

Delaware County Health Department 100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

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Establishment Address (number and street, city, state, ZIPcode)

email - dchealth@co.delaware.in.us

CEI	CERTIFIED FOOD HANDLER								
SCOTT A BOYLAN	# XE20439246	Expire 2014-11-12							
Date of Inspection 10/26/12	Release Date 11/5/12	Follow Up (Yes - N							
C) >	- 175/12	NO							

Telephone Number

765-282-4355

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 BURKIES DRIVE IN

ner's Add 3424	me T BO				MUNCIE		D.	AN I MORPORO
ner's Add 3424	me T BO					1	IN	47303
ner's Add 3424	T BO					[Purpose:	Menu Type:
ner's Add 3424		Owner's Name SCOTT BOYLAR					1 - ROUTINE	2 - LIMITED MENU
ne of Per	dress (c. W	ity, state	e, ZIP code)	ST MUNCIE	e de la companya del companya de la companya de la companya del companya de la co			2 - ERVITED MENU
Tim Mo	rson In (cMilla	Charge an		ST MUNCIE IN 47302			SUMMARY OF VIOLATIONS:	
Establishment Identification Number 15				County District 1 8 SIP			CRITICAL / NON-CR	
ical items lation(s) r	s are ide	entified d from 1	in the narrativ		19000000	I L		KU
ex	C		l liber	e columns marked "C" ("NC" N ctions are denoted in the "SUMN	MARY OF VIOLATIONS" and	d in the nar	rrative below as "R"	
V	VC VC	R	Section #		Narrative			Corrected By Date
A N	NC		324	Section 324Plumbing system is section 324Plumbing system is leaking from both faucets. That water can still be used.	stem maintained in good rep The handle for the hot water	pair; The	basement three bay sink is stroom has came off although	the 7 days
			8	ruter can sun be used.				
					TO DOLLOW WAS DISCUS	SSFD		
				AN EMPLOYEE HEAL	TH POLICY WAS DISCUS	GOLD.		
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Re	eceive	d BA (L	- sture)	ouces	OFFICE (COPA		
Į.	Receiv	ed By:	(Signature)	1	-			