Delaware County Health Department
100 West Main Street, Room 207
Muncie, Indiana 47305
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CERTIFIED FOOD HANDLER

ANGELA CRISSMORE # 1637517 Expire 2016-01-15 00:00:00

Date of Inspection	Release Date	Follow Up (Yes - No)
3/26/12	4/5/12	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: EATON PANTRY
Telephone Number: 765-396-3091
Establishment Address (number and street, city, state, ZIP code): 17000 N ST RD. 3 - eaton EATON IN 47338
E-Mail Address: JOHN.MILLER431@COMCAST.NET
Owner's Name: JOHN MILLER
Owner's Address (city, state, ZIP code): PO BOX 114 DUNKIRK IN 47336
Name of Person In Charge: Angela Crissmore
Establishment Identification Number: 189
County: 1 8
District: Sip

Purpose: 1 - ROUTINE
Menu Type: 2 - LIMITED MENU

SUMMARY OF VIOLATIONS:
CRITICAL / NON-CRITICAL / REPEAT
C 1 NC 2 R 0

ORIGINAL SAK

* Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)
* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
19A	NC		324	Section 324..Plumbing system maintained in good repair. The faucet at the three bay sink is leaking under pressure.	1 Week
16A	NC		146	Section 146..Food labels. The deli sandwiches do not have the net weight, address or ingredients for the homemade egg & ham salad.	Today
2A	C		120	Section 120..Responsibility to require reporting by food employees and applicants. This establishment does not have an illness reporting program.	Today

COMPLETED

Received By (Name and Title Printed): Angela Crissamore Manager
Received By: (Signature): Angela Crissamore
Inspected By: SHARON PATTEE
Inspector Signature: Sharon Pattee

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