

Delaware County
Health Department

Based on an inspection this day, the item(s) noted below identify violations 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 Pizza Hut	Telephone Number (765) 741-4141 <small>() Owner</small>	Date of Inspection (mm/dd/yr) 01/14/12	ID # 87
Establishment Address (number and street, city, state, ZIP code) 2601 N. Wheeling Ave Muncie IN	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 01/24/12
Owner Gary Coomer		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner's Address (same)		Menu Type (See back of page)	
Person in Charge April Foster - Manager		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail N/A			
Certified Food Handler April Foster 1575535 Exp 10/14			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

COMPLETED

Received by (name and title printed): X April Foster General Manager		Inspected by (name and title printed): Jammie Bane	
Received by (signature): X April M Foster		Inspected by (signature): Jammie Bane	
cc:		cc:	