

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 DELAWARE COUNTY
DEPARTMENT OF HEALTH
100 W MAIN RM 207
MUNCIE IN 47305-2874

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.

		rection					
Establishm			1) 110	Telephone Number () Establishment	Date of Inspection (mm/dd/yr)		ID#
			(ween bethe)	397-8244		[]	
2000			nber and street, city, state, ZIP code)	()Owner	120	11-85	300
3	820)	W. Bethel AVE				
Owner	1014	£.	Chad Anderson	Purpose:	A 11		5e Date 7-1-Z
Owner's Ac	ddress		CILLO PINCESON				
		11	1 12ch:	2. Follow-up	Summary of Violations:		
	CV.C	W	. Washington	3. Complaint	8-258		
Person in C	harge		~	4. Pre-Operational	C NC R		
				5. Temporary			
Responsible	e Person's	E-mai	1	6. HACCP	Menu Type (See back of page)		k of page)
					_<	i.	
Certified Fo	ood Handle	er	1	7. Other (list)	1 2 3 4 5		_45
Jer	K	Cipaper		1	_		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
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• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
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			Last Inspection 12-17-10				
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\	(name and)	- 1200 On ac	A LANGILL	1000	1/4 }	
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