

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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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 the	is report.	
Establishment Name PIZZA KING # 79	Telephone Number	Date of Inspection (mm/dd/yr) ID #
Establishment Address (number and street, city, state, ZIP code) 133 E HUNTINGTON St. Montpel Re	8241	6/13/25 5
OWNER NUCLSTAL INC	Purpose:	Follow-up Release Date 6 [23/25]
Owner's Address 4111 North Wheeling Pike MonciE	2. Follow-up 3. Complaint	Summary of Violations:
Person in Gharge N KIMBERLY BLACK BURN	4. Pre-Operational 5. Temporary	C NC R
Responsible Person's E-mail	6. НАССР	Menu Type (See back of page)
Certified Food Handlen BLACK BURN 12/10/29	7. Other (list)	123×45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S		ND IN THE NARRATIVE BELOW AS "R"
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Section# C/NC R Narrative		10 Be corrected by
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This INSPECTION DONE	200 Minus	Code
Rule A10 DAC 7-26		
KSIE 410 DEC 1-26		
Received by (name and title printed): Inspected by (name and title printed):		
Received by (s)gnature):	Inspected by (signature):	79-73
V. / M M.	Marie Salar	ln E45
cc: cc:	7 00	cc: