

Delaware County Health Department

100 West Main Street, Room 207 Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER									
REGINA CLASPELL	# 4037069	Expire							
Date of Inspection	Release Date	Follow Up (Yes - No)							
2/26/10	3/8/10	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.

			ation Requirer	nents. The time limit for cor	rection of eac	th violation is specified	d in the narra	tive portion of				
Establishment Name Telephone Nu												
PIZZA KING #10 (765) 288-77							8-7724					
Establish	nment Ade	dress (nur	mber and stree	t, city, state, ZIP code)								
109	E MCC	GALLIA	ARD RD		N	MUNCIE		IN	4	7303		
E-Mail Address							Purpose	Menu Type:				
							1 - ROUT	2 - LIMITED MEN	NU			
Owner's Name SWARTZ RESTAURANT, INC						4						
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304-1430							SUM	MARY OF V	/IOLATIONS:			
Name of Person In Charge SWARTZ RESTAURANTS, INC								CRITICAL / NON-CRITICAL / REPEAT				
Establishment Identification Number County District												
Listatinis	micht ide	90	iritamoei	1 8		CDS	. 1	C _ 0 _ NC _ 0 _ R				
Critical i	tems are i	dentified	in the narrativ	e columns marked "C" ("NC	" Non-Critica	al)						
				ctions are denoted in the "SU			in the narrat	ive below as "F	! "			
Annex	С		Section							Corrected E	Rv	
Key	, / R # Narrative						Date	Jy				
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				NO VIOLATIONS FO	DUND AT T	HIS INSPECTION				1		
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Received By (Name and Title Printed)					Inspected By:	CH	STINE DE	ELY-STINS	ON, REHS			
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AY	MAA	July 1					4	Sa		Page 1 of1		

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