

Delaware County Health Department

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CERTIFIED FOOD HANDLER

TERESA WARFEL # 7383320 Expire 10/19/2015

Date of Inspection

6/27/12

Release Date

7/7/12

Follow Up (Yes - No)

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.

Establishment Name PIZZA KING #4				Telephone Number 765-289-2424	
Establishment Address (number and street, city, state, ZIP code) 2802 E MEMORIAL DR MUNCIE IN 47302					
E-Mail Address COMCOUNT@AOL.COM				Purpose: 1 - ROUTINE	
Owner's Name SWARTZ RESTAURANT, INC.				Menu Type: 2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 430				SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C 0 NC 0 R 0	
Name of Person In Charge JERRY RILEY					
Establishment Identification Number 98		County 1 8		District L S H	

* 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.	

COMPLETED

Received By (Name and Title Printed)

X Crystal Newman Shift Lead

Inspected By:

LYNNETTA HARLEY

Received By: (Signature)

X Crystal X Jensen

Inspector Signature: _____

CE COPY

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