



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT  
506 E. VAN CLEVE  
HARTFORD CITY, IN 47348  
(765) 348-4317

Based on an inspection this day, the item(s) noted below identify violations 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 <b>Pizza King # 23</b>	Telephone Number <b>765-348-1388</b>	Date of Inspection (mm/dd/yr) <b>6/13/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>1705 N WALNUT HARTFORD CITY</b>		Follow-up <b>NO</b>	Release Date <b>6/23/22</b>
Owner <b>PS INVESTMENTS</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: <b>C 1 NC 1 R 2</b>	
Owner's Address <b>4111 N WHEELING PK (AVE) MUNCIE</b>		Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Person in Charge <b>P TORI WILSON</b>			
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>TONYA BILBREY EXP 5/22/23</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
310	NC	✓	THE VENTS & HOOD SYSTEM IS SOILED WITH LINT & OTHER DEBRIS	2ND violation in a Row - ASAP -
415	C	✓	KNATS TO MANY TO COUNT, LOCATED IN BACK AT END OF 3-BAY SINK TO INCLUDE RACKS ON SOUTH WALL	2ND violation in a Row - ASAP -
			* STOP USING WAREWASHING MACHINE DUE TO NOT DISPENSING SANITIZER CALL HO-BART USE 3-BAY SINK TILL FIXED *	

Received by (name and title printed): <b>Tori Wilson</b>	Inspected by (name and title printed): <b>R. Walker / FSD-EHS</b>
Received by (signature): <b>T. Jamie Wilson</b>	Inspected by (signature): <b>R. Walker / FSD-EHS</b>
cc:	cc:

# Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

## Operator Inspection Response

State Form 80047 (2-01)

DATE: 6-22-22

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 6/13/22.

Date: Action Taken by Establishment:

We cleaned filters and vents in oven hood that day 6/13/22. We have worked on the area several times since then to get the whole area of hood system clean.

We called our pest people and dishwasher people that day 6/13/22.

Pest people came that day for the knots and pizza king is working with them to stop the problem. We are going to re-grout and redo some of the floor and tiles in dish area that they recommended. To keep floor

Dishwasher people came the next day to check and fix the chemicals and get those in order to where they are now correct. We have checked them several times to make sure they are ok.

dryer and cleaner daily!

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Tonya L Bilbrey Title: General Manager

Establishment Name: Pizza King

Address: 1705 N Walnut Hartford City IN 47