

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 DELPUNTE COHERCH DET 100 W MAIN ST MUNCIE W 47305 765-747-7721 765-747-7747-Ray

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.

IBLASSIA MINES EVIDEN		0.00	is of each violation is specified in the narrative position of this	1	2 30	113	
Establishm		<b>C</b> C	WAWG TAVERN	Telephone Number (16) 396-937/	Date of Ins (mm/dd/yr)	spection	ID#
Establishma	ent Addres	5 (nu	mber and street, city, state, ZIP code)	1.2	2/	14/13	328
125	1		15 EA to 1 To 47338	( ) Owner	-/		
Owner		^	inse	Purpose:	Follow-up Release Date ZZ413		
Owner's Ac	ldress			2. Follow-up	Summary of Violations:		
150	. Bo	X	272 EATON LOV 47338	3. Complaint	Summary of violations:		
Person in C		_		4. Pre-Operational	C NC R		
50	hn	Co	ouse_			- 37/5/33	
Responsible		E-mai	1	5. Temporary	Menu Type (See back of page)		
				6. HACCP			
Certified Fo	ood Handle	er	1 .	7. Other (list)	1 2	1	4 5
5-31-1-1-1-1-1		-d	od Class in March 2013		—   <i>`</i>		
• CRITICAL ITEMS ARE IDEN IFIED 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 Con	rrected By
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