

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 Decourre Co HEACTH DOT 100 WMAINST MUNCIE IN 47305 765-747-7721 765-747-7747-604

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

Establishment Anne Content	The time lim	nt for correction	on of each violation is specified in the narrative	portion of this report.	40 /230		
Extebilishment Address Lambre and stee, city, state, 21P code) SIS WINCES MUNICIPE 47303 Owner Scott Boward Owner's Address 3/2/Y W 31 st Municipe To 47302 Person in Charge Soft Boyard Responsible Person's E-mail Certified Food Handler Soft Boyard Certified Food Handler Soft Boyard Order (Isa) 1 2 11/13 Summary of Violations: No N	Establishme	nt Name	_		(11)	ID#	
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