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

MELISSA JONES # 6094839 Expire _____

Date of Inspection	Release Date	Follow Up (Yes - No)
9/23/10	10/3/10	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: PIZZA KING #6

Telephone Number: (765) 289-6145

Establishment Address (number and street, city, state, ZIP code): 8010 STATE ROAD 3 NORTH MUNCIE IN 47303

E-Mail Address: COMCOUNT@AOL.COM

Owner's Name: SWARTZ RESTAURANTS INC.

Owner's Address (city, state, ZIP code): 4111 N WHEELING AVE MUNCIE IN 47304-1430

Name of Person In Charge: SWARTZ RESTAURANTS,INC

Establishment Identification Number	County	District
299	1 8	T G T

Purpose: 1 - ROUTINE

Menu Type: 2 - LIMITED MENU

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C _____ NC _____ R _____

ORIGINAL

* 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	

COMPLETED

Received By (Name and Title Printed): Bret Taylor

Received By: (Signature): Bret Taylor

Inspected By: TERRY TROXELL

Inspector Signature: Terry Troxell

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