

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

Delaware	Canty
Helth	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.

The time lin	mit for cor	rection o	of each viol	ation is specific	ed in the na	arrative portio	on of this	report.			
Establishment Name								Telephone Number		Date of Inspection ID # (mm/dd/yr)	
rizza Hut								(765) 741-4141	١,	01/14/12 8	
Establishment Address (number and street, city, state, ZIP code)  2601 N. Wheeling Ave Muncie IN								( ) Owner	01/14		
Owner	2001	//	when	eling Huc		mae 11	Y	Purpose:	Follow-u	Relea	se Date
Owner	Gar	· (	momen	^				Routine	NO	01	124/12
Gary Coomer Owner's Address											
(same)							- 1	2. Follow-up	Summary of Violations:		
Person in Charge								3. Complaint	00	NC/	8 RØ_
April Foster - Manager							- 1	4. Pre-Operational	1 4	NCX	_ Kg
Responsible Person's E-mail								5. Temporary Menu Type (See back of page)			k of page)
1//1								6. HACCP		•	/
Certified Fo	ood Handl	er			-		-	7. Other (list)	1 2	3 V	4 5
April Foster 1575535 Exp 10/14									1		
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Section#	CINC	K				Narrat	uve			ТОВСС	orrected by
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