

## **Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305

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CERTIFIED	FOOD	HANDIED	
CERTIFIED	FUUD	HANDLEN	

Expire 6/15/2015 SANDRA NASH # 7170093

Date of Inspection

Release Date

Follow Up (Yes - No)

6/10/11

6/20/11

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 KING #6								(765) 289-6145				
				t, city, state, ZIP code)								
_		EROA	D 3 NORT	H		MUNCIE		IN	47	303		
E-Mail Address COMCOUNT@AOL.COM								Menu Type: 2 - LIMITED MENU				
Owner's Name SWARTZ RESTAURANTS INC.							1 - KOO1.	INE	2 - LIMITED MENU			
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 430						SUMMARY OF VIOLATIONS:						
Name of Person In Charge JERRY RILEY							CRITICAL	/ NON-CRI	ΠCAL / REPEAT			
Establishment Identification Number 299 1 8 L S H C 0							C0	NC0	R0			
Critical i	tems are i	dentified ed from p	in the narrativ	e columns marked "C" ("Nations are denoted in the "	NC" Non-Cr SUMMARY	ritical) Y OF VIOLATIONS" and	d in the narra	tive below as "R		PRIGINAL		
Annex Key	C / NC	R	Section #			Narrative				Corrected By Date		
	NO			No Violations.								
										1		
Received By Name and Title Printed)  Sound You Dosh  Inspected By:  Lynnetta Harley												
Receive			- 1	12 (11	sh	Inspector Signate	ure: Ha	SHO	rlex	Page 1 of		
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