



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

DECAWARE CO Health Dept
100 W Main St
Muncie IN 47305
765-747-7721
765-747-7747 Fax

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. 1140 1210

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Establishment Name Meijer Gas Station # 139</td> <td style="width: 20%;">Telephone Number 965281 bll 7829</td> <td style="width: 15%;">Date of Inspection (mm/dd/yr) 2/15/13</td> <td style="width: 15%;">ID # 263</td> </tr> <tr> <td colspan="4">Establishment Address (number and street, city, state, ZIP code) 6200 W Mcgalliard Muncie IN 47304</td> </tr> <tr> <td>Owner Meijer Stores LP</td> <td>Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)</td> <td>Follow-up NO</td> <td>Release Date 22513</td> </tr> <tr> <td>Owner's Address 2929 Walker NW Grand Rapids MI 49307</td> <td colspan="2">Summary of Violations: C _____ NC _____ R _____</td> <td rowspan="2">Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 _____ 3 _____ 4 _____ 5 _____</td> </tr> <tr> <td>Person in Charge Summer Duncan</td> <td colspan="2">Responsible Person's E-mail</td> </tr> <tr> <td colspan="4">Certified Food Handler Exempt</td> </tr> </table>	Establishment Name Meijer Gas Station # 139	Telephone Number 965281 bll 7829	Date of Inspection (mm/dd/yr) 2/15/13	ID # 263	Establishment Address (number and street, city, state, ZIP code) 6200 W Mcgalliard Muncie IN 47304				Owner Meijer Stores LP	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 22513	Owner's Address 2929 Walker NW Grand Rapids MI 49307	Summary of Violations: C _____ NC _____ R _____		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 _____ 3 _____ 4 _____ 5 _____	Person in Charge Summer Duncan	Responsible Person's E-mail		Certified Food Handler Exempt				<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>
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Certified Food Handler Exempt																								

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations Observed	

COMPLETED

Received by (name and title printed): Summer Duncan	Inspected by (name and title printed): Terry Troxell
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: