



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

**DELAWARE COUNTY
DEPARTMENT OF HEALTH
100 W MAIN RM 207
MUNCIE IN 47305-2874**

(765) 747-7721
Fax 765-747-7747

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 Mid States Concession Supply | Telephone Number 765-288-5505 | Date of Inspection (mm/dd/yr) 9/27/11 | ID # 158 |
| Establishment Address (number and street, city, state, ZIP code) 10260 S. Burlington Dr, Muncie, IN 47302 | () Owner | | |
| Owner Mid States Concession Supply | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up N | Release Date 10/17/11 |
| Owner's Address PO Box 910 Muncie, IN 47308 | | Summary of Violations: C NC 1 R 1 | |
| Person in Charge Glen Ohmit, owner | | Menu Type (See back of page) 1 2 3 4 5 | |
| Responsible Person's E-mail Midsstateconcess@sbcglobal.net | | | |
| Certified Food Handler Exempt | | | |

• 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"

ORIGINAL

| Section# | C/NC | R | Narrative | To Be Corrected By |
|------------|-----------|----------|---|--------------------|
| 413 | NC | R | There is still a gap the bottom of the garage door | 1 week |
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COMPLETED

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|---|---|
| Received by (name and title printed): Kenny Simpson | Inspected by (name and title printed): Erica Bailey |
| Received by (signature): Kenny Simpson | Inspected by (signature): Erica Bailey |
| cc: | cc: |