Delaware County Health Department

100 West Main Street, Room 207
Muncie, Indiana 47305
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email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER		
_____ # _____		Expire _____
Date of Inspection	Release Date	Follow Up (Yes - No)
10/26/10	11/5/10	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
KFC - X314016	(765) 289-2431

Establishment Address (number and street, city, state, ZIP code)
801 W MCGALLIARD RD   MUNCIE   IN   47303

E-Mail Address
BONNIE.CANSLER@YUM.COM

Owner's Name
KFC US PROPERTIES, INC.

Purpose:	Menu Type:
1 - ROUTINE	3 - ADVANCED PREP

Owner's Address (city, state, ZIP code)
PO BOX 35260   LOUISVILLE   KY   40232

Name of Person In Charge
KFC US PROPERTIES, INC.

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C _____   NC ___1___   R _____

Establishment Identification Number	County		District		
52	1	8	T	G	T

* 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
19A	NC		324	Section 324..Plumbing system maintained in good repair. The drain at the mop sink is clogged and draining slow, also the faust and hose at the mop sink has a leak.	Today

Received By (Name and Title Printed) Terrical Gibson RGM	Inspected By: TERRY TROXELL	
Received By: (Signature)	Inspector Signature:	Page 1 of ___

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