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						
CHRIS BOWMAN	# 4879658	Expire				
Date of Inspection 9/14/09	Release Date 9/24/09	Follow Up (Yes - No)				

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

	nts. The time limit for correction of e				SAK		
Establishment Name Telephone Num							
MEIJER INC. 139				765-281-78	00		
Establishment Address (number and street, city, state, ZIP code) 6260 W. MC GALLIARD RD. MUNCIE IN					47304		
E-Mail Address			Purpose:		Menu Type:		
Owner's Name MEIJER STORES LIMITED PARTNERSHIP			1 - ROUTINE 2 =		2 = Limited Menu		
Owner's Address (city, state, 244 CER) AVE GRAND 49544-9 2929 NW RAPIDS MI 428 SUMMARY OF VIO					LATIONS:		
Name of Person In Charge CHRIS BOWMAN, MGR CRITICAL / NON					CAL / REPEAT		
Establishment Identification Number 262	District T B	С	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 narrative below as "R"							
Annex C / R Section #		Corrected By Date					
	No Violations observed during the	nis inspection visit conducted	during normal bu	siness hours.			

			ring.		PM		
			UU				
Received By (Name and Title Printed) (1919 1911er Start Director Inspected By: Tim Botkin, DCHD							
Received By: (Signature)		Inspector Signature:	Im B	o V	Page 1 of1		

OFFICE COPY