		Delaware County Health Department 100 West Main Street, Room 207 Muncie, Indiana 47305			CERTIFIED FOOD HANDLER		
					TERESA WARFEL	# <u>7383320</u>	Expire 10/19/2015
E.	IJ	Phone Fax		47-7721 47-7747	Date of Inspection	Release Date	Follow Up (Yes - No)
DEP				@co.delaware.in.us	11/8/12	11/18/12	NO
				TAIL FOOD ESTABLISH			IN-1:25
	F	Based on a Sanita	an inspection the ation Requirem	his day, the item(s) noted below identify vio nents. The time limit for correction of each	plation(s) of 410 IAC 7 - 24, violation is specified in the n	Indiana Retail Food Establishme arrative portion of this report.	m Out-1:54
1.1770555575677567	Establishment Name Telephone Nur						
	PIZZA KING #4 765-289-2 Establishment Address (number and street, city, state, ZIP code)						
							7302
E-Mail Address COMCOUNT@AOL.COM							Menu Type:
Owner's Name 1 - ROUTINE							2 - LIMITED MENU
SWARTZ RESTAURANT, INC.							
4111 N WHEELING AVE MUNCIE IN 430 SUM							VIOLATIONS:
Name of Person In Charge JERRY RILEY						CRITICAL / NON-CRITICAL / REPEAT	
	10-11	ntification	n Number		District	C_0_NC_0	0 R 0
98				18 L	S H	<u> </u>	
Critical in Violation	tems are i n(s) repeat	dentified ted from p	in the narrative previous inspec	e columns marked "C" ("NC" Non-Critical) ctions are denoted in the "SUMMARY OF V	/IOLATIONS" and in the na	rrative below as "R"	
Annex	C	_	Section		Narrative		Corrected By
Key	NC	R	#		Mariauve		Date
				No Violations.			
-		+					
		-					ETEM
	Ren View						GUGU
					Inspected By:		DIEV
Rede	ived By	(Name a	nd Title Prin	ted) Shift Hoder	(/	LYNNETTA HA	
(	YUS	ta.	1 Junit		Inspector Signature:	the Sitter	Page 1 of _1
Rede	eived By	Signat	Jer Jer	sper	CE COPY		0
OFFICE COPY							