

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								
NICK CLEVENGER	# 1569953	Expire						
Date of Inspection	Release Date	Follow Up (Yes - No)						
4/7/11	4/17/11	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.

							765) 789-4663			
			mber and stree	t, city, state, ZIP code))			(103) 103-	4003	
								473	20	
E-Mail Address MINARSMARKET@SBCGLOBAL.NET						Purpose: N 1 - ROUTINE 2 - L				
Owner's Name MINARS' IGA, INC						1-1001	m, []	2 - LIMITED MENU		
Owner's Address (city, state, ZIP code) PO BOX 8 ALBANY IN 47320 SUMMARY OF								MARY OF VI	OLATIONS:	
Name of Person In Charge MICHAEL MINARS						CRITICAL	NONCRIT	ICAL / REPEAT		
Establishment Identification Number County NANC 75 1 8					77.7	District NCY LARSON/TERRY TROXELL	C	CXCR		
Critical it Violation	ems are i (s) repeat	dentified ed from p	in the narrativ	e columns marked "C" ctions are denoted in th	"("NC" Non-Critic ne "SUMMARY O	cal) OF VIOLATIONS" and in	the narrative below as "R		ORIGINAL	
Annex Key	C / NC	R	Section #			Narrative			Corrected By Date	
	NO			NO VIOLATION	IS.					
					<u> </u>					
Received By (Name and Title Printed) Inspected By: NANCY LARSON/TERRY TROXELL									ROXELL	
Receive				Son .		Inspector Signature	1-1	2) rpall	Page 1 of	
	9				OFFI	CE/OOPY	(9		