

## **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 5/2011							
Date of Inspection	Release Date	Follow Up (Yes - No)							
2/8/10	2/18/10	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 Numb														
DAIRY QUEEN - BETHEL (765) 287											7-82	244		
Decision of the State of	Establishment Address (number and street, city, state, ZIP code)													
	0 W BE	THEL					MU	INCIE		IN		4	730	4
E-Mail Address DQMUNCIE@MSN.COM										Pu 1 - R	rpose:	encore 1	2.	Menu Type: - LIMITED MENU
Owner's Name MATT & CHAD ANDERSON									120	1-10	001	INE	2	ENVITED WIENO
Owner's Address (city, state, ZIP code) 420 W WASHINGTON ST. MUNCIE IN 47305									ļΓ	5	SUM	MARY OF	VIOI	LATIONS:
Name of Person In Charge MATTHEW ANDERSON										CRITI	ICAL	/ NON-CR	ITIC	CAL / REPEAT
Establishment Identification Number County 300 1 8 Ti							Tim	District B		C		NC		R
Critical in	tems are i	dentified ed from p	in the narrativ	e colu	mns marked are denoted	"C" ("NC" N in the "SUM	ion-Critical) MARY OF V	IOLATIONS" and	d in the na	rrative below	as "R	"		
Annex Key	C / NC	R	Section #					Narrative						Corrected By Date
				No	violations	observed di	uring this in	spection visit.						
Received By (Name and Title Printed) Jennifer Cooper, store manager							Iı	nspected By:			TIM	BOTKIN		
Received By: (Signature)							Iı	nspector Signatu	ure:	Bye	Ł	~i		Page 1 of
OFFICE COPY														