		Delaware County Health Department 100 West Main Street, Room 207 Muncie, Indiana 47305 Phone (765)747-7721			CERTIFIED FOOD HANDLER			
					ROBERT JONES	# 4036483		Expire <u>6/2012</u>
DEP	ALLES	Fax		47-7747	Date of Inspection	Release Date		Follow Up (Yes - No)
				@co.delaware.in.us	12/16/09	12/	26/09	NO
Establis	l hment Na	Sanit	an inspection t	TAIL FOOD ESTABLISH his day, the item(s) noted below identify nents. The time limit for correction of each	violation(s) of 410 IAC 7 - 2	24, Indiana Retail Foo	d Establishment	UNIGINAL
PIZ	PIZZA KING #67 765-396-95							
Establis	Establishment Address (number and street, city, state, ZIP code)							
110	110 WEST HARRIS EATON IN 473							
CC	E-Mail Address COMCOUNT@AOL.COM							
MC	Owner's Name MORSTOR, INC							
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE Muncle IN 47304 SUMMARY OF VICE								OLATIONS:
MC	Name of Person in Charge MORSTOR, INC CRITICAL / NON-CR Establishment Identification Number County							
Estabils	innent ide	92	intruttoet	1 8 C	T B	C	NC	_ 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			Corrected By Date
				No violations.				
						CO	VDLE MDLE	FED
	50 - 60		Title Printed Miranda	a Holten, AM Mgr	Inspected By:	Tim Bo	otkin, DCHD	
Received By: (Signature) Murando Holtin					Inspector Signature:	AS		Page 1 of _1

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