



# Delaware County Health Department

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Muncie, Indiana 47305

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## CERTIFIED FOOD HANDLER

SANDRA MILTON # 5738788 Expire \_\_\_\_\_

|                               |                         |                            |
|-------------------------------|-------------------------|----------------------------|
| Date of Inspection<br>6/30/11 | Release Date<br>7/10/11 | Follow Up (Yes - No)<br>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<br><b>MILTON'S FAMILY RESTAURANT</b>   |                      | Telephone Number<br><b>(765) 789-8487</b>  |  |
| Establishment Address (number and street, city, state, ZIP code)<br><b>220 W STATE ST ALBANY IN 47320</b> |                      |  |  |
| E-Mail Address<br><b>SMILTON60@g.mail.com</b>   |                      | Purpose:<br><b>1 - ROUTINE</b>   | Menu Type:<br><b>3 - ADVANCED PREP</b> |
| Owner's Name<br><b>SANDRA MILTON</b>  |                      | SUMMARY OF VIOLATIONS:<br><br>CRITICAL / NON-CRITICAL / REPEAT<br><br>C _____ NC _____ R _____ |  |
| Owner's Address (city, state, ZIP code)<br><b>809 N WATER ST ALBANY IN 47320</b>                          |                      |  |  |
| Name of Person In Charge<br><b>SANDRA MILTON</b>  |                      |  |  |
| Establishment Identification Number<br><b>159</b>   | County<br><b>1 8</b> | District<br><b>T G T</b>   |  |

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

\* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"

**ORIGINAL**

| Annex Key | C / NC | R | Section # | Narrative     | Corrected By Date |
|-----------|--------|---|-----------|---------------|-------------------|
|           |        |   |           | No Violations |                   |
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|  |  |
|--|--|
| Received By: (Name and Title Printed)<br><b>Amber Ward</b> | Inspected By:<br><b>TERRY TROXELL</b>      |
| Received By: (Signature)<br><i>[Signature]</i>             | Inspector Signature:<br><i>[Signature]</i> |

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