



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

Delaware County Health Dept. 100 W. Main St. Rm 207 Muncie IN 47305 Ph# (765) 747-7721 Fax# (765) 747-7747

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.

Form header section containing: Establishment Name (Signature INN), Telephone Number (765) 284-4200, Date of Inspection (12/3/12), ID #, Establishment Address (3400 N. Chadam Ln. Muncie, IN), Owner (Jameson Inns, INC), Purpose (1. Routine), Follow-up (NO), Release Date (12/13/12), Owner's Address (4770 S. Atlanta Rd Smyrna GA), Person in Charge (B. Davis), Summary of Violations (C, NC, R), Responsible Person's E-mail, Certified Food Handler (Exempt), Menu Type (1, 2, 3, 4, 5).

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" IN-9:41 OUT-10:15
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 270, NC, This establishment is not using a sanitizer for/at the 3 compartment when washing their dishes. Today

COMPLETED

Received by (Name and title printed): Kimberly Byrd ARM Inspected by (name and title printed): Lynnetta S. Harley
Received by (signature): Kimberly Byrd Inspected by (signature): Lynnetta S. Harley