

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 Decause Co Hearry Degr 100 W MAIN St. MUNCIE In 47305 765-747-7721 765-747-7747-804

Based on an inspection this day, the item(s) noted below identify violations 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 Pizza Kin #67 Establishment Address (number and street, city, state, ZIP code) IID W HAMIS Enton In 47338 Owner Moster Inc Owner's Address 4111 N Wheely Are Munciple 47304 Person in Charge Nancy Clawson Responsible Person's E-mail Certified Food Handler LATISHA RAMSeyer • CRITICAL ITEMS ARE IDENTIFIED IN THE GRECKLIST AND NARRATIVE COLUMNS				Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C	ection ID#
• VIOLATIO	ON(S) REPE	ATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN		
Section#	C/NC	R	Narrative			To Be Corrected By
			No Violations	DBServed		
Received by Received by Cc:	2ar	och	inted): Clawson January Cc:	Inspected by (name and title) Inspected by (signature):	printed):	