

Establishment Name

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone

(765)747-7721

(765)747-7747 Fax email - dchealth@co.delaware.in.us LEIGH COOLEY

KB000319188

Release Date

CERTIFIED FOOD HANDLER

Expire

Date of Inspection

10/26/09

11/5/09

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.

Telephone Number 765-789-4004 47320 Menu Type: 2 - LIMITED MENU

VILLAGE PANTRY #582 Establishment Address (number and street, city, state, ZIP code) ALBANY IN 641 W WALNUT ST E-Mail Address Purpose: 1 - ROUTINE Owner's Name VILLAGE PANTRY, LLC Owner's Address (city, state, ZIP code) P O BOX 3227 WILMINGTON NC 28406 SUMMARY OF VIOLATIONS: Name of Person In Charge VILLAGE PANTRY, LLC CRITICAL / NON-CRITICAL / REPEAT District Establishment Identification Number County C_____ NC____ R_ S 8 D 281 Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				NO VIOLATIONS WERE OBSERVED AT TIME OF THIS INSPECTIONS	
				COMPLETE	

Received By (Name and Title Printed)	Inspected By: CHRISTINE DELY-STINSON, REHS		
Received By: (Signature)	Inspector Signature	Page 1 of 1	

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