

Establishment Name

E-Mail Address

Owner's Name

Minar's Market IGA

949 State St. Albany, In 47320

Delaware County Health Department

100 West Main Street, Room 207 Muncie, Indiana 47305

Phone (765)747-7721 Fax

Establishment Address (number and street, city, state, ZIP code)

(765)747-7747

email - dchealth@co.delaware.in.us

CE	CERTIFIED FOOD HANDLER						
	#	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
10/19/12	10/29/12	NO					

Purpose:

1 - ROUTINE

Telephone Number

Menu Type:

2- LIMITED MENU

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.

Owner's Address (city, state, ZIP code)					Ì	SUMMARY OF VIOLATIONS:		
Name of	f Person I	n Charge					CRITICAL / NON-CRITIC	
Establishment Identification Number County District 532 1 8 N L							C _ 1 _ NC _ 1	
Critical i	tems are	identified	l in the narrati	ve columns marked "C" ("NC" No ections are denoted in the "SUMM	on-Critical) MARY OF VIOLATIONS" and	in the n	arrative below as "R"	
Annex Key	C / NC	R	Section #	= 2	Narrative			Corrected By Date
16C	NC		204	Section 204Miscellaneou cloths on counter, not in buck		sanitiz	er bucket not labeled, wiping	Today
4D	С		139	Section 139Food condition	on. Out dated baby formula,	5 cans	of Enfamil expired Sept. 1, 2012	Today
						1211		
	•							
							Pavai e	TED.
							GUMIFLE	
Receive	d By (Na	ame and	Title Printed	i) M). Q	Inspected By:		NANCY LARSON	
Receive	Received By: (Signature) Mary awalus w Inspector Signature:						Page 1 of	
			*	A second	FFICE COPY		\mathcal{V}^{\prime}	
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