

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									
Exempt	# 3909577	Expire							
Date of Inspection 2/16/10	Release Date 2/26/10	Follow Up (Yes - 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.

			ation Requiren	nents. The time limit f	or correction	on of each viola	ation is specif	ied in the nar	rative portion of			
Establishment Name Telephone Nur										1915-2016		
WEST VIEW ELEMENTARY SCHOOL (765) 747-5										-5437		
	Establishment Address (number and street, city, state, ZIP code)											
3401 W GILBERT ST MUNCIE IN 47304											304	
E-Mail Address RTRACY@MUNCIE.K12.IN.US								ļ [Purpose: Menu Type: 1 - ROUTINE & 3		Menu Type: 1 - LIMITED PREP	
Owner's Name MUNCIE COMM SCHOOL/FOOD SERVICE								l L	COMPLAINT		1 - ENVILLED I REA	
Owner's Address (city, state, ZIP code) 2501 N OAKWOOD AVE MUNCIE IN 47304								1 [SUMMARY OF VIOLATIONS:			
Name of Person In Charge NON-PROFIT/GOVERNMENTAL]	CRITICAL / NON-CRITICAL / REPEAT			
Establishment Identification Number County District 236 1 8 S K								7 I	C _ 0 _ NC _ 0 _ R _ 0 _			
Critical i	tems are i		in the narrativ	e columns marked "C"								
				ctions are denoted in th			LATIONS" ar	nd in the narra	tive below as "F	? "		
Annex Key	C / NC	R	Section #				Narrative				Corrected By Date	
	110			No Violations.								
											-	
											-	
				3								
									-			
Received By (Name and Title Printed) Inspected By:												
Received By (Name and Title Printed) Rita Tracy Record Keeper In Received By: (Signature) Rita Tracy In						Insp	Inspector Signature: Page 1 of 1					
	Kita racy Freth S. Murkey Page 1 of 1											
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