



Delaware County Health Department

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Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER

_____ Expire _____

Date of Inspection 9/25/10	Release Date 10/5/10	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.

Establishment Name AMC SHOWPLACE THEATRES (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		Purpose: 1 - ROUTINE
Owner's Name AMC SHOWPLACE THEATRES, INC		Menu Type: 1 - LIMITED PREP
Owner's Address (city, state, ZIP code) 920 MAIN STREET KANSAS CITY MO 64105		
Name of Person In Charge AMC SHOWPLACE THEATRES		
Establishment Identification Number 475	County 1 8	District T G T

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C NC R

ORIGINAL

* 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>[Signature]</i>	Inspected By: TERRY TROXELL
Received By: (Signature) <i>[Signature]</i>	Inspector Signature: <i>Terry Troxell</i>

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