

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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747-7721	47305

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.

The time limit for correction of each violation is specified in the narrative portion Establishment Name			•	Telephone Number	Date of Inspection ID #	
MAC'S RESTAURANT			THIRANT	() Establishment	(mm/dd/yr)	
Establishment Address (number and street, city, state, ZIP code)				/ () Owner	12/15/10/30/	
112	/ /	100	meBalliaro		1 1	
Owner	_			Purpose:	Follow-up Release Date	
m	200	. 5	DESTAURANT	1. Routine	483 12/05/10	
Owner's Address Person in Charge Responsible Person's E-mail			The state of the s	2. Follow-up	Summary of Violations:	
				3. Complaint		
				4. Pre-Operational	$c \leq Nc \leq R$	
				\$		
				5. Temporary	Menu Type (See back of page)	
				6. HACCP	,	
Certified Food Handler				7. Other (list)	1 2 3 \(\) 4 5	
				-	, ,	
CDITICAL	ITEMS AD	E IDENTIFIED IN	THE CHECKLIST AND NARRATIVE COL	LUMNS MARKED "C"	By Omeania.	
			VIOUS INSPECTIONS ARE DENOTED IN		AND IN THE NARRATIVE BELOW AS "R'	
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