

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

5152032 Expire 12/11/11 CHARLES REDMON

Date of Inspection Release Date 5/5/12

5/15/12

Follow Up (Yes - No) 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										Telephone Number		
MINNETRISTA										(765) 287-3533		
			mber and stree		ZIP code)		+)					
1200 N MINNETRISTA PKWY MUNCIE									IN	47	303	
E-Mail Address CATERING@MINNETRISTA.NET								Purpose:		Menu Type:		
Owner's Name MINNETRISTA CULTURAL FOUNDATION									1 - ROUT	INE	1 - LIMITED PREP	
Owner's Address (city, state, ZIP code) 1200 N MINNETRISTA PKWY MUNCIE IN 47303								<u> </u>	SIIM	MARY OF V	IOLATIONS:	
Name of Person In Charge CHARLES REDMON									SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT			
Establishment Identification Number County District 379 1 8 T G T									C 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"											DRIGINAL	
Annex Key	nex C R Section Narrative										Corrected By Date	
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