

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 PIZZA KING 79 Establishment Address (number and street, city, state, ZIP code) 133 E HUNTING TON RD Monfoel Owner MORST OR INC Owner's Address 4111 N Wheeling Aut Person in Charge N LANON LANOSHOV Responsible Person's E-mail Certified Food Handler X JOSIE Sun 174	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr) 4/13/22 5 Follow-up Release Date 4/23/22 Summary of Violations: C NC R Menu Type (See back of page) 1 2 X_3 4 5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLU	JMNS 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 Narrati		To Be Corrected By
	SAT THIS	
Received by (name and title printed): Y VOYA AMOUSTEV Received by (signature): X KOULAN COLUMN COLUMN CC:	Inspected by (Jame and file Inspected by (signature):	printed): N-FSIO/EUS Lu-FSIO/EUS cc: