



Delaware County Health Department  
 100 West Main Street  
 Muncie, Indiana 47307  
 Phone (765) 276-2077  
 Fax (765) 276-2078  
 email - dchealth@delawarecounty.in.us

**CERTIFIED FOOD HANDLER**  
**TRACY MORGAN** # 3996084 Expire \_\_\_\_\_  
 Date of Inspection 9/25/09 Release Date 10/5/09 Follow Up (Yes - No) NO

**ORIGINAL**

Based on an inspection this report noted below identify violation(s) of 410 IAC 7 - 24, Indiana Retail Food Establishment Sanitation Requirements. Violation(s) noted below identify violation(s) of 410 IAC 7 - 24, Indiana Retail Food Establishment Sanitation Requirements. Violation(s) noted below identify violation(s) of 410 IAC 7 - 24, Indiana Retail Food Establishment Sanitation Requirements.

Establishment Name: PIZZA KING #61 Telephone Number: 765-789-4523  
 Establishment Address: 935 W WALNUT ST ALBANY IN 47320  
 E-Mail Address: COMCOUNT@AOL.COM  
 Owner's Name: MORSTOR, INC  
 Owner's Address: 4111 N WHEELING AVE MUNCIE IN 47304  
 Name of Person In Charge: MORSTOR, INC  
 Establishment Identification Number: 93  
 County: 18 District: C D S  
 Purpose: 2 - FOLLOW-UP Menu Type: 2 - LIMITED MENU  
 SUMMARY OF VIOLATIONS:  
 CRITICAL / NON-CRITICAL / REPEAT  
 C \_\_\_\_ NC \_\_\_\_ R \_\_\_\_

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				No VIOLATIONS WERE OBSERVED AT TIME OF INSPECTION All Violations corrected from inspection 8/28/2009.	

Received By (Name and Title Printed): \_\_\_\_\_  
 Received By (Signature): *Christina D. Akers*  
 Inspected By: CHRISTINE DELY-STINSON  
 Inspector Signature: *[Signature]*  
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# Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

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email - dchealth@co.delaware.in.us

<b>CERTIFIED FOOD HANDLER</b>		
GEORGE M CONWELL	# 4146620	Expire 6/2011
Date of Inspection 9/23/09	Release Date 10/3/09	Follow Up (Yes - No) NO

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

# ORIGINAL

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 <b>MAC'S RESTAURANT</b>		Telephone Number 765-289-1070
Establishment Address (number and street, city, state, ZIP code) 1307 BATAVIA AVE MUNCIE IN 47302		
E-Mail Address	Purpose: 1 - ROUTINE	Menu Type: 2 = Limited Menu
Owner's Name MAC'S RESTAURANT	SUMMARY OF VIOLATIONS:  CRITICAL / NON-CRITICAL / REPEAT  C _____ NC _____ R _____	
Owner's Address (city, state, ZIP code) 1307 BATAVIA AVE MUNCIE IN 47302		
Name of Person In Charge GEORGE M CONWELL AND B. WADE VON KLEECK		
Establishment Identification Number 61		
	County 1 8	District C T B

\* 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
15	NC		138	Section 138..Effectiveness of hair restraint-observed 2 line staff w/o hair restraints	Corrected
20B	NC		351	Section 351..Toilet room receptacle; covered- covered receptacle,-a receptacle with a lid is required in each ladies stall.	24 Hours

Received By (Name and Title Printed) Melissa Sewell, Store Manager	Inspected By: Tim Botkin, DCHD
Received By: (Signature) <i>Melissa Sewell</i>	Inspector Signature: <i>Tim Botkin</i>
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