



Delaware County Health Department
100 West Main Street, Room 207
Muncie, Indiana 47305
Phone (765)747-7721
Fax (765)747-7747
email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER		
SALLY ELROD	#	Expire
Date of Inspection	Release Date	Follow Up (Yes - No)
9/17/11	9/27/11	NO

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Based on an inspection this day, the item(s) noted below identify violation(s) 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 MINNETRISTA		Telephone Number (765) 287-3533									
Establishment Address (number and street, city, state, ZIP code) 1200 N MINNETRISTA PKWY MUNCIE IN 47303											
E-Mail Address		Purpose: 1 - ROUTINE									
Owner's Name MINNETRISTA CULTURAL FOUNDATION		Menu Type: 1 - LIMITED PREP									
Owner's Address (city, state, ZIP code) 1200 N MINNETRISTA PKWY MUNCIE IN 47303											
Name of Person In Charge MIINTRISTA											
Establishment Identification Number 379		<table border="1"> <tr> <th colspan="2">County</th> <th colspan="2">District</th> </tr> <tr> <td>1</td> <td>8</td> <td>T</td> <td>G T</td> </tr> </table>		County		District		1	8	T	G T
County		District									
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<p style="text-align: center;">SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT</p> <p style="text-align: center;">C _____ NC _____ R _____</p>											

- * 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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				No Violations	

COMPLETED

Received By (Name and Title Printed) <i>Charles Redman CEG Catering Supervisor</i>	Inspected By: TERRY TROXELL
Received By: (Signature) <i>[Signature]</i>	Inspector Signature: <i>[Signature]</i>
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