



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Delaware Co. Health Dept.

100 W. Main St. Rm 207
Muncie, IN 47305
(765) 747-7721

ph

Fax (765) 747-7747

Based on an inspection this day, the item(s) noted below identify violations 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 Village Pantry # 374	Telephone Number 765 289-6089	Date of Inspection (mm/dd/yr) 11/20/12	ID #	
Establishment Address (number and street, city, state, ZIP code) 2501 S. Macedonia Ave. Muncie, IN 47302	() Owner	Follow-up NO	Release Date 11/30/12	
Owner Village Pantry, LLC	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>		
Owner's Address 9800 Crosspoint Blvd Indianapolis, IN		Menu Type (See back of page) 1 X 2 3 4 5		
Person in Charge Melodie Lee				
Responsible Person's E-mail				
Certified Food Handler Melodie Lee EX20699737 2017	National Registry			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" IN - 10:12 OUT - 10:59				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"				
Section#	C/NC	R	Narrative	To Be Corrected By
			NO violations	
Received by (name and title printed): M Melodie Lee		Inspected by (name and title printed): Lynnetta Harley		
Received by (signature): 		Inspected by (signature): 		
cc:		cc:		cc:

COMPLETED