	F)	100 W Munci	ware County Health Department est Main Street, Room 207 e, Indiana 47305		CERTIFIED FOOD HANDLER AARON KOONS # LD000270007 Expire 5/2011		
DEP	ALLIN	Phone Fax email	(765)7	47-7721 47-7747 @co.delaware.in.us	Date of Inspection 3/1/10	Release Date 3/11/10	Follow Up (Yes - No NO
	В	ased on a Sanit	an inspection th	ΓAIL FOOD ESTABLISH is day, the item(s) noted below identify vi tents. The time limit for correction of each	olation(s) of 410 IAC 7 - 24,	Indiana Retail Food Establish	ment
	hment Nar				- And		ne Number
	and the second second		OWN MAR	KET #329 , city, state, ZIP code)		765-2	86-0966
192	OS HO			El 1972 a la Companya de la companya	UNCIE	IN	47302
E-Mail Address Owner's Name MARSH SUPERMARKETS, LLC						Purpose: 1 - ROUTINE	Menu Type: 2 - LIMITED MEN
	Address (city, state	e, ZIP code) RANKLIN	RD INDIANAPOLIS I	N 46219	SUMMARY O	F VIOLATIONS:
Name of Person In Charge Gary Jones, G/M						CRITICAL / NON-CRITICAL / REPEAT	
	hment Ider		n Number	County 1 8 Tim	District B	C NC	R
Critical i Violation	items are in (s) repeat	dentified ed from	in the narrative	columns marked "C" ("NC" Non-Critical) tions are denoted in the "SUMMARY OF"	VIOLATIONS" and in the na	arrative below as "R"	
Annex Key	C / NC	R	Section #		Narrative		Corrected By Date
	NC			no violations observed during this in	spection visit.		
1						her-	
1			-			1000	
							C.Sont
					1940		
1.4							
Received By (Name and Title Printed) Gary Jones, G/M					Inspected By:	TIM BOTKIN, I	OCHD
Received By: (Signature) Jury Dorn					Inspector Signature:	2hr	Page 1 of 1