



**Delaware County Health Department**  
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CERTIFIED FOOD HANDLER		
BOB WILLIAMS	# 4914989	Expire _____
Date of Inspection 5/16/11	Release Date 5/26/11	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 <b>PENN STATION</b>		Telephone Number <b>(765) 284-7366</b>	
Establishment Address (number and street, city, state, ZIP code) <b>3313 N EVERBROOK LANE MUNCIE IN 47304</b>			
E-Mail Address		Purpose: 1 - ROUTINE	Menu Type: 32
Owner's Name <b>CHINSKY REST. GROUP, INC</b>			
Owner's Address (city, state, ZIP code) <b>745 E 107TH ST INDIANAPOLIS IN 46280</b>			
Name of Person In Charge <b>CHINSKY REST. GROUP, INC</b>			
Establishment Identification Number 490	County 1 8	District	

SUMMARY OF VIOLATIONS:  
 CRITICAL / NON-CRITICAL / REPEAT  
 C \_\_\_\_\_ NC 1 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"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
8, 17D	NC		295	Section 295..Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils. The ice machine had a broken seal and was not maintained cleaned to sight or touch.	Today

**ORIGINAL**

**COMPLETED**

Received By (Name and Title Printed) <b>Assica Corlin Assistant Manager</b>	Inspected By: <b>NANCY LARSON</b>
Received By: (Signature) <i>Assica Corlin</i>	Inspector Signature: <i>Nancy Larson</i>

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