

Delaware County Health Department 100 West Main Street, Room 207 Muncie, Indiana 47305

Phone (765)747-7721 (765)747-7747 Fax

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER						
ROBERT JONES	# 4036483	_ Expire				
Date of Inspection	Release Date	Follow Up (Yes - No)				
6/30/11	7/10/11	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

PIZZA KING #67 Establishment Address (number and street, city, state, ZIP code) 110 WEST HARRIS E-Mail Address COMCOUNT@AOL.COM Owner's Name MORSTOR, INC Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304 Purpose:		equirements. The time limit for co	prrection of each violation is specified in	the narrative portion of this	report.
E-Mail Address COMCOUNT@AOL.COM Owner's Name MORSTOR, INC Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304 Name of Person In Charge JERRY RILEY Establishment Identification Number 92 1 8 T G T 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 C R Section Key NC R Section Number N Representative below as "R" Corrected By Date	Establishment Name PIZZA KING #67				
E-Mail Address COMCOUNT@AOL.COM Owner's Name MORSTOR, INC Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304 Name of Person In Charge JERRY RILEY Establishment Identification Number 92 1 8 T G T 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 C R Section Key NC R Section # Narrative Renard To Section # Narrative Renard To Section Number 1 - ROUTINE C IMITED MENT C I	Establishment Address (number an	nd street, city, state, ZIP code)			
COMCOUNT@AOL.COM Owner's Name MORSTOR, INC Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304 Name of Person In Charge JERRY RILEY Establishment Identification Number County District 92 1 8 T G T 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 C R Section Narrative Narrative Narrative Narrative			EATON	IN	47338
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304 Name of Person In Charge JERRY RILEY Establishment Identification Number 92 1 8 T G T 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" Corrected By Date	E-Mail Address COMCOUNT@AOL.CO	OM			
Annex C R Section Norrative Name of Person In Charge SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C NC R Summary County District C NC R C NC N	Owner's Name MORSTOR, INC			1 - ROUTINI	E 2 - LIMITED MENU
Establishment Identification Number 92	Owner's Address (city, state, ZIP co 4111 N WHEEL	ode) LING AVE MUNC	TIE IN 47304	SUMMA	ARY OF VIOLATIONS:
92 1 8 T G T CNCR 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 NC R Section Warrative Reserved	Name of Person In Charge JERRY RILEY			CRITICAL /	NON-CRITICAL / REPEAT
Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R" Annex Key NC R # Narrative Nar	375.7	570.1	CN	NC R	
Annex Key NC R Section # Narrative Corrected By Date	Critical items are identified in the n Violation(s) repeated from previous	narrative columns marked "C" ("NO is inspections are denoted in the "S"	C" Non-Critical) UMMARY OF VIOLATIONS" and in the	ne narrative below as "R"	
NC A A A A A A A A A A A A A A A A A A A	Annex C R Sec	ction			Corrected By Date
	NC				ORIGINAL ORIGINAL
Received By Name and Title Printed)	Description Dr. (Alleman and Trials I	Printed)	Inspected Rv		
TERRY TROXELL		1			
Received By (Signature) along the Inspector Signature: Page 1 of	Received By (Signature)	manes		lyln	hell Page I of

OFFICE COPY