

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									
# 4037069	Expire								
Release Date	Follow Up (Yes - No)								
	# 4037069								

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 Telephone Number										er		
PIZZA KING #10 (765) 288-772											24	
Establish	Establishment Address (number and street, city, state, ZIP code)											
109	E MCC	GALLIA	ARD RD			MUN	CIE		IN	4	7303	
E-Mail Address Purpose: N											Menu Type:	
Owner's Name									1 - ROUTINE 2 -			LIMITED MENU
SWARTZ RESTAURANT, INC												
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304-1430								Γ	SUMMARY OF VIOLATIONS:			
Name of Person In Charge SWARTZ RESTAURANTS, INC CRITICAL / No										/ NON-CR	ITIC	AL / REPEAT
-	Stablishment Identification Number County District								NC	R		
* Critical i	tems are i	90	in the narrativ				р з	L			_	<u> </u>
* 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 WERE OBSERVED AT TIME OF INSPECTION											
						2				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
*1												
Inspected By: CHRISTINE DELY-STINSON, R										REHS		
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