

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721 Fax (765)747-7747

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CERTIFIED FOOD HANDLER								
M. EDWARDS	# ON FILE	Expire 10/2012						
Date of Inspection	Release Date	Follow Up (Yes - No)						
3/24/10	4/3/10	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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

	hment Na	me		ancies. The time mini for C	correction	on of Cacil Viola	tion is specific	od in the	narrative portion of	Telephone Nu		
			RY #374	-1 -11- 7ID 1-)						(765) 289	-6089	
			NIA AVE	et, city, state, ZIP code)		MUNO	CIE		IN	47.	302	
E-Mail	Address								Purpose	: 1	Menu Type:	
Owner's Name VILLAGE PANTRY,LLC 1 - ROUTINE 1 -										1 - LIMITED PREP		
	Owner's Address (city, state, ZIP code) P O BOX 3227 WILMINGTON NC 28406 SUMMARY OF VIOLA										OLATIONS:	
Name of VII	Person II LAGE	n Charge PANTI	RY LLC						CRITICAL	/ NON-CRIT	TICAL / REPEAT	
Establishment Identification Number				County 1 8		Distr Tim	rict B	CNC2_R				
Critical i	tems are i	dentified	in the narration	ve columns marked "C" ("Nections are denoted in the "	NC" Nor	n-Critical)		l in the n		A Mill	ODICINAL	
Annex Key	C / NC	R	Section #		OCIVILY		Narrative	, in die ii	arative select as 1		Corrected By Date	
25	NC		297	Section 297Not pot FLOORS TO REMOV FREEZER UNITS ALC	24 Hours							
23A	NC		430	BAGGED ICE FREEZ	Section 430Repairing premises, structures, and attachments-(A)MOLDING IN VICINITY OF BAGGED ICE FREEZER FALLING AWAY FROM WALL(B) REPAIR HOLE IN WALL NEAR RESTROOM ENTRANCE.							
				CAMPI ETT							red	
												
Receive	d By (Na	me and	Title Printed	d) ESTEP, CASEMER	~	Inspe	ected By:		TIM	BOTKIN		
Receive	d By: (Si	gnature)	4	JG 720	~		ector Signatu	re:	703		Page 1 of	
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