



Delaware County Health Department
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 Muncie, Indiana 47305
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CERTIFIED FOOD HANDLER		
# _____	Expire _____	
Date of Inspection 12/31/11	Release Date 01/09/12	Follow 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.

Establishment Name TARGET #1530		Telephone Number (765) 254-9027	
Establishment Address (number and street, city, state, ZIP code) 3601 N. BARR ST. MUNCIE IN 47303			
E-Mail Address RENEE.STEVENS@TARGET.COM		Purpose: 1 - ROUTINE	Menu Type: 3 - ADVANCED PREP
Owner's Name TARGET STORES		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C / NC / R /	
Owner's Address (city, state, ZIP code) P.O. 9471, TPN0910 MINNEAPOLIS MN 55440-9471			
Name of Person In Charge TARGET CORPORATION			
Establishment Identification Number 120	County 1 8		

- * 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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				* No violations observed	

Received By (Name and Title Printed) Alyson L Brown	Inspected By: JAMMIE BANE
Received By: (Signature) <i>Alyson L Brown</i>	Inspector Signature: <i>Jammie Bane</i>
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