

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

Decampre Co Hearra Deg 100 W Main St Muncie To 47305 765-747-7721	Decon	ince (o He	out a	De
muncie 12 47803	1000	J Ma	~ ST		
	mune	ie h	- 41	505	

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

Establishm		M -	17			Telephone Number	1 11	f Inspection d/yr)	ID#
		Nunzie ss (number and		state, ZIP code	2)	()Owner	2	128/13	475
					47303	YOWIG	'		
Owner						Purpose:	Follov		ase Date
Am	erica	· Mult	· Cin	emp		1. Routine	1	00 3	1013
Owner's A	ddress	CI V		A I M	011111	2. Follow-up	Sumn	nary of Violat	ions:
Person in C	Thorne	IT ICI.	th sas	CHIVE	0 64103	3. Complaint			
B	co-H	Cumi				4. Pre-Operational	4	_ NC_	R
Responsibl	e Person's	E-mail	0		064105	5. Temporary	Menu	Type (See ba	ck of page)
						6. HACCP			
Certified F	ood Handl	er				7. Other (list)	14	23	_45_
E	penpi		100				1	U.W. 15	
CRITICAL	L ITEMS AF	RE IDENTIFIED	IN THE CH	ECKLIST AND	NARRATIVE COLUM	INS MARKED "C"			
ALVES AND SERVICE		EATED FROM P	REVIOUS IN	SPECTIONS A	White a management of the same	E "SUMMARY OF VIOLATIONS"	AND IN TH		
Section#	C/NC	R			Narrative			To Be C	Corrected By
				GP Vis		observed			
	100	10 25			Maria le				
98									
						COLL			
Received b	y (name and	d title printed):				Inspected by (name and title	e printed):		
VB	rett	Cumli	195			Terry	e printed):	ell	
Received by Received by	rett	Cumli	195			Inspected by (name and title of the second s	e printed):	ell	