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.

210240

Establishment Name: Mid States Concession Supply	Telephone Number: (765) 289-5505 ( ) Owner	Date of Inspection (mm/dd/yr): 2/15/13	ID #: 158
Establishment Address (number and street, city, state, ZIP code): 1026 S Burlington Dr Muncie In 47302			
Owner: Mid States Concession Supply	Purpose: 1. Routine	Follow-up: NO	Release Date: 22513
Owner's Address: P.O. Box 910	2. Follow-up	Summary of Violations:	
Person in Charge: Glen Ohmit	3. Complaint	C___ NC 1 R___	
Responsible Person's E-mail:	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
	6. HACCP		
Certified Food Handler: Exempt	7. Other (list)	1 X 2___ 3___ 4___ 5___	

• 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
244	NC		Several Box of Single Service Single use was observed being stored on the Floor through out the Establishment.	1 week

COMPLETED

Received by (name and title printed): Glen Ohmit	Inspected by (name and title printed): Terry Trowell
Received by (signature): Glen Ohmit	Inspected by (signature): Terry Trowell
cc:	cc:
cc:	