**Delaware County Health Department**
**100 West Main Street, Room 207**
**Muncie, Indiana 47305**
**Phone (765)747-7721**
**Fax (765)747-7747**
**email - dchealth@co.delaware.in.us**

**CERTIFIED FOOD HANDLER**

SUMMER DUNCAN # EX20573166 Expire _____

| Date of Inspection | Release Date | Follow Up (Yes - No) |
|---|---|---|
| 10/24/11 | 11/3/11 | 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: MEIJER GAS STATION #139
Telephone Number: (765) 281-7829
Establishment Address (number and street, city, state, ZIP code): 6200 W. MC GALLIARD MUNCIE IN 47304
E-Mail Address:
Owner's Name: MEIJER STORES LIMITED PARTNERSHIP
Owner's Address (city, state, ZIP code): 2929 WALKER N.W. GRAND RAPIDS MI 49544-9428
Name of Person In Charge: CRAIG HUNTER
Establishment Identification Number: 263
County: 1 8
District: T G T

Purpose: 1 - ROUTINE
Menu Type: 1 - LIMITED PREP

SUMMARY OF VIOLATIONS:
CRITICAL / NON-CRITICAL / REPEAT
C _____ NC _____ R _____

* 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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COMPLETED

Received By (Name and Title Printed): X Summer Duncan
Received By (Signature): X Summer Duncan
Inspected By: TERRY TROXELL
Inspector Signature: Terry Troxell
Page 1 of ___

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