

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 | | | | | | | | |
|------------------------|--------------|----------------------|--|--|--|--|--|--|
| | # | Expire | | | | | | |
| Date of Inspection | Release Date | Follow Up (Yes - No) | | | | | | |
| 7/15/10 | 7/25/10 | 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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | Du | munion it | equirements. | The time mint for correction | on or each rioration is specifi | icu ili uic | marative portion of | and report. | | | |
|--|--------------------------------|--------------------------|------------------------------------|--|--------------------------------------|--------------------------------|---------------------------|----------------------|------------|-----------|--|
| Establishment Name | | | | | | | | Telephone Number | | | |
| DOLLAR TREE #3926 Establishment Address (number and street, city, state, ZIP code) | | | | | | | | (765) 28 | 87-8052 | | |
| | | | | state, ZIP code) | Malera | | | 12 | 7700 | | |
| 3750 S C | | LER DI | ₹. | | MUNCIE | 1 - | IN | 4 | 7302 | | |
| E-Mail Address | | | | | | | Purpose | | Menu Type: | | |
| Owner's Name DOLLAR TREE STORES, INC. | | | | | | 1 - ROUTINE 1 - LIMI | | | | ITED PREP | |
| Owner's Address (city, state, ZIP code) 500 W VOLVO PKWY CHESAPEAKE VA 23320 | | | | | | j | SUMMARY OF VIOLATIONS | | | | |
| Name of Person In Charge SHARON COPE, MGR. | | | | | |] | CRITICAL / NON-CRITICAL / | | | | |
| Establishment Identification Number 549 | | | | County 1 8 | District CDS | | C NC R | | | | |
| Critical items a Violation(s) rep | re identific seated from | ed in the r n previou | narrative colur s inspections a | nns marked "C" ("NC" No are denoted in the "SUMM. | n-Critical) ARY OF VIOLATIONS" an | ad in the n | arrative below as " | | Drigi | NAL | |
| Annex Key | ex Key C R Section # Narrative | | | | | | | Corrected By Date | | | |
| | | | | NO VIOLATIONS F | FOUND AT THIS INSPE | CTION | | | | | |
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| | | | | | | | CO | | ETE | | |
| | | | | | | | | | | | |
| Received By (Name and Title Printed) Inspected By: | | | | | | A CHRISTINE DELY-STINSON, REHS | | | | | |
| Received By: | (Signatur | PL' | \mathcal{D} | | Inspector Signat | |) h k | CHS | Pag | e 1 of _1 | |
| | (| | | 0 | FEICE COPY | | | | | | |