

## Delaware County Health Department

**100 West Main Street, Room 207**

**Muncie, Indiana 47305**

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**CERTIFIED FOOD HANDLER**

## Carol Brown

# ON FILE

Expire 6/2012

Date of Inspection

4/19/10

Release Date

4/29/10

Follow Up (Yes - No)

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 <b>TARGET #1530</b>		Telephone Number <b>(765) 254-9027</b>	
Establishment Address (number and street, city, state, ZIP code) <b>3601 N. BARR ST. MUNCIE IN 47303</b>			
E-Mail Address		Purpose: <b>1 - ROUTINE</b>	
Owner's Name <b>TARGET STORES</b>		Menu Type: <b>1 - LIMITED PREP</b>	
Owner's Address (city, state, ZIP code) <b>P.O. 9471 MINNEAPOLIS MN 55440-9471</b>		SUMMARY OF VIOLATIONS:  CRITICAL / NON-CRITICAL / REPEAT  C _____ NC <u>  4  </u> R _____	
Name of Person In Charge <b>Renee Stevens, Store Manager</b>			
Establishment Identification Number <b>120</b>	County <b>1 8</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"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				NO VIOLATIONS OBSERVED DURING THIS ROUTINE SEMI-ANNUAL INSPECTION VISIT.	
COMPLETED					

Received By (Name and Title Printed)  
Renee Stevens, Store Manager,

Inspected By: **TIM BOTKIN, DCHD**

Received By: (Signature) Renee Stone

Inspector Signature:

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