



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

Delaware County Health Department

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.

Form with fields: Establishment Name (Timbers), Telephone Number (765 286-5323), Date of Inspection (5/7/12), ID # (199), Establishment Address (2770 W. Kilgore Ave Muncie, IN), Owner (Mark & Danyelle Cross), Purpose (1. Routine), Follow-up (No), Release Date (5/17/12), Owner's Address (3509 W CR 325 S, Muncie, IN), Person in Charge (Carri McComman), Responsible Person's E-mail (N/A), Certified Food Handler (Danyelle Cross), Summary of Violations (C 0 NC 1 R 0), Menu Type (1 2 3 4 5).

- 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"

ORIGINAL

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, NC, Non food contact surfaces of equipment (interior of reach-in's, shelves in dry storage, shelf below grill, etc.), 1 week.

COMPLETED

Received by (name and title printed): Inspected by (name and title printed): Jammie Bane
Received by (signature): Carri McComman Inspected by (signature): Jammie Bane