

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

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CERTIFIED FOOD HANDLER

TAMMY WHEELER

TE20077985

Expire

Date of Inspection

11/14/11

Release Date

11/24/11

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 VILLAGE PANTRY #596 | | | Telephone Number 765-751-1536 | | |
| Establishment Address (number and street, city, state, ZIP code) 911 S TILLOTSON MUNCIE IN 47304 | | | | | |
| E-Mail Address | | | Purpose: 1 - ROUTINE | | Menu Type: 2 - LIMITED MENU |
| Owner's Name VILLAGE PANTRY LLC | | | SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C 1 NC 0 R 0 | | |
| Owner's Address (city, state, ZIP code) P O BOX 3227 WILMINGTON NC 28406 | | | | | |
| Name of Person In Charge VILLAGE PANTRY LLC | | | | | |
| Establishment Identification Number 265 | County 1 8 | District L S H | | | |

* 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"

[illegible]

| | |
|--|---|
| Received By (Name and Title Printed) <i>Julie Bensley</i> | Inspected By: LYNNETTA HARLEY |
| Received By: (Signature) <i>Julie Bensley</i> | Inspector Signature: <i>Lynnetta L. Harley</i> |
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