



Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER

EXEMPT BY MENU # _____ Expire _____

Date of Inspection

12/13/11

Release Date

12/23/11

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 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 6664@AMCTHEATRES.COM		Purpose: 1 - ROUTINE	
Owner's Name AMC SHOWPLACE THEATRES, INC		Menu Type: 2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 920 MAIN STREET KANSAS CITY MO 64105			
Name of Person In Charge SHANE LEAVELL Andrea Fisher			
Establishment Identification Number 475	County 1 8	District J B	

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C NC R

* 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 observed at this time.	

Received By (Name and Title Printed) <i>Andrea Fisher</i>	Inspected By: JAMMIE BANE
Received By: (Signature) <i>[Signature]</i>	Inspector Signature: <i>Jammie Bane</i>
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