



# Delaware County Health Department

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## CERTIFIED FOOD HANDLER

TERRY COCHRAN # 3824234 Expire \_\_\_\_\_

Date of Inspection 5/26/10	Release Date 6/5/10	Follow Up (Yes - No) YES
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### 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>SUNSHINE CAFE</b>		Telephone Number 317-288-5221	
Establishment Address (number and street, city, state, ZIP code) 3113 OAKWOOD MUNCIE IN 47304			
E-Mail Address		Purpose: 1 - ROUTINE	Menu Type: 4 - EXTENSIVE PREP
Owner's Name SUB S CORPORATION		<b>ORIGINAL</b> SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____	
Owner's Address (city, state, ZIP code) 3113 N OAKWOOD AV MUNCIE IN 47304			
Name of Person In Charge WILLIAM GOINS, MRG.			
Establishment Identification Number 29	County 1 8	District CDS	

\* 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
				SOME OF THE VIOLATIONS FROM THE INSPECTION DATED 5/21/10 WERE ADDRESS, HOWEVER, THE HEALTH DEPARTMENT HAS SCHEDULED A FOOD SAFETY TRAINING FOR THE ESTABLISHMENT ON JUNE 1ST AT 3PM AND	
				ON JUNE 3RD AT 3PM AT LEAST 90 % OF THE STAFF SHOULD BE IN ATTENDANCE. THE HEALTH DEPARTMENT WILL DO A FOLLOW UP INSPECTION OF THE ESTABLISHMENT ON AN UNANNOUNCED DATE AFTER THE TRAINING.	

Received By (Name and Title Printed) <i>William Goins Manager</i>	Inspected By: CHRISTINE DELY-STINSON, REHS
Received By: (Signature) <i>William Goins</i>	Inspector Signature: <i>[Signature]</i>
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