERMIT WILL EXI	PIRE ON 31 DECEM	BER 2009 AND		
				MUST BE RENEWED NO LATER	THAN 31 JANUARY	2010.			
Received By (Name and Title Printed) Jennifer Cooper, Manager Inspected By: Tim Botkin, DCHD									
				Clooper	Inspector Signature:	113	-	Page 1 of	
OFFICE COPY									