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
_____ # _____ Expire _____

Date of Inspection	Release Date	Follow Up (Yes - No)
3/17/11	3/27/11	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.

ORIGINAL

Establishment Name: PAPA MURPHYS OF MUNCIE, INC.	Telephone Number: (765) 286-0100
Establishment Address (number and street, city, state, ZIP code): 1424 W MCGALLIARD MUNCIE IN 47304	
E-Mail Address: EBLAINEELLIS@GMAIL.COM	Purpose: 1 - ROUTINE / Menu Type: 2 - LIMITED MENU
Owner's Name: BLAINE ELLIS/PAPA MURPHY'S OF MUNCIE INC.	
Owner's Address (city, state, ZIP code): 4940 PLANTATION ST ANDERSON IN 46013	SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT
Name of Person In Charge: BLAINE ELLIS	C 0 NC 0 R _____
Establishment Identification Number: 387 / County: 1 8 / District: CDS	

* 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
				NO VIOLATIONS FOUND AT THIS INSPECTION	
				COMPLETED	

Received By (Name and Title Printed)

Received By: (Signature)

Inspected By: CHRISTINE DELY-STINSON, REHS

Inspector Signature:

OFFICE COPY