STARE ON		Delaware County Health Department 100 West Main Street, Room 207			CERTIFIED FOOD HANDLER		
(The	E(T		e, Indiana	47305	LEIGH COOLLY	# KB000319188	Expire
C.	J	Phone Fax		/47-7721 /47-7747	Date of Inspection	Release Date	Follow Up (Yes - No)
		and the second second second		@co.delaware.in.us	11/17/11	11/27/11	NO
	1	Based on a	in inspection t	TAIL FOOD ESTABLISHN his day, the item(s) noted below identify vio nents. The time limit for correction of each v	lation(s) of 410 IAC 7 - 24,	Indiana Retail Food Establishme	ent
Establish	nment Na				ionation is specified in the l	Telephone	Number
VILLAGE PANTRY #582 Establishment Address (number and street, city, state, ZIP code)						765-789	0-4004
		LNUT		÷	BANY	IN 4	17320
E-Mail Address						Purpose:	Menu Type:
Owner's Name						1 - ROUTINE	2 - LIMITED MENU
VILLAGE PANTRY, LLC							
Owner's Address (city, state, ZIP code) P O BOX 3227 WILMINGTON NC 28406						SUMMARY OF	VIOLATIONS:
Name of Person In Charge VILLAGE PANTRY, LLC						CRITICAL / NON-CF	RITICAL / REPEAT
Establishment Identification Number County District							
281 1 8 L S H						CNC	R
 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 						arrative below as "R"	URIGINAL
Annex Key	C /	R	Section #		Narrative		Corrected By Date
	NC			NO viola	tions		
				NO VIOLA	TUR (S		
				2			
						ൈവതി	FFF
							2120
							to be here the
Received By (Name and Title Printed) Store Manager Inspected By:						LYNNETTA HA	RLEY
LA	L	Elg Signatu	Lak	And a	Inspector, Signature:	the S. Harle	Page 1 of 1
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