



**Delaware County Health Department**  
 100 West Main Street, Room 207  
 Muncie, Indiana 47305  
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CERTIFIED FOOD HANDLER		
DANYELLE CROSS # 5265919		Expire _____
Date of Inspection 9/24/10	Release Date 10/4/10	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 <b>TIMBERS LOUNGE</b>		Telephone Number 317-286-5323
Establishment Address (number and street, city, state, ZIP code) 2770 KILGORE AVE. MUNCIE IN 47304		
E-Mail Address		
Owner's Name TIMBERS LOUNGE		Purpose: 1 - ROUTINE
Owner's Address (city, state, ZIP code) 2770 KILGORE AVE MUNCIE IN 47304		Menu Type: 2 - LIMITED MENU
Name of Person In Charge MARK & DANYELLE CROSS		
Establishment Identification Number 199	County 1 8	District T G T

SUMMARY OF VIOLATIONS:	
CRITICAL / NON-CRITICAL / REPEAT	
C _____	R _____

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	

**COMPLETED**

Received By (Name and Title Printed) <i>Danyelle M. Cross Sec</i>	Inspected By: TERRY TROXELL	Page 1 of ____
Received By (Signature) <i>Danyelle M. Cross</i>	Inspector Signature: <i>Terry Troxell</i>	

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