



Delaware County Health Department
 100 West Main Street, Room 207
 Muncie, Indiana 47305
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CERTIFIED FOOD HANDLER		
NICK CLEVINGER	# LA000217270	Expire _____
Date of Inspection	Release Date	Follow Up (Yes - No)
11/24/10	12/4/10	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.

Establishment Name MINAR'S IGA		Telephone Number (765) 789-4663	
Establishment Address (number and street, city, state, ZIP code) 949 W STATE ST ALBANY IN 47320			
E-Mail Address MINARMARKET@SBCGLOBAL.NET		Purpose: 1 - ROUTINE	
Owner's Name MINARS' IGA, INC		Menu Type: 3 - ADVANCED PREP	
Owner's Address (city, state, ZIP code) PO BOX 8 ALBANY IN 47320		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____	
Name of Person in Charge MICHAEL MINARS			
Establishment Identification Number 75	County 1 8	District CDS	

* 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
				NO VIOLATIONS FOUND AT THIS INSPECTION	

COMPLETED

Received By (Name and Title Printed)	Inspected By:
<i>[Signature]</i>	CHRISTINE DELY-STINSON, REHS
Received By (Signature)	Inspector Signature
<i>[Signature]</i>	<i>[Signature]</i>
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