



**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.

200225

Establishment Name <b>Village Pantry #582</b>	Telephone Number <b>(765) 789-4004</b>	Date of Inspection (mm/dd/yr) <b>3/1/13</b>	ID # <b>281</b>
Establishment Address (number and street, city, state, ZIP code) <b>641 W WALNUT ST MUNCIE IN 47320</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>3/1/13</b>
Owner <b>Village Pantry</b>	Purpose: 1. Routine 2. <b>Follow-up</b> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C NC R</b>	
Owner's Address <b>P.O. Box 3227 Wilmington NC 28406</b>		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in Charge <b>Leigh Cooley</b>			
Responsible Person's E-mail			
Certified Food Handler <b>Leigh Cooley</b>			

• 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			All Violations observed 2/19/13 Have been corrected and completed.	
			No Violations observed	

**COMPLETED**

Received by (name and title printed): <b>x Leigh Cooley Store Manager</b>	Inspected by (name and title printed): <b>Terry Traxell</b>
Received by (signature): <b>Leigh Cooley</b>	Inspected by (signature): <b>Terry Traxell</b>
cc:	cc: