SWARE				nty Health Department eet, Room 207	CERTIFIED FOOD HANDLER		
(ID)	TE)	Munci	e, Indiana	47305	SUMMER DUNCAN	# EX20573166	Expire
E.	J)	Phone Fax		747-7721 747-7747	Date of Inspection	Release Date	Follow Up (Yes - No)
DEVI				h@co.delaware.in.us	4/19/12	4/29/12	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 Nu	4155 (1856) St
MEIJER GAS STATION #139 Establishment Address (number and street, city, state, ZIP code)							-7829
6200 W. MC GALLIARD MUNCIE IN							304
E Mail Addease							Menu Type:
Purpose: 1 - ROUTINE							1 - LIMITED PREP
Owner's Name MEIJER STORES LIMITED PARTNERSHIP							
Owner's Address (city, state, ZIP code) GRAND 49544-9   2929 WALKER N.W. RAPIDS MI 428							
Name of Person In Charge CRAIG HUNTER						CRITICAL / NON-CRIT	TCAL / REPEAT
Establishment Identification Number 263				<u>County</u> 1 8 T	G T	C <u>1</u> NC	_ R
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							ORIGINAL
Annex Key	C / NC	R	Section #		Narrative		Corrected By Date
19B	С		336	Section 336Backsiphonage preventi attached to the mop sink and did not have	on device; when required. ve a downstream back flow	There was a "Y" hose bibb v prevention valve attached.	Today
						PMIVIMI	
						GUMPL	
Received By (Marke and Title Printed) Inspected By:							2
Received By: (Signature)							Page 1 of
OFFICE COPY							