<b>FC</b>	100 West Main Stree Muncie, Indiana 473	05	nent	CERTIFIED FOOD HANDLER#Expire			
DEPAS	Phone (765)747- Fax (765)747-		Date of Inspection	Release Date	Follow Up (Yes - No)		
	email - dchealth@c		10/5/10	10	/15/10		
			LISHMENT INSPE				
			lentify violation(s) of 410 IAC 7 n of each violation is specified in				
Establishment Name					Telephone Number		
PAPA MU	<b>JRPHYS OF MUNCIE</b> ,		(765) 286-0100				
Establishment A	ddress (number and street, cit	y, state, ZIP code)					
1424 W M	ICGALLIARD		MUNCIE	IN	47304		
E-Mail Address EBLAINE	EELLIS@GMAIL.COM	1		Purpose: Menu Type:			
Owner's Name BLAINE I	ELLIS/PAPA MURPH	1 - ROUTINE 2 - LIMITED MENU					
Owner's Address 4940	(city, state, ZIP code) PLANTATION	SUMMARY OF VIOLATIONS:					
Name of Person BLAINE H	In Charge ELLIS	CRITICAL / NON-CRITICAL / REPEAT					
Establishment Id	entification Number 387	County 1 8	District CDS	C	_ 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			
5.5ABCD	С		187	Section 187Potentially hazardous food; hot and cold holding- SEVERAL ITEMS ON THE PIZZA MAKE TABLE WERE NOT BEING HELD AT PROPER TEMPERATURES INCLUDING: CUT TOMATOES AT 51 DEGREES F, CUT CHICKEN AT 49 DEGREES F, HAM AT 44 DEGREES F.			
				RETURNED COVERS TO FOOD AND RECHECK TEMPERATURES, DISCARD IF YOU CANNOT GET THE TEMPERATURES DOWN.			
				RANDI FTED			
				GORALI GE			
Received By (Name and Title Printed)			Printed)	Inspected By: CHRISTINE DELY-STINSON, RE	Inspected By: CHRISTINE DELY-STINSON, REHS		
Received By: (Signature)				Inspector Signature: Pag	ge 1 of <u>1</u>		

**OFFICE COPY**