

Establishment Name

FAZOLI'S

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							
ROBERT MURPHY	# 4816956	Expire 4/2011					
Date of Inspection	Release Date	Follow Up (Yes - No)					
9/28/09	10/8/09	NO					

Telephone Number (765) 282-2607

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.

-	_ Expire 4/2011
	Follow Up (Yes - No)
	NO

307 E MC GALLIARD RD MUNCIE					IN 47.	303	
E-Mail	Address					Purpose:	Menu Type:
Owner's FA	Name ZOLI'S	RESTA	AURANT C	0		1 - ROUTINE	2 = Limited Menu
The second second			e, ZIP code) 4C GALLIA		IN 47303	SUMMARY OF VI	OLATIONS:
to the second second second	Person I BERT I	-	many and a second residence of the later had been been as the later of			CRITICAL / NON-CRIT	
Establishment Identification Number County District					C NC		
Critical i	tems are	188	l in the narrativ	1 8 e columns marked "C" ("NC" No	C T B	NC	
Violation	n(s) repea	ted from	previous inspe	ctions are denoted in the "SUMM	ARY OF VIOLATIONS" and in	the narrative below as "R"	
Annex Key	/ NC	R	Section #		Narrative		Corrected By Date
	140			No Violations observed du	ring this inspection visit cond	ducted during normal business hours.	4 F
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Receive	d By (N	ame and	Title Printed	Reese, Manager	Inspected By:	Tim Botkin, DCHD	
Receive	d By: (8	ignature	nu	Lun	Inspector Signature	Feir Son	Page 1 of _1_
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