

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							
TAMMY WHEELER	# TE20077985	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
5/3/10	5/13/10	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 Telephone Num							ber			
VILLAGE PANTRY #596					765-751-1536					
Establish	ment Ade	dress (nu	mber and stree	t, city, state, ZIP code)						
911 S TILLOTSON MUNCIE						IN 47304				
E-Mail Address						Purpose: Menu				
Owner's Name VILLAGE PANTRY LLC						1 - ROUT	- LIMITED PREP			
Owner's Address (city, state, ZIP code) POBOX 3227 WILMINGTON NC 28406 SUMMARY OF VIOL							LATIONS:			
Name of Person In Charge VILLAGE PANTRY LLC CRITICAL / NON-CRITIC							CAL / REPEAT			
Establishment Identification Number County District 265 1 8 T G T					3 L	C_1_NC_1_R				
Critical it Violation	ems are i (s) repeat	dentified ed from p	in the narrativ	e columns marked "C" ("NC" Non-Critical) ctions are denoted in the "SUMMARY OF VIOLATIONS" a	and in the narrati	ve below as "R	el O	RIGINAL		
nnex Key	ex C R Section Narrative							Corrected By Date		
5ABCD	С		187	Section 187Potentially hazardous food; hot and counits were not maintaining the required holding temporal Good humor single service ice cream freezer is	Today					
				sunlight causing the top half of the ice cream in the and was soft at touch b) Ice cream reach in freezer had a measured tempe						
				 c) Deli reach in cooler had a measured temperature stored in the unit 						
B, 17D	NC		295	Section 295Equipment, food-contact surfaces, nor beverage dispenser nozzles had a build up of sticky su	Today					
GUMPLE										
Received By (Name and Title Printed) TERRY TROXELL										
Received By: (Signature) January Wheeler Ins				Inspector Signa	ature: X	4 nd	eel	Page 1 of		
	OFFICE COPY									