

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									
JENNIFER PRESTON	#	Expire							
Date of Inspection	Release Date	Follow Up (Yes - No)							
11/30/09	12/10/09	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									Telephone N	Telephone Number		
KFC - X314016								(765) 289-2431				
Establish	Establishment Address (number and street, city, state, ZIP code)											
801 W MCGALLIARD RD MUNCIE									IN			
E-Mail Address								Purpose:				Menu Type:
Owner's Name KFC US PROPERTIES, INC.									1 - ROUT	INE	2 -	LIMITED MENU
Owner's Address (city, state, ZIP code) PO BOX 35260 LOUISVILLE KY 40232								SUMMARY OF VIC				ATIONS:
Name of KF0	Name of Person In Charge KFC US PROPERTIES, INC. CRITICAL / NON-CRITICAL										AL / REPEAT	
Establishment Identification Number 52					County 1 8	Т	District G T		С	NC2	!	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"												
Annex Key	C / NC	R	Section #		Narrative							Corrected By Date
8, 17D	NC		295	foll	Section 295Equipment, for lowing non food contact sure) deep fryer, broaster ha		Today					
23A	NC		431		Section 431Physical struc der and behind cooking equ				cleaning. The flo	or and walls		Today
•0												-
					Y							
										ME		
									600	One and		
Received By (Name and Title Printed) A Michael T Glood TR Inspected By: TERRY TROXELL									L			
Received By: (Signature) Inspector Signature								re:	her!	whel	7	Page 1 of
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