		100 We	est Main St e, Indiana	unty Health Department treet, Room 207 47305 747-7721	CERTIFIED FOOD HANDLER Pending #Expire		
DEP DEP	ALC Y	Fax	(765)7	47-7747	Date of Inspection 11/9/11		Follow Up (Yes - No) NO
		email		@co.delaware.in.us TAIL FOOD ESTABLISHN			
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 PAPA MURPHYS OF MUNCIE, INC.						Telephone No. (765) 286	CONTRACTOR OF THE OWNER OWNER OF THE OWNER
Establishment Address (number and street, city, state, ZIP code)							-0100
1424 W MCGALLIARD MUNCIE						IN 47	304
E-Mail Address EBLAINEELLIS@GMAIL.COM						Purpose: 1 - ROUTINE	Menu Type: 2 - LIMITED MENU
Owner's Name BLAINE ELLIS/PAPA MURPHY'S OF MUNCIE INC.						I - ROOTINE	2 - LINITED MENO
Owner's Address (city, state, ZIP code) 4940 PLANTATION ST ANDERSON IN 46013						SUMMARY OF V	IOLATIONS:
Name of Person In Charge BLAINE ELLIS						CRITICAL / NON-CRITICAL / REPEAT	
Establishment Identification Number County Distri- 387 1 8 Nancy L						C NC	R
* Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)						10 M	ADICINIA
	Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative l						Corrected By
Annex Key	/ NC	R	#		Narrative		Date
		ļ		NO VIOlation	is		
			[]				
	ļ						
							STER
						and the second second second	
Received By (Name and Title Printed)							
10 1 B/4, no /2 /1.					Λ	A NANCY LARSON	
Received By: (Signature)					nspector Signature	cy farson	Page 1 of
OFFICE COPY							