

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								
GEORGE CONNEL	1 # 1430924	Expire 1-10-15						
Date of Inspection	Release Date	Follow Up (Yes - No)						
5/23/11	6/2/11	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 Telephone Num										
MAC'S RESTAURANT 76528950									0	
Establish	ment Ad	dress (nui	mber and stree	et, city, state, ZIP code)						
1121 WEST MCGALLIARD MUNCIE							IN 47303			
E-Mail Address							Purpose:	Purpose: Menu Type:		
Owner's Name MAC'S RESTAURANT								1 - ROUTINE 2 - LIMITED MEN		
Owner's	Address (city, state	e. ZIP code)	DD DD 141D	CIE	DI 47202		CIDA	MADY OF MIC	N. A.TIONIC.
112			ICGALLÍA		CIE	IN 47303		SUM	MARY OF VIC	DLATIONS:
GEC	RGE (CONWI	ELL & WA	DE VON KLEECK				CRITICAL	/ NON-CRITI	CAL / REPEAT
Establishment Identification Number County 1 8 NA					District ANCY LARSON		C 1 NG 1 R			
Critical it Violation	ems are i	dentified ted from p	in the narrativ	e columns marked "C" ("actions are denoted in the "	NC" Non-Criti	ical) OF VIOLATIONS" and	d in the na	urrative below as "R		RIGINAL
Annex Key	C / NC	R	Section #			Narrative				Corrected By Date
5ABCD	С		187	Section 187Potenti temperature of 52F.	ally hazardo	us food; hot and cold	l holding	. Reach in cooler	Today	
8, 17D	NC		295	Section 295Equipr unit, not clean to sight		d-contact surfaces. F	ryer had	grease build up o	n outside of	Today
										3
										10
Receive	d By (N	ame and	Title Printe	ſ)		Inspected By:		NANC	CY LARSON	
Receive	d By: (S	ignature	()			Inspector Signat	ure:	Mr. ser~		Page 1 of1_

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