

Delaware County Health Department 100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721

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CERTIFIED FOOD HANDLER						
exempt	_ #	Expire				
Date of Inspection	Release Date	Follow Up (Yes - No)				
10/15/09	10/25/09	NO				

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Based on an inspection this day, Sanitation Requirements.		v identify violation(s) of 410 IA tion of each violation is specific			" URIGINAL
Establishment Name				Telephone Number	
MID STATES CONCESSION SUPPLY			(765) 289-5505		
Establishment Address (number and street, city,	state, ZIP code)				
1026 BURLINGTON DR		MUNCIE	IN	IN 47302	
E-Mail Address GDOHMIT@AOL.COM			Purpose	ŀ	Menu Type:
Owner's Name MID STATES CONCESSION SUP	PLY		1 - ROUT	INE	1 - LIMITED PREP
Owner's Address (city, state, ZIP code) PO BOX 910	MUNCIE	IN 47308	SUM	SUMMARY OF VIOLATIONS:	
Name of Person In Charge GLEN OHMIT, OWNER			CRITICAL	./ NON-CR	ITICAL / REPEAT
Establishment Identification Number 158	County 1 8	District C D S	С	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"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
16C	NC		177	Section 177Food storage- Food stored in Freezer being stored on the floor and not orderly.	
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				60MFLL I	

Received By (Name and Title Printed)	Inspected By:		
Received By Signature)	Inche Nor Stangture	ge 1 of _1	
A Come o		5.00	

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