

## **Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721 Fax (765)747-7747

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## CERTIFIED FOOD HANDLER # LA000236471 Expire MARGIE EVANS Date of Inspection Release Date Follow Up (Yes - No)

5/27/10

NO

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5/17/10

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 BUTTON       |                   | BAR             | e e               |   |   |                       | 765282     |           |                      |
|----------------------------|-------------------|-----------------|-------------------|---|---|-----------------------|------------|-----------|----------------------|
|                            |                   |                 | and street, city, | state, ZIP code)                                    | Agrana                                      | -                     |            | 47205     |                      |
| 712 W. 7<br>E-Mail Address |                   | REET            |                   |   | MUNCIE                                      | IN                    |            | 47302     | -                    |
|                            | S                 |                 |                   |   |   | Purpose               |            | 11        | Туре:                |
| Owner's Name<br>BUTTO      |                   |                 |                   |   |   | 1 - ROUT              | IINE       | Z-LIMI    | TED MENU             |
| Owner's Addre              | ss (city, st<br>W | ate, ZIP<br>7TH | code)             | ST MUNCIE   | IN 47302                                    | SUM                   | MO/S       | WIOLATIC  | NS:                  |
| Name of Person<br>MARGII   |                   |                 |                   |   |   |                       | L / NON-C  | RITICAL / | REPEAT               |
| Establishment              | dentificat<br>16  | ion Num         | ber               | County<br>1 8                                       | District                                    | C 0                   | _ NC       | 0_ R_     |                      |
|                            |                   |                 |                   | nns marked "C" ("NC" No<br>are denoted in the "SUMN | on-Critical) MARY OF VIOLATIONS" and in the | narrative below as "I | <b>?</b> " |           |                      |
| Annex Key                  | C<br>/<br>NC      | R               | Section #         |   | Narrative                                   |                       |            | Sam       | Corrected<br>By Date |
|                            |                   |                 |                   | NO VIOLATIONS                                       | FOUND AT THIS INSPECTION                    |                       |            |           |                      |
|                            |                   |                 |                   |   |   |                       |            |           |                      |
|                            |                   |                 |                   |   |   | 0                     |            |           |                      |
|                            |                   |                 |                   |   |   |                       |            |           |                      |
|                            |                   |                 |                   |   |   | 7                     |            |           |                      |
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|                            |                   |                 |                   |   | 4. 7.                                       |                       |            |           |                      |
|                            |                   |                 |                   |   |   | CO                    | WPLE       |           |                      |
|                            |                   |                 |                   |   | A A   |                       |            |           |                      |
| Received By (              |                   |                 | Printed)          |   | Inspected By:                               | CHRISTINE             | ELY-STI    |           |                      |
| Received By:               | Signatur          | re) /           | Toble             |   | Inspector Signature:                        |                       | 14         | Pag       | e 1 of               |
| 1                          |                   | -/              |                   | -   | FEICE COPY                                  |                       |            |           |                      |