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

Leigh Cooley # _____ Expire _____

Date of Inspection	Release Date	Follow Up (Yes - No)
12/30/10	1/9/11	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.*

Establishment Name: VILLAGE PANTRY #582

Telephone Number: 765-789-4004

Establishment Address (number and street, city, state, ZIP code): *641 W WALNUT ST* *ALBANY* *IN* *47320*

E-Mail Address: MJACKSON@WORSLEY.COM

Owner's Name: VILLAGE PANTRY, LLC

Owner's Address (city, state, ZIP code): P O BOX 3227 WILMINGTON NC 28406

Name of Person In Charge: VILLAGE PANTRY, LLC

Establishment Identification Number	County	District
281	1 8	TA S W

Purpose: 1 - ROUTINE

Menu Type: 1 - LIMITED PREP

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C 1 NC 1 R

* 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
5.5ABCD	C		187	Section 187..Potentially hazardous food; hot and cold holding. The following potentially hazardous food had temperatures of greater than 41F or less than 135F: a.) a block of cheese left on counter had an internal temp of 60F - should be	Corrected
				maintained at a temperature of 41F or below. b.) A bacon egg cheese biscuit in the hot holding unit had an internal temp of 121F c.) a sausage egg and cheese biscuit in the same hot holding unit had an interna temp of 121F - temps of hot held items	
				should be at least 135F.	
23C	NC		426	Section 426..Maintaining premises of unnecessary items and litter. The following pieces of equipment are not working. Ice machine in back room and broaster in prep area.	30 Days

Received By (Name and Title Printed): Leigh Cooley Manager

Inspected By: TAMMY WHITE

Received By (Signature): Leigh Cooley Manager

Inspector Signature: Tammy White

Page 1 of 1

OFFICE COPY