RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

DEL Co HEALTH DEPT
100 W. MAIN RM 207
MUNCIE, IN 47305
765-747-7721

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.

Establishment Name EATON VIDEO	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 8/1/11	**ID #** 607
Establishment Address (*number and street, city, state, ZIP code*) 107 W. HARRIS			
Owner David Grider	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 8/11/11
Owner's Address 18209 N. Co. Rd. 200E, Eaton, IN 47338	2. Follow-up	**Summary of Violations:**	
Person in Charge Same	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler	6. HACCP		
	7. Other (*list*)	1___ 2___ 3___ 4___ 5___	

ORIGINAL

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS	

Received by (*name and title printed*): David Grider	Inspected by (*name and title printed*): NANCY LARSON
Received by (*signature*): Don Gri	Inspected by (*signature*): Nancy L
cc:	cc: / cc: