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
This establishment has 90 days to get a CFH from today # _____ Expire _____

Date of Inspection	Release Date	Follow Up (Yes - No)
3/12/12	3/22/12	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: 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
Owner's Name: BLAINE ELLIS
Owner's Address (city, state, ZIP code): 4940 PLANTATION ST ANDERSON IN 46013
Name of Person In Charge: BLAINE ELLIS
Establishment Identification Number: 387
County: 1 8
District: S I P

Purpose: 1 - ROUTINE
Menu Type: 2 - LIMITED MENU

SUMMARY OF VIOLATIONS:
CRITICAL / NON-CRITICAL / REPEAT
C 1 NC 0 R 0

* *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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
5.5ABCD	C		187	Section 187..Potentially hazardous food; hot and cold holding. The following foods measured above 41F; In the front cold holding prep unit, topping cheese 44F and mozzarella cheese 44F. In the cold holding prep unit against the wall,, mozzarella	Today
				cheese 46F precooked chicken 44.8F and Fete Cheese 49.	

Received By (Name and Title Printed): Anthony Ducuaine
Received By: (Signature)
Inspected By: SHARON PATTEE
Inspector Signature: Sharon Pattee

ESTABLISHMENT COPY