RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

DELAWARE COUNTY
DEPARTMENT OF HEALTH
100 W MAIN RM 207
MUNCIE IN 47305-2874
(765) 747-7721

Based on an inspection this day, the item(s) noted below identify violations 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.

Establishment Name Dollar Tree	**Telephone Number** ( ) Establishment (237-8052) Owner	**Date of Inspection** (*mm/dd/yr*) 11-2-12	**ID #** 549
Establishment Address (*number and street, city, state, ZIP code*) 3750 S. Chandler Dr. Muncie IN 47302			
Owner	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 11-12-12
Owner's Address	2. Follow-up	**Summary of Violations:**	
Person in Charge Peggy Carnes	3. Complaint 4. Pre-Operational	C____ NC____ R____	
Responsible Person's E-mail	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler	6. HACCP 7. Other (*list*)	(1) 2 3 4 5	

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS @ TIME OF INSPECTION	

Received by (*name and title printed*): X Peggy Carnes	Inspected by (*name and title printed*): NANCY LARSON
Received by (*signature*): X Peggy Carnes	Inspected by (*signature*): Nancy Larson
cc:	cc: / cc: