

Delaware County Health Department

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CERTIFIED FOOD HANDLER						
SCOTT A BOYLAN	# LD000235401	Expire				
Date of Inspection	Release Date	Follow Up (Yes - No)				
12/17/09	12/27/09	NO				

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

O_{RIGINAL} 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 Number BURKIES DRIVE IN 765-282-4355 Establishment Address (number and street, city, state, ZIP code) 1515 W JACKSON MUNCIE IN 47303 E-Mail Address Purpose: Menu Type: 1 - ROUTINE 2 - LIMITED MENU Owner's Name BURKIES DRIVE IN Owner's Address (city, state, ZIP code) 1515 W JACKSON ST MUNCIE 47303 IN SUMMARY OF VIOLATIONS: Name of Person In Charge SCOTT BOYLAN CRITICAL / NON-CRITICAL / REPEAT County District Establishment Identification Number NC S C D 8

Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)

* Violation	* 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 WERE OBSERVED AT TIME OF THIS INSPECTION.		
			200			
			lp"			
				COMPLETE		

Received By (Name and Title Printed)	Inspected By: CHRISTINE DELY-STINSON, REHS		
Received By: (Signature) 9. Russell	Inspector Signature:	Page 1 of 1	

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