

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 DELAWARE CO. Health Dept 100 W. MANN RM ZOT MUNCLE DU 47305

765-747-7726

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.

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Establishm	ent Addre	ss (nu	mber and street, city, state, ZIP code)	()Owner	10	4-12 115	
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Owner	JAN		M0004	Purpose: 1. Routine	Follow-u		
Owner's A			= " 1 DV,	2. Follow-up	Summar	y of Violations:	
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Responsible	e Person's	E-ma		5. Temporary	Menu Ty	pe (See back of page)	
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• CRITICAL ITEMS ARE IDENTIFIED 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"							
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Section#	C/NC	R	Narrative		-	To Be Corrected By	
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Received by (name and title printed): Inspected by (name and title printed): NANCH (ARSON)							
Received by (signature): Inspected by (signature):							
ec:	100	Last.	cc:	11000	Ket:		