



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Delaware 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.

1000 030

Form with fields: Establishment Name (Village Pantry # 374), Telephone Number (765 289-6089), Date of Inspection (2/26/13), ID # (137), Establishment Address (2501 S Macedonia Muncie IN 47302), Owner (Village Pantry), Purpose (Routine), Follow-up (yes), Release Date (3 8 13), Owner's Address (P.O. Box 3227 Wilmington NC 28406), Person in Charge, Responsible Person's E-mail, Certified Food Handler (EXEMPT / Melodie Lee).

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two entries: 295 NC (Beverage dispenser nozzles not maintained clean to sight or touch - Today) and 336 C (map sink faucet with 'Y' attachment downstream from pressure relief valve - 1 week).

COMPLETED

Received by (name and title printed): Melodie Lee; Inspected by (name and title printed): Terry Troxell; Received by (signature); Inspected by (signature): Terry Troxell; cc: fields.