	PAUL MCCOR	CERTIFIED FOOD HANDLER     PAUL MCCORD   # SM000247650   Expire	
Phone (765)747-7721 Fax (765)747-7747	Date of Inspection	ALL AND ADDRESS	Follow Up (Yes - No)
email - dchealth@co.delaware.in		1	NO
RETAIL FOOD Based on an inspection this day, the item(s) n Sanitation Requirements. The time limit	STABLISHMENT INSPI ed below identify violation(s) of 410 IAC or correction of each violation is specified	C 7 - 24, Indiana Retail Food Establishment	ORIGINAI
Establishment Name		Telephone Num	Contraction of the Contraction o
MARSH HOMETOWN MARKET #328 Establishment Address (number and street, city, state, ZIP code		(765) 289-3	1995
1900 N WALNUT ST	MUNCIE	IN 4730	)3
E-Mail Address Purpose:			Menu Type:
Owner's Name 1 - ROUTINE 3   MARSH SUPERMARKETS, LLC			3 = Advanced Prep
Owner's Address (city, state, ZIP code) 333 S FRANKLIN RD IN	IANAPOLIS IN 46219	SUMMARY OF VIC	LATIONS:
Name of Person In Charge PAUL MCCORD, Store Manager		CRITICAL / NON-CRITI	
Establishment Identification Number County District		56 521	
145 1			_ K
Critical items are identified in the narrative columns marked "C Violation(s) repeated from previous inspections are denoted in t		in the narrative below as "R"	
nnex / R Section Key NC #	Narrative		Corrected By Date
Section 191Rea	Section 191Ready-to-eat, potentially hazardous food; (A)date marking: various items of RTE baby foods passed expiration date. (B) Catfish nuggets passed sell by date		
17B NC 218 prin the meat cuttin			
	Section 295Equipment, nonfood-contact surfaces, and utensils: microwave oven in employee break area needs cleaning to remove build-up of food debris		
	Section 351Toilet room receptacle; covered A waste can with lid is needed for the disposal of sanitary napkin the ladies toilet.		Today
		GOMPLET	FD
Received By (Name and Title Printed)	Inspected By:	T: D11 D	]
PAUL MCCORD, Store Manager Tim Botkin, DCHD Received By: (Signature)			Devel 1
Received By: (Signature) San Me al	Inspector Signature	"AV	Page 1 of