

Establishment Name

## **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

Swery Robertson Server Expire //2/3

Date of Inspection Release Date Follow Up (Yes - No)

8/6/10 Release Da

8/16/10

Telephone Number

ollow 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.

MEIJER GAS STATION #139									(765) 281	-7829
Establishment Address (number and street, city, state, ZIP code)										
6200 W. MC GALLIARD MUNCIE							_	IN		304
E-Mail Address								Purpose	- 11	Menu Type:
Owner's Name MEIJER STORES LIMITED PARTNERSHIP								7 - OTHI	ER	1 - LIMITED PREP
Owner's Address (city, state, ZIP code) 2929 WALKER N.W. GRAND RAPIDS MI 49544-9428							28	SUM	MARY OF V	OLATIONS:
Name of Person In Charge MEIJER STORES								CRITICAL	/ NON-CRIT	TICAL / REPEAT
Establish	ment Ide	ntification 263	n Number	$\top$	County   District   1 8   CDS			С	NAME	INAL
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								arrative belows "R	Alin	
Annex Key							⁄e			Corrected By Date
	REMODELING COMPLETE OKAY TO RESUME FOOD OPERATIONS									
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										-
						<del></del>				
Received By (Name and Title Printed)  Inspected By:								CHRISTINE DELY- STINSON, REHS		
Receive	d By: (Si	ignature	P-1	I	<	Inspector Sign				Page 1 of
OFFICE COPY										