



Delaware County Health Department
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CERTIFIED FOOD HANDLER		
# _____	Expire _____	
Date of Inspection 1/5/10	Release Date 1/15/10	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.

Establishment Name MEIJER GAS STATION #139		Telephone Number (765) 281-7829
Establishment Address (number and street, city, state, ZIP code) 6200 W. MC GALLIARD MUNCIE IN 47304		
E-Mail Address	Purpose: 1 - ROUTINE	Menu Type: 1 - LIMITED PREP
Owner's Name MEIJER STORES LIMITED PARTNERSHIP		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____
Owner's Address (city, state, ZIP code) 2929 WALKER N.W. GRAND RAPIDS MI 49544-9428		
Name of Person In Charge MEIJER STORES		
Establishment Identification Number 263	County 1 8	District T G T

* 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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
16C	NC		179	Section 179..Food display. Apples on display for sales where not wrapped	24 Hours

COMPLETED

Received By (Name and Title Printed) <i>(on file)</i>	Inspected By: TIM BOTKIN
Received By: (Signature)	Inspector Signature: <i>Tim Botkin</i>

OFFICE COPY