

Delawar 100 West M. alth Department Muncie, India Phone (76) 207

email - dchealti

CEI	RTIFIED FOOD HAN	DLER
TRACY MORGAN	# 3996084	Expire
Date of Inspection	Release Daté	Follow Up (Yes - No NO
9/25/09	10.0.7	· · · · · · · · · · · · · · · · · · ·

denealth		J. C. D. T.	e in about in
RE're.in	LUS TOTTMEN	T INSPECTION REPORT of 410 IAC 7 - 24, Indiana Retail Food Es	URIGINA
Based on an inspection this	ESTABLISHIVE	o) of 410 IAC 7 - 24, Indiana Retail Food Es in is specified in the narrative portion of this	tablishment
Sanitation Requirement	below identify violations	n is specified in the narrative portion of this	report.

Establishmen PIZZA	KING #	61	nit for correct	identify violation(s) of the control of each violation is specified in t		Telephone N 765-789	-4523
Establishment	Address (number and st				,00,700	
		T ST		Z. inv	IN	4	17320
			(e)	ALBANY	Purpos	e:	Menu Type:
Wner's No	UNT@	AOL.COM		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 - FOLLO		2 - LIMITED MEN
MORST	OR, INC			100	251000		
wner's Addres	s (city, sta	ite ZIP code)	THE SALES AND TH	1	3	MANAPY OF	VIOLATIONS:
			AVE NO	IN 47304			
me of Person MORSTO	In Charge		AVE NO		CRITIC	AL / NON-C	ERITICAL / REPEAT
tablishment Id	entification	on Mr. 1	+35.1	District			R
	93		County	C D S			
ical items are	idant:E. I	in the named	1 8	on-Critical)	d balance	: "R"	
lation(s) repea	ited from	previous inspec	e columns marked "C'/II	ion-Critical) MARY OF VIOLATIONS" and ir	the narrative below a	, 45	Corrected E
ex C		Section	are denoted in	Narrative			Date
NC NC	R	#					
INC			VED	E OBSERVED AT TIME OF ected from inspection 8/28/200	INSPECTION		
			No VIOLATIWER	E OBSERVED AT THREE of ected from inspection 8/28/200)9.		
			All Violation				
	1				New		
		- 3		500 Le			
ABOUT	138		St. 4				0
		7.505	1330				1
. 6		1 3					
	100	1.00		- WILL	51.5		1
	1		100			J. av	
1				7.300			
		'day	R. T. No.		200		
3 3		- 1	100		SECTION STATE		1
				4000			
-	100		1986		VEL .	1920	
			1 1 1 1 1				
			1				
-+							1
- 15							
			1				
	-		100.0				
315	1						NE DELY-STINSON
	\rightarrow	-	-01			CHRIST	NE DELY-STINGE
-		1 30		Inspec	ted By:		7/
	1					X) 1	
			winted)	Inspe	ctor Signature		
	Olor	me and Title I	Tintes				
Received	By (Nat	A		Qe bers OFFICE	COLI		
1		ignature	history	OFFICE			
T- Laiv	ed By: (S	orgina.	V.				



MAC'S RESTAURANT

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

GEORGE M	CERTIFIED FOOD HANDLER			
CONWELL	# 4146620	Expire 6/2011		
Date of Inspection	Release Date	Follow Up (Yes - No)		
9/23/09	10/3/09	NO		

765-289-1070

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 of Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name

Telephone Number

Establish	nment Ad	dress (nu	mber and stree	t, city, state, ZIP code)			
1307 BATAVIA AVE MUNCIE IN					IN 47	47302	
E-Mail /	Address				Purpose:	Menu Type:	
Owner's MA	Name C'S RE	STAU	RANT		1 - ROUTINE	2 = Limited Menu	
130	Owner's Address (city, state, ZIP code) 1307 BATAVIA AVE MUNCIE IN 47302 SUMMARY OF VI						
Name of GE	Person In ORGE 1	n Charge M CON	WELL AN	D B. WADE VON KLEECK	CRITICAL / NON-CRI	TICAL / REPEAT	
Establishment Identification Number County District							
		61		1 8 C T B	C NC	R	
				e columns marked "C" ("NC" Non-Critical) ctions are denoted in the "SUMMARY OF VIOLATIONS" and in the narr	ative below as "R"		
Annex Key	C / NC	R	Section #	Narrative		Corrected By Date	
15	NC		138	Section 138Effectiveness of hair restraint-observed 2 line staff	w/o hair restraints	Corrected	
20B	NC		351	Section 351Toilet room receptacle; covered-covered receptacle required in each ladies stall.	le,-a receptacle with a lid is	24 Hours	
			- =		-		
			-				
- 1							
						-	
		_ =		= =			
						i	
				·		=-	
				==-			
Receive	Received By (Name and Title Printed) Melissa Sewell, Store Manager Inspected By: Tim Botkin, DCHD						
Received By: (Signature) Inspector Signature: Inspector Signature: Page 1						Page 1 of	