RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

DELAWARE COUNTY
DEPARTMENT OF HEALTH
100 W MAIN RM 207
MUNCIE IN 47305-2874
(765) 747-7721

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**: ( ) Establishment 765-741-4141 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 11/26/12	**ID #**: 87
Establishment Address (*number and street, city, state, ZIP code*): 2601 N. Wheeling Ave, Muncie IN			
Owner: Gary Coomer	**Purpose**: (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up**: No	**Release Date**: 12/6/12
Owner's Address: 2601 N. Wheeling Ave, Muncie IN		**Summary of Violations**: C 0 NC 3 R 0	
Person in Charge: April Foster			
Responsible Person's E-mail: N/A		**Menu Type** (*See back of page*): 1 2 ✓ 3 4 5	
Certified Food Handler: April Foster 1575535 110 14			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" 11:30 - 12:43

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

Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		• The hand sink nearest the drive thru window is leaking from the faucet while not under pressure	24 hours
410	NC		• The light shield directly above the clean dishes stored nearest the drive thru window is cracked	7 days
439	C		• One bottle of blue liquid was stored in an unmarked bottle under the counter in the dish room.	Already corrected

COMPLETE

Received by (*name and title printed*): April M Foster	Inspected by (*name and title printed*): Sharon I Patter
Received by (*signature*): April M Foster	Inspected by (*signature*): Sharon I Patter
cc:	cc:
cc:	