

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305 Phone (765)747-7721

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CE	CERTIFIED FOOD HANDLER								
	_ #	Expire							
Date of Inspection	Release Date	Follow Up (Yes - No)							
5/3/10	5/13/10	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 Number (765) 280 24												
KFC - X314016 (765) 289-2431												
Establishment Address (number and street, city, state, ZIP code) 801 W MCGALLIARD RD MUNCIE IN 47303											103	
E-Mail Address BONNIE.CANSLER@YUM.COM								Γ	1 2 AT		Menu Type: 3 - ADVANCED	
Owner's Name KFC US PROPERTIES, INC.								1 - ROU	TINE	PREP		
Owner's Address (city, state, ZIP code) PO BOX 35260 LOUISVILLE KY 40232									SUMMARY OF VIOLATIONS:			
Name of Person In Charge KFC US PROPERTIES, INC.									CRITICAL / NON-CRITICAL / REPEAT			
Establishment Identification Number County District 52 1 8 T G T								cf_	CfNC1_ 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 #		Corrected By Date							
5ABCD	С		187		Section 187. Potentially hazardous food; hot and cold holding. 8 pieces of chicken in henny penny hot holding had a measured temperature of 122F							
8, 17D	NC		295		Section 295 Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils. The top of oven, exhaust hood filters, and beverage dispencer nozzles were not maintained							
										-		
										COMP	LETED	
Received	l By (Na	me and	Title Printed	Dowden	Asst. M	lah	Inspected By:		TERR	Y TROXELL		
Received By: (Signature) and Broken Asst. Man Inspector Signature: Page 1 of												
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