



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Delaware Co Health Dept
100 W. MAIN Rm 207
muncie 47305 765-740772

210-228

Based on an inspection this day, the item(s) noted below identify violations 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 12	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 11-16-12	ID # 475
Establishment Address (number and street, city, state, ZIP code) 860 E. PRINSTON		Follow-up NO	Release Date 11-25-12
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C NC / R	
Owner's Address		Menu Type (See back of page) 1 2 3 4 5	
Person in Charge JARA ROWE			
Responsible Person's E-mail			
Certified Food Handler			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/C	R	Narrative	To Be Corrected By
347	NC		No hand drying provision @ hand washing sink CORRECTED ON SITE	TODAY

COMPLETED

Received by (name and title printed): X JARA ROWE	Inspected by (name and title printed): NANCY LARSON
Received by (signature): <i>Jara Rowe</i>	Inspected by (signature): <i>Nancy Larson</i>
cc:	cc: