

Establishment Name

## **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								
NICK CLEVENGER	# 1569953	Expire						
Date of Inspection	Release Date	Follow Up (Yes - No)						
11/23/11	12/3/11	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.

MINAR'S IGA								(765) 789-4663				
				et, city, state, ZIP code)	ALDA	NIN		TNI	172	20		
E-Mail	W STA			Land other waste sout	ALBA	AIN Y	1 —	IN	473			
MI	NARSN			LOBAL.NET				Purpose:	- 11	Menu Type: - LIMITED MENU		
	Name NARS'											
Owner's Address (city, state, ZIP code) PO BOX 8  ALBANY					IN	47320		SUMMARY OF VIOLATIONS:				
Name of Person In Charge MICHAEL MINARS								CRITICAL / NON-CRITICAL / REPEAT				
Establishment Identification Number				County   District     1 8   T   G   T			i I ,	C NC1 R				
Critical i	tems are i	75 dentified	in the narrativ	e columns marked "C" ("NC" )	Non-Critical)			& T Aniama				
* Violation	n(s) repea	ed from	previous inspe	ctions are denoted in the "SUM	MARY OF VIOL	LATIONS" an	d in the narrative	e below as "R		MICINAL		
Annex Key	/ NC	R	Section #			Narrative				Corrected By		
4D	Section 139. Food condition. 5 cans of outdated baby formula.									Today I		
10	140		132							10000)		
	-											
										-		
_					7							
Receive	d By (Na	me and	Title Printed	Rellar	Insp	ected By:		TERRY	TROXELL			
Receive	d By: (S	ignature	Som	Bellan	Insp	ector Signat	ure:	Lain	nel	Page 1 of		
OFFICE COPY												