

Delaware County Health Department

100 West Main Street, Room 207 Muncie, Indiana 47305

Phone (765)747-7721 Fax (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER								
DONNA LOWHORN	# 3165394	Expire 4/2011						
Date of Inspection	Release Date	Follow Up (Yes - No)						
3/3/10	3/13/10	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

			ation Require	ments. The time	limit for correc	tion of each viol	ation is specified in	the narrative portion of	this report.		
Establishment Name WAL-MART SUPERCENTER #1665 Telephone No. (765) 284											
				et, city, state, ZII	D anda)				(765) 284	-/181	
	1 W CL			et, city, state, ZII	code)	MUN	CIE	IN	47.	304	
E-Mail Address PENNY.BUTLER@WALMART.COM Purpose:									: 1	Menu Type:	
Owner's Name WAL-MART STORES EAST, LP										3 - ADVÂNCED PREP	
702		S	e, ZIP code) OUTHWES	г 8ТН ST	BENTON	VILLE AR	72716-0500	SUM	MARY OF VI	OLATIONS:	
Name of Person In Charge WAL-MART STORES, INC. CRITICAL / NON-CRIT										TICAL / REPEAT	
Establishment Identification Number County						trict	C 1	C 1 NC R			
Caltinal i		168	in the nametic	ve columns mark	1 8	Tim	В	<u> </u>	NC		
Violation	iems are in (s) repeat	ted from	previous inspe	ections are denote	ed in the "SUM	MARY OF VIO	LATIONS" and in	the narrative below as "F	<u>"</u>		
nnex Key	S - O	R	Section #				Narrative			Corrected By Date	
12A	С	Section 344Hand washing facility; location- bakery handsink blocked; not accesible as required.							corrected		
					1	e					
				L							
							11.5				
								T S PS			
				k I							
Receive	d By (N	ame and	Title Printe Cathy Sm	d) ith, Assistant	Manager	Ins	pected By:	TIM BO	OTKIN, DCH	ID	
Receive	ed By: (S	ignature	10	y Sin	1)	Ins	pector Signature:	313		Page 1 of1_	
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