



Delaware County Health Department

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CERTIFIED FOOD HANDLER

GERALD MONTAGUE # 4715996 Expire 9/2013

Date of Inspection 3/23/10	Release Date 4/2/10	Follow Up (Yes - No) NO
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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 PIZZA KING #4		Telephone Number 765-289-2424
Establishment Address (number and street, city, state, ZIP code) 2802 E MEMORIAL DR MUNCIE IN 47302		
E-Mail Address COMCOUNT@AOL.COM		Purpose: 1 - ROUTINE
Owner's Name SWARTZ RESTAURANT, INC.		Menu Type: 2 - LIMITED MENU
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304-1430		
Name of Person In Charge TRAVIS JONES, SHIFT LEADER		
Establishment Identification Number 98	County 1 8	District Tim B

SUMMARY OF VIOLATIONS:
CRITICAL / NON-CRITICAL / REPEAT
C _____ NC 1 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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
23A	NC		430	Section 430..Repairing premises, structures, and attachments-COVING IN WAREWASHING ROOM(BENETH THE TRIPLE SINK) HAS COME AWAY FROM WALL EXPOSING PIPES AND THE FOUNDATION	1 Week

COMPLETED

Received By (Name and Title Printed) TRAVIS JONES, SHIFT LEADER	Inspected By: TIM BOTKIN, DCHD
Received By: (Signature) <i>[Signature]</i>	Inspector Signature: <i>[Signature]</i>

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