



Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

Fax (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER

PAUL RAMOS	# 7148137	Expire _____
Date of Inspection 6/27/11	Release Date 7/7/11	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 TEXAS ROADHOUSE		Telephone Number (765) 282-7113	
Establishment Address (number and street, city, state, ZIP code) 200 W MC GALLIARD RD MUNCIE IN 47303			
E-Mail Address TRH_MUNCIEMP@ULTRASTEAK.COM		Purpose: 1 - ROUTINE	Menu Type: 3 - ADVANCED PREP
Owner's Name STEVE MADINGER		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address (city, state, ZIP code) 33 W 10TH ST #802 ANDERSON IN 46016			
Name of Person In Charge HOOSIER ROADHOUSE		ORIGINAL	
Establishment Identification Number 289	County 1 8	District L S H	

* 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
				No Violations	

Received By (Name and Title Printed) PAUL RAMOS	Inspected By: LYNNETTA HARLEY
Received By: (Signature) <i>Paul Ramos</i>	Inspector Signature: <i>Lynnetta S. Harley</i>
Page 1 of 1	

OFFICE COPY