



**Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

Fax (765)747-7747

email - dchealth@co.delaware.in.us

**CERTIFIED FOOD HANDLER**

ADAMS _____ # _____	Expire _____
Date of Inspection 2/4/10	Release Date 2/14/10
	Follow Up (Yes - No) 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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>PAPA MURPHYS OF MUNCIE, INC.</b>		Telephone Number <b>(765) 286-0100</b>
Establishment Address (number and street, city, state, ZIP code) <b>1424 W MCGALLIARD MUNCIE IN 47304</b>		
E-Mail Address		Purpose: 1 - ROUTINE Menu Type: 2 - LIMITED MENU
Owner's Name <b>BLAINE ELLIS/PAPA MURPHY'S OF MUNCIE INC.</b>		
Owner's Address (city, state, ZIP code) <b>4940 PLANTATION ST ANDERSON IN 46013</b>		
Name of Person In Charge <b>BLAINE ELLIS</b>		
Establishment Identification Number <b>387</b>	County <b>1 8</b>	District <b>CDS</b>

**SUMMARY OF VIOLATIONS:**

CRITICAL / NON-CRITICAL / REPEAT

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 FOUND AT THIS INSPECTION	

Received By (Name and Title Printed)	Inspected By: <b>CHRISTINE DELY-STINSON, REHS</b>
Received By: (Signature) <i>Blaine Ellis</i>	Inspector Signature: <i>[Signature]</i>
Page 1 of <u>1</u>	

**OFFICE COPY**