



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		
# _____		Expire _____
Date of Inspection 9/30/10	Release Date 10/10/10	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 PIZZA KING #67		Telephone Number 765-396-9568
Establishment Address (number and street, city, state, ZIP code) 110 WEST HARRIS EATON IN 47338		
E-Mail Address COMCOUNT@AOL.COM		Purpose: 1 - ROUTINE
Owner's Name MORSTOR, INC		Menu Type: 2 - LIMITED MENU
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304		
Name of Person In Charge MORSTOR, INC		
Establishment Identification Number 92	County 1 8	District T G T

ORIGINAL

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

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	Corrected By Date
19A	NC		324	Section 324..Plumbing system maintained in good repair. nThere is a water leak present in the drains behind ice maker and beverage dispenser, also the drains from the dispensing equipment is improperly designed and not above the rim of the drain line. Also the pressure relief valve on the hot water tank is missing and not hooked to a drain outlet.	1 Week

COMPLETED

Received By (Name and Title Printed) Mary Ann Easter	Inspected By: TERRY TROXELL
Received By: (Signature) Mary Ann Easter	Inspector Signature: Terry Troxell

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