

**Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

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CERTIFIED FOOD HANDLER

DONNA LOWHORN

3165394

Expire 4/2011

Date of Inspection

10/14/09

Release Date

10/24/09

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.

ORIGINAL
JAK

| | | | |
|--|--|---|--|
| Establishment Name WAL-MART SUPERCENTER #1665 | | Telephone Number (765) 284-7181 | |
| Establishment Address (number and street, city, state, ZIP code) 4801 W CLARA LN MUNCIE IN 47304 | | | |
| E-Mail Address SHERMIKA.YORK@WAL-MART.COM | | Purpose: 1 - ROUTINE | |
| Owner's Name WAL-MART STORES EAST, LP | | Menu Type: 2 = Limited Menu | |
| Owner's Address (city, state, ZIP code) 702 8TH ST BENTONVILLE AR 72716-0500 | | SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____ | |
| Name of Person In Charge WAL-MART STORES, INC. | | | |
| Establishment Identification Number 168 | | | |
| | | County 1 8 | |
| | | District C T B | |

* 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"

| Annex Key | C / NC | R | Section # | Narrative | Corrected By Date |
|-----------|--------|---|-----------|---|-------------------|
| | | | | No Violations observed during this inspection visit conducted during normal business hours. | |
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| | | | | ATTENTION: YOUR 2009 FOOD PERMIT WILL EXPIRE ON 31 DECEMBER 2009 AND MUST BE RENEWED NO LATER THAN 31 JANUARY 2010. | |

Received By (Name and Title Printed)
Michael Scott, Assistant MangerInspected By:
Tim Botkin, DCHDReceived By: (Signature)
*M. Scott*Inspector Signature:
Tim Botkin

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