

Delaware County Health Department

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CERTIFIED FOOD HANDL	ER
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ROBERT JONES

8917108

Expire 3/20/2017

Date of Inspection

Release Date 6/27/12 7/7/12 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		Telephone Num	ber	
PIZZA KING #67	765-396-9568		-396-9568	
Establishment Address (number and street, city, state, ZIP code)	-August	Letterles		
110 WEST HARRIS - EATON EATON	IN 47338		338	
E-Mail Address COMCOUNT@AOL.COM	Purpose	- 11	Menu Type:	
Owner's Name MORSTOR, INC	1 - ROUT	INE 2	- LIMITED MENU	
Owner's Address (city, state, ZIP code) 4111 N WHEELING AVE MUNCIE IN 47304	SUM	MARY OF VIO	LATIONS:	
Name of Person In Charge JERRY RILEY	CRITICAL	/ NON-CRITIC	CAL / REPEAT	
Establishment Identification Number 92 County District 1 8 L S H	C0	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		RIGINAL	
Annex Key NC R Section # Narrative			Corrected By Date	
Section 244. Storage prohibitions Observed several pizza rounds and pizza boxes stored or	n the floor in the dry st	orage area.	Today	
			-7	
		-n F4	erson -	
		MPLE	MEIN	
Received By (Name and Title Printed) Inspected By:) LYNN	NETTA HARL		
Received By: (Signature)	gutte St	tarley	Page 1 of 1	
OFFICE COPY		U		