

Delaware County Health Department

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CERTIFIED FOOD HANDLER

GERALD MONTAGUE	#	4715996	Expire	9/2013
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Date of Inspection Release Date

11/9/09

Follow Up (Yes - No) NO

10/30/09

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 765-289-2424 PIZZA KING #4 Establishment Address (number and street, city, state, ZIP code) 2802 E MEMORIAL DR MUNCIE IN 47302 E-Mail Address COMCOUNT@AOL.COM Purpose: Menu Type: 2 = Limited Menu 1 - ROUTINE Owner's Name SWARTZ RESTAURANT, INC. Owner's Address (city, state, ZIP code) 4111 N WHEELIN 47304-WHEELING AVE MUNCIE IN 430 SUMMARY OF VIOLATIONS: Name of Person In Charge GERALD MONTAGUE, Manager CRITICAL / NON-CRITICAL / REPEAT District County Establishment Identification Number C _____ NC ____ R _ В 1 8 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	Corrected By Date
				No Violations observed during this inspection visit conducted during normal business hours.	
					W. 49
				COMPLET	50
				ATTENTION: YOUR 2009 FOOD PERMIT WILL EXPIRE ON 31 DECEMBER 2009 AND MUST BE RENEWED NO LATER THAN 31 JANUARY 2010.	

Received By (Name and Title Printed) Amanda Cumings, Manager	Inspected By: Tim Botkin, DCHD			
Received By: (Signature)	Inspector Signature: Page 1 of	1		

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