



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

Delaware Co Health Dept  
100 W Main St  
Muncie In 47305  
765-747-7721  
765-747-7747 Fax

Based on an inspection this day, the item(s) noted below identify violations 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.

2:30 300

Establishment Name <i>Milton Family Rest</i>	Telephone Number <i>765-789-8487</i>	Date of Inspection (mm/dd/yr) <i>3/1/13</i>	ID # <i>159</i>
Establishment Address (number and street, city, state, ZIP code) <i>220 W State St Albany In 47320</i>	( ) Owner	Follow-up <i>No</i>	Release Date <i>3/1/13</i>
Owner <i>Sandra Milton</i>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>	
Owner's Address <i>809 N Water St Albany In 47320</i>		Menu Type (See back of page) 1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Person in Charge <i>Sandra Milton</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Sandra Milton</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>All Violations Observed on 2/19/13 have been corrected and completed</i>	
			<i>No Violations Observed</i>	

**COMPLETED**

Received by (name and title printed): <i>David R Milton</i>	Inspected by (name and title printed): <i>Terry Troxell</i>
Received by (signature): <i>DAVID R MILTON</i>	Inspected by (signature): <i>Terry Troxell</i>
cc:	cc: