

Delaware Co Health Dept
 100 W MAIN ST
 Muncie IN 47305
 765-747-7721
 765-747-7747 Fax



**RETAIL FOOD ESTABLISHMENT
 INSPECTION REPORT**

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

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. 1025/120

| | | | |
|---|--|---|-------------------|
| Establishment Name MAC'S RESTAURANT | Telephone Number 765 289-1070 | Date of Inspection (mm/dd/yr) 2/25/13 | ID # 61 |
| Establishment Address (number and street, city, state, ZIP code) 1307 BATAVIA AVE MUNCIE IN 47302 | () Owner | Follow-up No NO Release Date 3813 | |
| Owner Mac's Rest. | Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____ | Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/> | |
| Owner's Address 1307 BATAVIA AVE MUNCIE IN 47302 | | Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| Person in Charge | Responsible Person's E-mail | Certified Food Handler Cynthia Conwell | |

• 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/NC | R | Narrative | To Be Corrected By |
|----------|------|---|-------------------------------|--------------------|
| | | | No VIOLATIONS OBSERVED | |
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COMPLETED

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|---|--|
| Received by (name and title printed): Shonda Hill | Inspected by (name and title printed): Terry Troxell |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |