## Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

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## CERTIFIED FOOD HANDLER

GREG HATHAWAY	# EX20524566	
JKEG HATHAWAT	EALEUSE4500	

Date of Inspection

12/23/

Release Date 1/2/12 Follow Up (Yes - No) No

Expire

			ection this da	IL FOOD ESTABLISHMENT INSPECTION REPORT  y, the item(s) noted below identify violation(s) of 410 IAC 7 - 24, Indiana Retail Food E:  The time limit for correction of each violation is specified in the narrative portion of this	stablishment	
Establishment Name AMVETS POST 12					Telephone Number (765) 287-9054	
				state, ZIP code)		
7621 ST	. RD. 3	NORT	Ή	MUNCIE IN	47303	
E-Mail Address	S			Purpose:		Type:
Owner's Name AMVETS POST 12, INC.  1 - ROUTINE  3 - AD II						
Owner's Addre 7621	ss (city, st	ate, ZIP c ST. RD	ode) 3. NORTH	MUNCIE IN 47303 SUMM	ARY OF VIOLATIO	NS:
Name of Person AMVET	n In Chare	ie			NON-CRITICAL /	REPEAT
Establishment	Identificat 324	ion Numl	ber	County         District           1         8           J         B             C	$NC_R$	
Critical items a Violation(s) rep	re identific eated from	ed in the i	narrative colustinative sinspections	mns marked "C" ("NC" Non-Critical) are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"	ORI ORI	GINAL
Annex Key	C / NC	R	Section #	Narrative		Corrected By Date
	NC		430	A ceiling tile in the Kitchen previously removed f	icr repairs	2 weeks
	NC		418	Ashtrays with ashes present are observed with Kitchen area. (Smoking is not allowed within an establishment	i the dishment	Today
				at any time.)		
			1			

Received By (Name and Title Printed)

MACY BURCHELS, BAR MANNAGER Inspected By: JAMMIE BANE Received By: (Signature) Burker

Inspector Signature

amme

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