



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

Delaware County Health Dept  
100 W Main Street  
Muncie IN 47305

Fax 765-747-7721

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 <u>King Buffet</u>	Telephone Number ( ) Establishment <u>765-587-0166</u> ( ) Owner	Date of Inspection (mm/dd/yr) <u>2-28-13</u>	ID # /
Establishment Address (number and street, city, state, ZIP code) <u>1515 W McGalliard Rd, Muncie IN 47304</u>	Purpose: <del>1. Routine</del> <sup>SP</sup> <u>2. Follow-up</u> <u>2nd</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>No</u>	Release Date <u>3-8-13</u>
Owner <u>Peng Zheng</u>		Summary of Violations: <u>C 0 NC 2 R 2</u>	
Owner's Address <u>1515 W McGalliard Rd, Muncie IN 47304</u>		Menu Type (See back of page) <u>1 2 3 4 5</u>	
Person in Charge <u>Ren Yang</u>			
Responsible Person's E-mail <u>N/A</u>			
Certified Food Handler <u>Peng Zheng #0013537-4-14-2017</u>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" 11:17-
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
324	NC	✓	The pipe in the corner of employee restroom is still leaking into a white bucket. Any plumbing problems shall be repaired.	Working with plumber currently
413	NC	✓	The self-closure is broken at the back door & is the screen door is staying open.	48 hours
			All other violations have been corrected	

**COMPLETED**

Received by (name and title printed): <u>Ren Feng Yang</u>	Inspected by (name and title printed): <u>Sharon J Patten</u>
Received by (signature): 	Inspected by (signature): 
cc:	cc: