

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							
MELISSA JONES	# 6094839	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
2/5/10	2/15/10	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.

Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.											
Establishment Name Telephone Num											
PIZZA KING #6 (765) 289-6									9-6145		
Establishment Address (number and street, city, state, ZIP code)											
8010 STATE ROAD 3 NORTH MUNCIE IN 4730									Menu Type:		
E-Mail Address COMCOUNT@AOL.COM							Purpose: 1 - ROUTINE 2 -				
Owner's Name SWARTZ RESTAURANTS INC.							I - ROC	1 - ROUTINE 2 -			
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304-1430							SU	SUMMARY OF VIOLATIONS:			
Name of SW	Person Ir ARTZ I	Charge RESTA	URANTS,	INC			CRITIÇA	AL / NON-CRI	-CRITICAL / REPEAT		
Establish	ment Ide	ntification	n Number	County	1 1	District	1 - 5				
		299		1 8		CDS	C_1/2		R		
				ve columns marked "C" ("NC" ections are denoted in the "SUM		OLATIONS" and in	n the narrative below as	"R"			
Annex Key	C / NC	R	Section #			Narrative			Corrected By Date		
				NO VIOLATIONS FOR	JND AT THIS	SINSPECTION					
					3-17-17-17-17-17-17-17-17-17-17-17-17-17-	/					
	COMPLE								FILEW		
Received By (Name and Title Printed) Inspected By: CHRISTINE DELY-STINSON, REHS									ON, REHS		
Received By: (Signature)				In	spector Signature			Page 1 of1_			
OFFICE COPY											