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

JOHN CROUSE # 4289362 Expire

Date of Inspection	Release Date	Follow Up (Yes - No)
5/21/10	5/31/10	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: MISSISSINEWA TAVERN
Telephone Number: (765) 396-9371

Establishment Address (number and street, city, state, ZIP code): 125 HARRIS ST EATON IN 47338

E-Mail Address:

Owner's Name: DEIDA CROUSE

Owner's Address (city, state, ZIP code): PO BOX 272 EATON IN 47338

Name of Person In Charge: DEIDA CROUSE

Establishment Identification Number	County	District
328	1 8	CDS

Purpose: 1 - ROUTINE

Menu Type: 3 - ADVANCED PREP

SUMMARY OF VIOLATIONS:
CRITICAL / NON-CRITICAL / REPEAT
C 0 NC 3 R

ORIGINAL

* 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
17C	NC		291	Section 291..Sanitizing solutions; testing devices- NO CHEMICAL TEST STRIPS WERE PROVIDED TO TEST THE STRENGTH OF SANITIZER IN 3 COMPARTMENT SINKS OR FOR WIPING CLOTHS.	Today
8, 17D	NC		295	Section 295..Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils- NON FOOD CONTACT SURFACES OF EQUIPMENT ARE NOT BEING MAINTAINED FREE OF GREASE, FOOD DEBRIS, AND GRIM: UNDER AND IN BETWEEN EQUIPMENT.	Today
22	NC		392	Section 392..Covering receptacles DUMPSTER LIID WAS OPEN ALLOWING ACCESS TO VERMIN AND PEST AROUND THE ESTABLISHMENT.	Today

COMPLETED

Received By (Name and Title Printed):

Inspected By: CHRISTINE DELY-STINSON, REHS

Received By: (Signature) Brenda Kelley

Inspector Signature:

ESTABLISHMENT COPY