

Delaware County Health Department

100 West Main Street, Room 207

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CERTIFIED FOOD HANDLER

CERTIFIED FOOD HANDLER							
Leigh Cooley	# EX20602494	Expire 3/16/16					
Date of Inspection	Release Date	Follow Up (Yes - No)					
6/24/11	7/4/11	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.

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Establishment Name VILLAGE PANTRY #582 Telephone Numb 765-789-400																
Establishment Address (number and street, city, state, ZIP code)																
641 W WALNUT ST ALBANY IN 47320																
E-Mail Address MJACKSON@WORSLEY.COM					Figure Matteres	Purpose: Menu 2 - LIM										
Owner's Name VILLAGE PANTRY, LLC					1 - ROUT											
Owner's Address (city, state, ZIP code) POBOX 3227 WILMINGTON NC 28406						SUM	SUMMARY OF VIOLATIONS:									
Name of Person In Charge VILLAGE PANTRY, LLC						CRITICAL	CRITICAL / NON-CRITICAL / REPEAT									
Establishment Identification Number 281				County 1 8	District L S A	$\frac{1}{2}$ c o	C 0 2 R 1									
Critical i	tems are i	dentified	in the narrativ	ive columns marked "C" ("NC")	Non-Critical)			RIGINAL								
	C (s) repeat	ted from		ections are denoted in the "SUM	IMARY OF VIOLATIONS" a	nd in the narrative below as 'R		10-115								
Annex Key	/ NC	R	Section #		Narrative		Corrected By Date									
25	NC		297	Section 297. Not potentia	ntially hazardous food contact surfaces cleaning frequency			Today								
23	NC		291	The CW's Coffee dispenser has what appears to be mold growing around the nozzles.												
23C	NC		426		g premises of unnecessary i equipment are not working		om and broaste	Today								
					82											
				1				+								
Received By (Name and Title Printed) Inspected By:																
Lynnetta Harley								Page 1 of 1								
+ James Jack Jack Jacks Marry																
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