

## **Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER NICK CLEVENGER

# LA000217270

Expire

Date of Inspection

Release Date 5/24/10

Follow Up (Yes - No)

6/3/10 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

Santation requirements.	The time limit for correct	ion of each violation is specified in th	e narrative portion of this i	eport.
Establishment Name	Telephone Number			
MINAR'S IGA GROCERY			(765) 789-4663	
Establishment Address (number and street, city,	state, ZIP code)			
949 W STATE ST		ALBANY	IN	47320
E-Mail Address MINARMARKET@SBCGLOBAL.NET			Purpose: Menu Type: 3 - ADVANCEI	
Owner's Name MINARS' IGA, INC			1 - ROUTINE	PREP
Owner's Address (city, state, ZIP code) PO BOX 8	ALBANY	IN 47320	SUMMA	RY OF WOLATIONS:
Name of Person In Charge MICHAEL MINARS			CRITICAL / N	ON-CRITICAL / REPEAT
Establishment Identification Number 75	County 1 8	District CDS	c	C R
Critical items are identified in the narrative colur Violation(s) repeated from previous inspections	nns marked "C" ("NC" Norre denoted in the "SUMN	on-Critical) MARY OF VIOLATIONS" and in the	narrative below as "R"	

Annex Key	C / NC	R	Section #	Narrative		
				NO VIOLATIONS FOUND AT THIS INSPECTION		
				9		
				mantal Etten		
				GUMPLE I LU		

Received By (Name and Title Printed)

Received By: (Signature)

Inspected By:

CHRISTINE DELY-STINSON, REHS

Inspector Sig

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