



Delaware County Health Department
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CERTIFIED FOOD HANDLER

_____ Expire _____

Date of Inspection 10/31/09	Release Date 11/10/09	Follow Up (Yes - No) NO
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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.

ORIGINAL

Establishment Name KERASOTES SHOWPLACE 12		Telephone Number (765) 282-1791	
Establishment Address (number and street, city, state, ZIP code) 860 E PRINCETON AV MUNCIE IN 47303			
E-Mail Address MMIN@KERASOTES.COM		Purpose: 1 - ROUTINE	
Owner's Name KERASOTES SHOWPLACE THEATRES, LLC		Menu Type: 1 - LIMITED PREP	
Owner's Address (city, state, ZIP code) 224 N DES PLAINES, SUITE 200 CHICAGO IL 60661		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____	
Name of Person In Charge KERASOTES SHOWPLACE THEATRES, LLC			
Establishment Identification Number 475	County 1 8		

* 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
				NO VIOLATIONS.	

COMPLETED

Received By (Name and Title Printed) <i>Billy S. Sparlock</i>	Inspected By: Terry Troxell
Received By: (Signature) <i>Billy S. Sparlock</i>	Inspector Signature: <i>Terry Troxell</i>

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