



Delaware County Health Department
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CERTIFIED FOOD HANDLER		
Megan Edwards	# TE20175255	Expire 10/11/2012
Date of Inspection 12/29/10	Release Date 1/8/11	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 VILLAGE PANTRY #374		Telephone Number (765) 289-6089	
Establishment Address (number and street, city, state, ZIP code) 2501 S MACEDONIA AVE MUNCIE IN 47302			
E-Mail Address		Purpose: 1 - ROUTINE	Menu Type: 2 - LIMITED MENU
Owner's Name VILLAGE PANTRY,LLC		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____	
Owner's Address (city, state, ZIP code) 9800 CROSSPOINT BLVD INDIANAPOLIS IN 46256			
Name of Person In Charge VILLAGE PANTRY LLC			
Establishment Identification Number 137	County 1 8		

* 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.	

Received By (Name and Title Printed) X Megan Edwards	Inspected By: Lynnetta Harley
Received By: (Signature) X Megan Edwards	Inspector Signature: Lynnetta L Harley
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