

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									
APRIL FOSTER	# 1575535	_ Expire							
Date of Inspection	Release Date	Follow Up (Yes - No)							
5/16/11	5/26/11	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 Telephone Number											
PIZZA HUT (765) 741-4								141			
				et, city, state, ZIP code)							
2601 N WHEELING AVE MUNCIE IN 4730)3				
E-Mail Address NCOOMER@BWRPIZZAHUT.COM 1 - ROUTINE							Menu Type:				
WHITERIVER VALLEY PIZZA HUT LTD											
Owner's Address (city, state, ZIP code) 624 N MAIN ST. SPRINGBORO OH 45066 SUMMARY OF VIO									DLATIONS:		
Name of Person In Charge WHITE RIVER VALLEY PIZZA HUT, LTD CRITICAL / NON-CRITICAL									CAL / REPEAT		
Establish	Establishment Identification Number County District C NC 1								_ R		
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						
24	NC		413	Section 413. Protected outer oper see daylight. In need of repair.	nings. There is a gap	p along the	top of the back	exit door - can	Today		
							33				
		* .						ETED			
Receive	d By (N	ame and	Title Printe	d) Derek Williams	Inspected By:		NANO	CY LARSON			
Receive	PRYKS	ignatur	e) (Oan	20 Dun Welin	Inspector Signat	Ca	asa		Page 1 of1_		
	Received By (Name and Title Printed) Devek Williams Inspected By: NANCY LARSON Page 1 of 1 OFFICE COPY										