



Delaware County Health Department

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Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER

DANYELLE CROSS # _____ Expire _____

Date of Inspection 6/9/11	Release Date 6/19/11	Follow Up (Yes - No) NO
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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 TIMBERS LOUNGE		Telephone Number (765) 286-5323	
Establishment Address (number and street, city, state, ZIP code) 2770 KILGORE AVE. MUNCIE IN 47304			
E-Mail Address		Purpose: 1 - ROUTINE	
Owner's Name MARK & DANYELLE		Menu Type: 2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 3609 W CO RD 325 S MUNCIE IN 47302			
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 _____ N 1 R _____

ORIGINAL

* 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) Danyelle M. Cross Sec	Inspected By: TERRY TROXELL
Received By: (Signature) <i>Danyelle M. Cross</i>	Inspector Signature: <i>Terry Troxell</i>

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