



# Delaware County Health Department

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<b>CERTIFIED FOOD HANDLER</b>		
# _____		Expire _____
Date of Inspection 5/29/10	Release Date 6/8/10	Follow Up (Yes - No) 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 <b>KERASOTES SHOWPLACE 12</b>		Telephone Number <b>(765) 282-1791</b>	
Establishment Address (number and street, city, state, ZIP code) <b>860 E PRINCETON AV MUNCIE IN 47303</b>			
E-Mail Address <b>JJUHL@KERASOTES.COM</b>		Purpose: <b>1 - ROUTINE</b>	Menu Type: <b>1 - LIMITED PREP</b>
Owner's Name <b>KERASOTES SHOWPLACE THEATRES, LLC</b>		<b>SUMMARY OF VIOLATIONS:</b>  CRITICAL / NON-CRITICAL / REPEAT  C _____ NC _____ R _____	
Owner's Address (city, state, ZIP code) <b>224 N DES PLAINES, SUITE 200 CHICAGO IL 60661</b>			
Name of Person In Charge <b>KERASOTES SHOWPLACE THEATRES, LLC</b>			
Establishment Identification Number <b>475</b>	County <b>1 8</b>	District <b>T G T</b>	

\* 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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				NO VIOLATIONS	

COMPLETED

Received By (Name and Title Printed) <i>Shawn Leavel</i>	Inspected By: Terry Troxell
Received By: (Signature) <i>Shawn Leavel</i>	Inspector Signature: <i>Terry Troxell</i>

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